Nottinghamshire County Council

Report to Public Health Committee

19 May 2016

Agenda Item: 4

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

INTEGRATED HEALTHY CHILD AND PUBLIC HEALTH NURSING PROGRAMME 0-19 YEARS – COMMISSIONING PROPOSALS

Purpose of the Report

1. To present the outcome of the formal consultation on the proposed service model for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.

2. To seek approval to advertise the tender for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.

Information and Advice

3. In May 2015 the Public Health Committee approved plans to commission an integrated Healthy Child and Public Health Nursing Programme.

4. In March 2016, the Public Health Committee were presented with a proposed service model for an integrated Healthy Child and Public Health Nursing Programme. The proposal included a number of preferred options and Public Health Committee approved the formal consultation on the proposed model.

Progress

5. The consultation commenced on Monday 21st March 2016 and ran for a period of 4 weeks. This paper summarises the responses and presents a final service model for the consideration of the Public Health Committee.

Work undertaken to inform the proposed service model

6. The proposed service model, presented in March 2016, was informed by a programme of engagement with service users, parents and carers, the current workforce, professionals, provider organisations, and in excess of 350 people from all Nottinghamshire districts provided verbal feedback at this stage. In addition to this there was broad engagement at a strategic level with Health and Wellbeing Board partners.

7. The proposed service model was directly informed by what we heard throughout the engagement phase, for example:

Feedback	Response

Parents/carers weren't always sure what level of service to expect or how to use the services	Included a 'core offer' within the new service model that will be widely promoted to all children, young people and families.
Parents/carers reported that being able to 'drop in' to see the health visitors whilst attending the children's centre was important.	Reflected in the new service model
Parents/carers were unsure where to get support from when their child was in primary school.	Ensured that access to 'drop ins' for parents and carers of primary school age children is included.
Parents/carers reported that support around breastfeeding and bottle feeding was important.	Ensured that infant feeding support is a key theme in the new service.
Stakeholders and parents/carers advised there was little visible support between the age of 2 years and school entry.	Proposed a targeted checkpoint at age 3 to 3.5 for those with additional needs and ensured that 'drop-ins' are clearly advertised as a point of ongoing universal support.
There were concerns about whether the most vulnerable families would access high street vision tests.	Ensured that the model includes support for vulnerable families to access these vision tests.
Stakeholders repeatedly described the importance of partnership working.	Ensured this is embedded in the service specification.
Stakeholders advised it can be difficult to access the correct contact within universal services.	Named links with key partners have been included.
Partners supported the proposals to ensure continence provision is delivered in line with NICE guidance with the proviso that appropriate services to support Level 2 continence needs are established.	We are working with other commissioners to ensure the Level 2 care pathway is available by the time the service is operational.

8. A programme of market engagement shaped the development of the proposed service model, evaluated the feasibility of delivery, and gauged the level of interest in the market.

9. The proposed model has been informed by guidance published by the Department of Health in January 2016, to support the commissioning of the Healthy Child Programme, and by local intelligence and needs assessment.

10. A quality and equality impact assessment runs alongside the procurement process, this can be found in Appendix One.

11. The proposed service model was carefully co-designed between commissioners, stakeholders and service users to ensure it aligns with broader pathways and thresholds for services across the children's health and care landscape.

Results of the consultation

12. The consultation closed on Monday 18th April 2016 and a full summary of the consultations response can be found in Appendix Two. As the Healthy Child Programme is a nationally driven statutory programme, the consultation largely focussed on the 'how' of service delivery rather than on 'what' is to be delivered.

13. The majority of respondents supported the proposal, reporting that the proposal 'felt right' and agreeing with the key benefits of an integrated service. Many respondents shared comments in relation to a specific aspect, however due to the breadth of this universal service the comments received were broad and key themes were at times difficult to extract. The consultation responses clearly supported:
    - A targeted checkpoint review between 2.5 and 5 years
    - A targeted checkpoint review at 3 to 4 months
    - The use of drop-in clinics for advice and support at all ages
    - The focus on partnership working
    - Ongoing co-location in children's centres
    - Early evening access to services
    - Named links with key settings

    The consultation has also provided further valuable information and suggestions which have directly informed the detail of the service specification.

