

**9 July 2018****Agenda Item: 4**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **PROGRESS OF PUBLIC HEALTH COMMISSIONED SERVICES: HEALTHY FAMILIES PROGRAMME**

#### **Purpose of the Report**

1. To provide elected members with insight into the delivery and impact of the targeted support provided by Nottinghamshire Healthy Families Programme to families in need of additional support

#### **Information and Advice**

##### **Background and information**

2. A procurement process took place across 2016 to commission an integrated healthy child and public health nursing programme combining care previously provided by Health Visitors, School Nurses, the Family Nurse Partnership Programme and the National Child Measurement Programme. The contract for the service known locally as the Healthy Families Programme (HFP) commenced on 1<sup>st</sup> April 2017 and is delivered by Nottinghamshire Healthcare NHS Foundation Trust.
3. The HFP is an early intervention and prevention public health programme aiming to support local families to provide their children with the best start in life. With the Department of Health Healthy Child Programme at the centre of its delivery, the HFP offers every child and family a programme of screening tests, immunisation advice, developmental reviews and information and guidance to support parenting and healthy choices, to ensure that children and families achieve optimum health and wellbeing. The service promotes early intervention aiming to prevent issues escalating by identifying and supporting families in need. Whilst this programme is universally available to all families, this paper will focus on the support provided to families identified at risk of poor health outcomes.
4. Healthy Family Teams are located in geographical areas that relate to local communities and incorporate families of schools. Workforce modelling to ensure appropriate provision across Nottinghamshire has been aligned to population need and is based on a combination factors including Governments Income Deprivation Affecting Children Index (IDACI), strategic needs assessment, and local intelligence based on experience of delivering services. Underpinning the model is the principal that all children, young people and families will receive the support they need, when they need it, regardless of where they live in Nottinghamshire.

5. Public health practitioners support all children, young people and families in 20 locally based Healthy Family Teams (HFT) and have the knowledge and skills to work with all children and young people from the age of 0 to 19. Each multidisciplinary team has a combination of Nursing and Midwifery Council qualified public health practitioners (Health Visitors, School Nurses, Family Nurses and Midwives) and support workers with a range of skills, who are able to work together to assess public health needs and provide appropriate support to children, young people and families in their local area.
6. Nottinghamshire County Council and Nottinghamshire Healthcare NHS Foundation Trust have worked collaboratively to ensure the new model was implemented as seamlessly as possible.

### **Introduction to the Healthy Family Programme (HFP)**

7. The HFP delivers the Department of Health's Healthy Child Programme, which is a statutory responsibility for Local Authorities; and each family receives a schedule of universal checkpoint reviews:
  - Antenatal contact (in pregnancy)
  - New baby review
  - 6 to 8 week review
  - 1 year health and development review
  - 2 to 2.5 year health and development review
  - School entrant health check (parent questionnaire)
  - Year 7 health check (parent/child questionnaire)
  - Teenage health check (young person's questionnaire)
  - Transition to adulthood (health and wellbeing information pack)
8. The service has just completed the first year of delivery and the programme is now embedding across the County. Locally we have set performance targets for these reviews at 95% in line with national recommendations. Performance in areas where there is a full staffing establishment is improving and Nottinghamshire data for mandated reviews (antenatal, new baby, 6 to 8 weeks, 1 year and 2 to 2.5 years) is comparable with, or better than the England average.

<b>2017/18 Quarter 3 (April 2018 release)</b>							
<b>Mandated Review</b>	<b>New birth visits within 14 days</b>	<b>New birth visits after 14 days</b>	<b>6 - 8 week reviews</b>	<b>12 month reviews by 12 months of age</b>	<b>12 month reviews by 15 months of age</b>	<b>2.5 yr reviews by 2.5 yrs of age</b>	<b>2.5 yr reviews using ASQ 3</b>
England	88.4%	9.6%	86.1%	77.1%	83.2%	76.5%	91.2%
East Midlands	90.2%	7.6%	91%	78.6%	83.1%	72.7%	93.6%
Nottinghamshire	85.6%	12.8%	88.7%	78.9%	85.8%	77.9%	95.2%

9. One of the key roles of the HFP is to identify children with specific needs and risks and ensure these families receive a targeted and personalised service. Whilst there are processes in place to ensure all families have the opportunity to receive their child development reviews, the HFP work hard to prioritise vulnerable families in need of additional support. To facilitate

this, there are four tiers of service provision based around the levels of needs identified in the Healthy Child Programme:

- **Your community:** the Healthy Families workforce has an important public health leadership role in the community and a broad knowledge of community needs and resources available, linking families to support and working in partnership with other key stakeholders to promote health and wellbeing across settings.
- **Universal:** every new Mother, Father and child or young person has access to a public health practitioner. Each family receive a programme of health and development checks and information and support, to provide the best start in life. This includes promoting good health and identifying problems early.
- **Universal plus:** provides a swift response to families when specific help and support is required. This might be identified through a health check or through the provision of easily accessible Healthy Family team services. This could include offering time limited evidence based interventions for specific issues, managing long-term health issues and additional health needs, reassurance about a health worry, advice about public health concerns such as diet or smoking, and support for emotional and mental health wellbeing.
- **Universal partnership plus:** ongoing support is provided to families as part of a range of local services working together to deal with more complex problems over a longer period of time. This might include partnership working with children's social care, voluntary sector organisations, and specialist NHS services such as child and adolescent mental health services (CAMHs)

A snapshot taken in May 2018 identified that the HFP had 46,605 children aged 0 to 5 on their caseload, of which 2,858 were receiving universal plus provision and 1,446 universal partnership plus provision.

Safeguarding is a core element of the HFP and Nottinghamshire Safeguarding Children Board procedures are fully embedded within each of the tiers of service provision. In May 2018 the HFP were working with 1,466 children in need, and 1,111 children subject to child protection plans.

10. Families are encouraged to access the HFT locality specific telephone advice lines for information, advice and support about their family's health, wellbeing and development. Calls range from parents seeking advice regarding minor injury to social workers seeking child protection information. The HFP receive an average of 1,200 calls each week to these advice lines.

### **Targeted work delivered in partnership**

11. The HFP works in partnership with other organisations and services as part of a joined-up children's health, social care and early year's system co-ordinating provision to ensure the needs of children, young people and families remain central, reducing the need for more specialist interventions where appropriate, and building resilience in families.
12. The HFP works closely with children's centres to provide help and support to young children and their families as soon as it is needed. NCC commissioners in Public Health and

Children's Services work together to align the NCC offer to families so that seamless provision is available locally. In the community, Healthy Family Teams and children's centres hold regular Acting Early meetings to discuss and agree the most appropriate support for each family.

13. The HFT works in partnership with Nottinghamshire County Council's Family Service to support children and young people over the age of 5, and their families, to help resolve significant problems and provide support. This might include problems with behaviour in the home or at school, drugs or alcohol, attendance at school. In addition, Family Nurses within the HFT's pro-actively identify families with children aged 0-2 years, who are eligible for access to the NCC 'Supporting Families' programme to ensure that every potential offer of help is available to those most in need of additional support.
14. Safeguarding children and young people is a core role for Healthy Family teams who identify and support vulnerable families at increased risk in line with Nottinghamshire's Pathway to Provision (2018). HFT's work in partnership with key stakeholders to help promote the welfare and safety of children and young people, and they contribute to multi-agency decision-making, assessments, planning and interventions relating to children in need, children at risk of harm and Looked After Children, including carrying out assessment of health need. By the end of Quarter 3 of 2017-18, Healthy Family teams had participated in 640 Initial Child Protection Conferences. Teams also deliver preventative and early help work with families aiming to reduce the need for social care intervention.
15. HFT's deliver level one interventions for a range of emotional and mental health issues including depression, low mood, self-harm, anxiety, risk-taking behaviour, and anger management, working closely with schools and families. Healthy Family teams assess risk and deliver clinical interventions including goal setting and coping strategies in line with National Institute for Clinical Excellence (NICE) guidance. Teams work closely with Primary Mental Health workers who offer advice, guidance and consultation to schools, GP's and other community services to ensure children and young people access the right service at the right time to best meet their mental health needs. The pathway of care from HFT's is integrated with local child and adolescent mental health pathways, supporting escalation and de-escalation between services as children and young people's needs change. In Quarter 4 of 2017-18 209 secondary school aged young people in Newark and Sherwood received a level one intervention for emotional and mental health.

### **Work that takes place before a child is born**

16. Healthy Family teams offer an antenatal contact to all women, carrying out a holistic assessment of the expectant mother and father's needs, assessing mental health and wellbeing, supporting the transition to parenthood and promoting health. This is underpinned by strong links with maternity services. Where women have complex health or social factors affecting their pregnancy, or potential safeguarding needs, information about care is shared between maternity services and HFT's throughout the pregnancy. Practice liaison meetings with GP's extend information sharing about the needs of vulnerable families to primary care services who work together with Healthy Family Teams and midwives to support parents and safeguard children.
17. Healthy Family teams work to build resilience and put in place appropriate early support strategies to enhance women's emotional health and wellbeing as part of the universal offer

of support. Mild to moderate post-natal depression has a significant impact on a mother, her baby and her wider family, with the potential to affect attachment, child development and longer term outcomes such as school-readiness. HFT's assess and support maternal mental health beginning in pregnancy, in Quarter 4 of 2017-18, 100% of women having an antenatal contact had a review of their maternal mental health. Where additional needs requiring targeted support are identified, structured active listening sessions are offered in all cases, and women may also be supported by the HFT to access Footsteps perinatal services provided by children's centres or psychological therapy services commissioned by Clinical Commissioning Groups. Women with serious mental illness receive care from the Perinatal Psychiatry Service and shared care plans are developed across maternity services, HFT's and the psychiatry team.