14. The consultation included the preferred options in relation to screening that were presented to Public Health Committee in March 2016. On the whole, ceasing universal screening for vision was supported. However there were a number of comments that related to more vulnerable children and how they could be disadvantaged by this proposal. The proposal included the expectation that vulnerable families would be supported by the integrated service to access high street opticians. Ceasing universal screening for hearing was supported.

Model for the integrated Healthy Child and Public Health Nursing Programme

15. The responses to the consultation have been reflected in the revised service model and specification.

16. The model and service specification reflect best available evidence, national guidance, local intelligence and the engagement and consultation carried out. Further detail regarding the service model can be found in Appendix Three.

Tender process

17. A detailed service specification has been developed to describe the requirements of the integrated Healthy Child and Public Health Nursing Programme. The specification will ensure equity of service across Nottinghamshire with the service responding to the specific needs of each family, child or young person. The delivery of a high quality and best value service will be monitored via a comprehensive outcomes framework and accompanying robust approach to performance management.

18. The tender will be evaluated based on the Most Economically Advantageous Tender criteria where the Council evaluates bids based on a combination of quality and price. At tender evaluation the provider's plans to manage the year-on-year reduction in contract value will be evaluated. Emphasis across the tender evaluation will be placed on quality and the evaluation will be detailed, reflecting the breadth of activities to be delivered by the service and the level of interdependency with other services and pathways. The evaluators will have a range of expertise.

19. NCC will contract with a single provider for delivery of the integrated service across Nottinghamshire, though subject to rigorous checks via the tender evaluation a provider could use a lead provider or sub-contracting model.

20. Pending approval to advertise the tender from Public Health Committee it is anticipated that the outcome of tender evaluation will be presented to the September 2016 meeting of the Committee prior to award of the new contract. This will allow an adequate mobilisation period prior to contract commencement on 1st April 2017.

Next steps

21. Subject to agreement from Public Health Committee, the tender will be advertised to the market in late May 2016.

Reason for Recommendation

22. Contract expiry on 31st March 2017 and the timescales involved in the tender process mean it is necessary to agree to advertise the tender, informed by broad engagement and consultation, in order to protect the essential contract mobilisation period and ensure the service is operational from 1st April 2017.

Statutory and Policy Implications

23. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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

24. The contract value of the Health Visiting, Public Health School Nursing, National Child Measurement Programme and the Family Nurse Partnership Programme in 2016/17 is £15,311,157. The financial envelope for the integrated Healthy Child and Public Health Nursing Programme is projected to be £14,208,321 in 2017/18, £13,652,775 in 2018/19, and £13,035,954 in 2019/20 due to a reduction in the national public health allocation, announced in the Comprehensive Spending Review in November 2015. The proposed integrated service model aims to streamline service delivery and release capacity, whilst maintaining quality and improving child and family outcomes.

Safeguarding of Children and Vulnerable Adults Implications

25. Safeguarding is a key element of the commissioning plan in relation to this service.

Implications for Service Users

26. There will be improved health and wellbeing outcomes for children, young people and families as a result of an integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.

RECOMMENDATION/S

That the Committee:

1) Notes the outcome of the engagement and consultation in relation to the integrated Healthy Child and Public Health Nursing Programme.

2) Agrees that the integrated Healthy Child and Public Health Nursing Programme is advertised for tender.

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Interim Director of Public Health

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Constitutional Comments (EP 04/05/2016)

27. The recommendations fall within the remit of the Public Health Committee by virtue of its terms of reference. The Contract which must form part of the tender pack for the integrated healthy child and public nursing programme must be in a form approved by Legal Services prior to the tender being advertised.

Financial Comments (KS 05/05/2016)

28. The financial implications are contained within paragraph 24 of the 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.

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

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 12 May 2015
http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx

Nottinghamshire School Nursing Review and proposed new model, September 2014 – implications for commissioners (including Appendices 1-3) available at www.nottinghamshire.gov.uk/schoolnursing

Healthy Child Programme and Public Health Nursing for children and young people, Public Health Committee – 3 July 2014
http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3495/Committee/507/SelectedTab/Documents/Default.aspx

'Nottinghamshire School Nursing Review' Nottinghamshire Children's Trust Board – 5 September 2013
http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustCommittee/

Nottinghamshire School Nursing Review – implications for Commissioners, Children's Trust Board 6th November 2014
http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustboard/?entryid217=431744&p=2

'Healthy Child Programme and Public Health Nursing for Children and Young People' Nottinghamshire Health and Wellbeing Board – 8 January 2014
http://www.notBtinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/505/Default.aspx

Family Nurse Partnership Progress Report – report to Children Trust Board – 19 November 2015
http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/childrens-trust-board-meeting-archive

Family Nurse Partnership – report to Children and Young People's Committee on 20 April 2015

Family Nurse Partnership Programme Progress Report – report to Children and Young Committee on 8 December 2014
http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3340/Committee/482/SelectedTab/Documents/Default.aspxeople's

Electoral Division(s) and Member(s) Affected

All

Appendix One: Equality Impact Assessment

This EqIA is for:	Healthy child and public health nursing programme	
Details are set out:	Healthy Child and Public Health Nursing programme - Commissioning Plans, Public Health Committee, 19 May 2016 Consultation: Healthy Child and Public Health Nursing programme, 21st March to 18th April 2016 Commissioning Plans, Public Health Committee, 17 March 2016	
Officers undertaking the assessment:	Helena Cripps, Public Health and Commissioning Manager	
Assessment approved by:	Service Director	Date:

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

The contracts for the current Health Visiting service, the School Nursing service and the Family Nurse Partnership (which provides targeted support for young parents) will end on 31st March 2017. Recent changes to commissioning responsibility, as a result of the Health and Social Care Act 2012, have brought together these services within Nottinghamshire County Council (NCC). In line with direction from the Department of Health, NCC is commissioning an integrated Healthy Child and Public Health Nursing programme for 0 to 19 year olds to be operational from 1st April 2017.

The new integrated Healthy Child and Public Health Nursing programme will deliver:

- Health visiting services
- Family nurse partnership services
- School nursing services

This also includes:

- The National Child Measurement Programme, which weighs and measures children at Reception and in Year 6
- Breastfeeding support
- Preparation for Birth and Beyond, antenatal education delivered in pregnancy jointly by health visitors, children's centres and midwives

The new service will continue to deliver the Healthy Child Programme 0-19 which is a statutory programme developed by the Department of Health. The Healthy Child Programme offers every family

a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. This is currently delivered to all children and young people by health visitors, school nurses, family nurses and a range of other professionals such as maternity services, early year's services and education services.

The service integrates care across the 0 to 19 age range removing artificial barriers created by transition from health visiting to school nursing services. Professionals will work across the 0 to 19 year old age range in locality based teams so they can better know and support families.

To families, the service will be received as a single, streamlined service with shared language, culture and branding and service delivery will be equitable across Nottinghamshire

In order to integrate care the service will share resources and skill mix across the 0 to 19 years pathway, recognising professional registration and particular specialisms where appropriate.

A single assessment process or tool will be developed to capture core information and build on this as appropriate across a child or young person's life course. Referral pathways onto other services will be smooth.

The key features of the new model are:

a. Nine universal reviews delivered in line with the Healthy Child Programme, widely promoted via a core offer and supported by universal access to advice and support (drop-ins)
b. Four levels of provision, based on need and delivered in line with the Healthy Child Programme, with safeguarding at the core
c. Targeted support and evidence based interventions, focused on the Department of Health's high impact areas
d. Health promotion across the life-course

The service model and associated impacts of change was informed by a programme of engagement with service users, parents and carers, the current workforce, professionals and partner organisations.

The proposals have been formally consulted on to inform the development of the final model. As the Healthy Child Programme is a nationally driven statutory programme, the consultation largely focussed on the 'how' of service delivery rather than on 'what' is to be delivered. The only changes families should see will be positive.

2 Protected Characteristics: Is there a potential positive or negative impact based on:

Age	☑ Positive	☐ Negative	☐ Neutral Impact
Disability	☐ Positive	☐ Negative	☑ Neutral Impact
Gender reassignment	☐ Positive	☐ Negative	☑ Neutral Impact
Pregnancy & maternity	☑ Positive	☐ Negative	☐ Neutral Impact
Race including origin, colour or nationality	☐ Positive	☐ Negative	☑ Neutral Impact
Religion	☐ Positive	☐ Negative	☑ Neutral Impact
Gender	☐ Positive	☐ Negative	☑ Neutral Impact

Sexual orientation including gay, lesbian or bisexual	☐ Positive	☐ Negative	☑ Neutral Impact

3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:

How do the potential impacts affect people with protected characteristics *What is the scale of the impact?*	How might negative impact be mitigated or explain why it is not possible	How will we consult
None recorded.		

Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

The vast majority of respondents supported the proposed service model.

The consultation responses clearly supported:

- The key principles and advantages of an integrated model
- A targeted checkpoint review between 2.5 and 5 years
- A targeted checkpoint review at 3 to 4 months
- The use of drop-in clinics for advice and support at all ages
- The focus on partnership working
- Ongoing co-location in children's centres
- Early evening access to services
- Named links with key settings

Many respondents shared comments in relation to a specific aspect of the proposed service, however due to the breadth of this universal service the comments received were broad and key themes were at times difficult to extract.

The consultation included some proposals in relation to routine screening. Currently all children at school entry have a vision and hearing screen however there is no evidence base to support the effectiveness of these. For vision a much better test is available free of charge from high street opticians, and for hearing screening the new-born hearing screen now negates the requirements for a universal screen at school entry.

On the whole ceasing universal screening for vision was supported, however there were a number of comments that related to more vulnerable children and how they could be disadvantaged by this proposal. The proposal included the expectation that vulnerable families would be supported by the integrated service to access high street opticians and this expectation has been further clarified as a result. Ceasing universal screening for hearing was supported.

Appendix Two: Summary of engagement and consultation in relation to the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds

Introduction

This is a summary report of the participation activity for the integrated Healthy Child and Public Health Nursing Programme for 0-19's working with parents and carers, children and young people, professionals, current service providers and key stakeholders. It includes evidence from previous engagement and consultations on the School Nursing service and the Young People's Health Strategy for Nottinghamshire carried out in 2015, and the engagement programme to inform the new model for the integrated Healthy Child and Public Health Nursing Programme for 0-19's which took place between December 2015 and March 2016. It also includes feedback following a four week formal consultation conducted via Survey Monkey on the proposed model which took place between 21st March and 18th April 2016.

Background

Across Nottinghamshire the current contracts for Health Visiting, Family Nurse Partnership (FNP), School Nursing, breastfeeding support and the National Childhood Measurement Programme (NCMP) will end on 31st March 2017. In line with national direction and following the transfer of commissioning responsibilities from NHS England to Local Authorities, Nottinghamshire County Council (NCC) plans to commission a single service for 0 to 19 years olds which will be in place from 1st April 2017.

The new integrated Healthy Child and Public Health Nursing Programme for 0-19's will ensure high quality and cost effective delivery of all services within the five original contracts. It will be integrated, children, young people and family centred, provide wrap around care and support and will be experienced as a seamless pathway by service users. It is driven by the statutory Healthy Child Programme (HCP) for 0-19's developed by the Department of Health. The commissioned service will offer every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. It will not include maternity services delivered by midwives, early years provision delivered by children's centres and private day nurseries, primary care services delivered by General Practitioners (GP's), or targeted services such as smoking cessation, sexual health, mental health services or care for children with very complex health needs delivered by specialist services.

Participation, engagement and consultation

As the Healthy Child Programme is a nationally driven statutory programme, the recent participation activity has been focussed on the 'how' of service delivery rather than on 'what' is to be delivered. The qualitative data was obtained through focus group discussion, workforce workshops, and stakeholder events, with the intention of establishing what constituted best evidence based practice; what was working well and why, as well as what wasn't going so well, why, and how this could be improved.

The feedback from the consultation with almost 1000 children and young people in relation to the Young People's Health strategy for Nottinghamshire in 2015 has been taken into account when designing this new service. A comprehensive review and consultation around the Healthy Child and Public Health Nursing service for 0-19's was completed in 2015. Young people thought of School Nurses as caring, trustworthy and knowledgeable and valued by schools. This learning has fed directly into the integrated service model development, the recommendations included but are not limited to:

- Implementing a targeted approach to at-risk children and young people
- Increasing health promotion activity in partnership with schools
- Increasing the accessibility and visibility of the service
- Increasing focus on preventing risk taking behaviour by delivering brief and early interventions
- Providing level one continence advice, support and time limited evidence based interventions

- Ceasing vision screening, as the evidence base does not support delivery of this. Public health school nursing will signpost all families to free vision screening accessible via opticians.
- Ceasing hearing screening, as there is no evidence base to support delivery of this
- Streamlining child protection panel processes to better utilise capacity
- Supporting schools to support children and young people with medical conditions as per national guidance.