18. Healthy Family teams work closely with specialist midwives for mental health, drugs and alcohol, teenagers and other complex social factors. In Bassetlaw the multi-agency pregnancy liaison model of care has achieved national recognition for the positive outcomes secured for vulnerable women and there are plans to roll this out in Mansfield, Ashfield, and Newark and Sherwood.

### **Work with at risk families**

19. The Family Nurse Partnership (FNP) forms part of the Healthy Families programme in Nottinghamshire. FNP is a licenced, evidenced-based, intensive nurse led prevention and early intervention programme for vulnerable first time young parents and their children, delivered by specially trained Family Nurses. It is the first part of the preventive pathway for the 2-5% of most disadvantaged children. Locally, FNP supports up to 375 first time teenage mothers and their babies, providing weekly or fortnightly visits up until the child's second birthday. In 2017-18, when first enrolled on the programme, 34.8% of clients reported that they had previously had mental health problems, 35.9% reported that they had been abused by someone close to them and 56.3% were on a very low income or living entirely on benefits. Robust partnership working between FNP practitioners, Children's Centres, the supporting families programme, children's social care and voluntary sector organisations ensures that young families in Nottinghamshire have the opportunity to reach their potential.
20. The HFP includes a specialist public health practitioner role who works closely with the gypsy roma traveller community. The practitioner, who is a qualified Health Visitor, has specialist knowledge, skills and training, enabling her to reach out to the community by building trusting and effective relationships. The aim of this role is to maximise the engagement of these communities in universal and targeted support, and to facilitate access to health protection through immunisation, and to education through close working with colleagues in education services. In April 2018, there were 212 children on the specialist practitioner's caseload, and 700 recorded contacts across 2017-18.
21. A specialist practitioner with additional knowledge and skills also works with families who are homeless or at risk of becoming homeless liaising with appropriate agencies and services and advocating on behalf of these vulnerable families.
22. Healthy Family Teams are integral to the multi-agency Concerning Behaviour pathway where a range of services including schools and GP's work together to explore the reasons for a child or young person's challenging or concerning behaviour. Children and young people with behavioural needs, and their families, are supported by HFT's who deliver a targeted

intervention across a number of weeks tailored to the needs of the child or young person. This tier one intervention enables families to get the right help at the right time through one-to-one work, additional signposting, or through support to access more specialist services if required.

23. Under the HFP contract a pilot service in Mansfield known as Small Steps is also available to support children and young people with behaviour that challenges. Small Steps work with children and young people displaying challenging behaviours indicative of ASD and/or ADHD and those with a formal diagnosis of ASD or ADHD. Family support workers support families on a one-to-one basis at home and in school to help manage behaviour, delivering a range of evidenced based interventions. The pilot is evaluating well with families and partners and is improving outcomes for children and young people. By the end of Quarter 3 2017-18, 127 families had received support from the service, 44 of whom had1) been paired with a support worker for 1:1 support.

The Small Steps pilot service is being expanded across all Nottinghamshire districts in 2018-19. Currently the majority of Small Steps provision is focused on support after a child or young person receives a clinical diagnosis. The Healthy Family Programme are a key partner in the ongoing redesign of the Concerning Behaviour pathway to better support the needs of children and young people. Challenging behaviour is a set of problems rather than a clinical diagnosis, and there are plans to shift focus from clinical diagnosis to early intervention, helping children, young people, their families and communities to learn strategies to best manage behaviour regardless of the underlying factor which may be biological, psychological and social or in reality a complex combination of these factors.

### **Supporting children who are not ready to learn by 2, or ready for school by 5**

24. School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. Though it is measured at the end of the Early Years Foundation Stage (around 5 years of age), it starts much before this. A child's ability to learn and to be ready for school is dependent on multiple factors that require robust multi-agency partnerships including those between parents, health services, community based children's services such as children's centres, early years education providers and schools.
25. A critical 1001 days, from conception to a child's second birthday, create the psychological and neurological foundations that optimise lifelong social, emotional and physical health, as well as educational and economic achievement. In pregnancy the physical and mental wellbeing of the mother has lifelong impacts on the child, and from birth the support of parents and carers helps young children to acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life.
26. HFT practitioners impact on a child's ability to be ready for school by using their knowledge and skill to assess child development, proactively identify problems, and support families and carers to promote readiness for learning and school across a child's early years. They support children's early development by working with all families to:
- Improve emotional and social wellbeing through strong parent-child attachment, positive parenting and supportive family relationships
  - Promote early speech and language development
  - Detect and act early to address development delay, abnormalities or health concerns

- Enhance health by eating well and playing actively
  - Promote creative and imaginative play
  - Detect and act early to reduce the adverse impact of psychosocial issues such as poor parenting, disruptive family relationships, domestic violence, mental health issues and substance misuse
27. HFT's play an important role in increasing access to early year's education. They widely promote the 15 hour childcare offer for eligible 2 year olds, and the 30 hour childcare offer for 3 and 4 year olds, and act as an advocate for early year's education, explaining the benefits that spending time in an early years setting brings, and encouraging families to access their funded places.
28. School readiness in Nottinghamshire continues to be a challenge for all commissioners of services for children. Locally we recognise, from anecdotal evidence and measures of 'school readiness' at the end of school Reception age (5 years), that some children may not be ready to learn. A journey to school readiness developed in partnership between NCC Public Health/Early Years commissioners, HFT's and children's centres supports parents and carers to maximise opportunities for learning and development.
29. HFT's undertake a comprehensive assessment of a child's health, social, emotional, behavioural and language development at one year of age, and again at two years of age using the evidence based Ages and Stages Questionnaire to assess communication, gross motor, fine motor, problem solving and personal-social skills, and the Ages and Stages: Social-Emotional to assess social and emotional development.
30. Where a child is not meeting developmental milestones an appropriate intervention will be delivered, for example for speech, language and communication needs, social and emotional development, fine or gross motor skills. Teams will also refer for targeted or specialist care where further support is needed for example children's centre support, parenting support or assessment by hospital paediatric teams.
31. At two years the development review is delivered in partnership with early years settings who also assess a child's development via the early year's foundation stage framework. This is known as the integrated review. Information about assessment is shared between HFT's, early years settings and parents, and where either party identifies concerns, discussion takes place about a child's developmental needs and practitioners work in partnership to ensure appropriate strategies are put in place and progress reviewed. In Quarter 4 of 2017-18, 1685 children received a 2 year development review using an evidence based tool, of which 232 (13.7%) were assessed as not achieving a good level of development. Partnership discussions between HFT's, early years settings and parents were undertaken to plan appropriate interventions to support each of these children, and to improve their opportunity to be ready for school.
32. Speech, language and communication development is an important part of school readiness. Children's understanding and use of vocabulary at two years is strongly associated with their performance on entering primary school. The number of books available to the child, the frequency of visits to the library, parents teaching a range of activities, and the number of toys available are all important predictors of a child's expressive vocabulary at two years. The two year review conducted as part of the HFP core offer, includes an assessment of speech, language and communication. Where needs are identified targeted interventions

may be delivered by HFT's directly, families may be encouraged to access HomeTalk speech and language therapy delivered under the children's centre contract, or specialist speech and language therapy commissioned by the Clinical Commissioning Groups.

33. A further review is under development for targeted children at risk of not being school ready. Children who have not reached the expected level of development in any one of the areas assessed at the two year review, any child on a child in need or child protection plan, or children where practitioners may have other concerns based on their professional judgement, will receive an additional targeted review tailored to the child and family's needs to review development and support school readiness.
34. School readiness is also supported by strategies described earlier in this paper such as the Family Nurse Partnership and efforts to improve maternal mental health.

### **Other options considered**

35. No other options were considered in the writing of this report.

### **Statutory and Policy Implications**

36. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial implications**

37. There are no financial implications contained within this report.

### **Human resource implications**

38. There are no human resource implications contained within this report.

### **RECOMMENDATION/S**

- 1) That members consider whether there are any actions they require in relation to the targeted support provided by the Healthy Family Teams to local families as part of the NCC Healthy Families Programme

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### **Constitutional Comments (CEH 25.06.2018)**

39. The recommendation falls within the delegation to the Adult Social Care and Public Health Committee under its terms of reference.

### **Financial Comments (DG 07.06.2018)**

40. The financial implications are contained within paragraph 37 of this report.

### **Background Papers and Published Documents**

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.

- Integrated Healthy and Public Health Nursing Programme 0-19 years – Tender outcome  
<http://www.nottinghamshire.gov.uk/dmsadmin/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3914/Committee/507/Default.aspx>
- Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 19 May 2016  
<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3698/Committee/507/Default.aspx>
- Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 17 March 2016  
<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx>

### **Electoral Division(s) and Member(s) Affected**

- 'All'