There has been a triangulated approach to engagement gathering quantitative and qualitative data which reflect what stakeholders think and feel about the services and what services do. This directly informed the development of the proposed service model. Further formal consultation then took place.

Engagement

The purpose of the informal engagement activity was to inform the new model of an integrated service by consulting at the 'front-line' with parents via a number of children's centres at family play sessions for 0-5 year olds and with front line practitioners via two events held for the current workforce. This was extended to operational level services management and staff via a number of Local Management Groups (LMG's) and Local Advisory Groups (LAG's) and the staff and partners in current services provision i.e. Health Visitors, the Family Nurse Partnership service, School Nurses and their multi-disciplinary partners.

Engagement was carried out with in excess of 350 participants. In addition, there was engagement at a strategic level with Public Health Senior Leadership Team and Children and Family Cultural Senior Leadership Team within NCC, the Health and Wellbeing Board, the Children's Trust Board, Clinical Commissioning Group's across Nottinghamshire via clinical executive, clinical innovation or clinical cabinet groups, with clinical networks such as the Children and Young People's Health Network, maternity leads, the Early Years Integrated Commissioning Group (ICG), with local commissioners, and with NHS England commissioners.

The intelligence gained across the engagement phase can be themed as follows:

- **Service Provision**
  - Concerns about the reduced funding for the service, that it will no longer be NHS provision and that it might be 'privatised'.
  - Branding, the service should be recognised as an NHS or NCC service.
  - Thresholds/broader pathway: there should not be gap between universal and specialist services e.g. CAMHS, children's specialist services etc.
  - Despite many positive comments there were also comments about sickness absence or staff maternity leave and limited arrangements for replacements. Some people felt aware of high caseloads and felt there was little time available especially to talk about sensitive issues or emotions and wellbeing.
  - Health Visitors and FNP are used, valued and trusted by parents; FNP needs to be offered to more people who need support especially those who didn't have good parenting themselves
  - The School Nursing service was valued though not all parents and carers were aware of how to contact their School Nurse.
  - Knowing what the service provides will mean that parents know what to expect and can anticipate support.
  - Support need to extend to all feeding-breast, bottle and weaning support - valued when received.
  - Childrens centre partnership valued, Health Visitors encourage attendance at children's centres and parents liked Health Visitor service available at children's centres.

- **Service Management**
  - Integrating care across 0 to 19 years and use of locality based skill mixed teams was widely supported.

- Partnership working and having named links for key partners, such as GPs, maternity services, children's centres, early year's settings was stressed.
- Joint training opportunities on common subjects across disciplines e.g., brief interventions, motivational interviewing for healthy lifestyle choices, breast feeding, weaning, safe sleeping etc.
- Generic skills, skill mix and better resource management using all staff skills to the full and to avoid duplication, reduce referrals and redesigned paperwork for one assessment document.
- One point of contact: families will have less professionals involved and less confusion around who does what and who to contact.
- Supports transition across the life course with consistency of care plans.

➢ **Communication, ICT and Information Sharing**
- Information sharing with compatible systems is vital.
- Innovative communication tools shroud be used.

➢ **Suggestions**
- If universal vision screening ceases, vulnerable families should receive additional support to ensure they access high-street vision tests.
- Continence provision should be delivered in line with NICE guidance with the proviso that appropriate services to support Level 2 continence needs are established.
- If universal hearing screening ceases it was suggested that there be a facility for primary care to refer into the service for ad-hoc hearing screen tests prior to referral to specialist services.

➢ **Positive Comments**
- Welcomed and long overdue.
- Not concerned how the service is structured and organised or who delivers it, just want good local services delivered by knowledgeable staff.

The proposed service model was directly informed by what we heard throughout the engagement phase, for example:

Feedback	**Response**
Parents/carers weren't always sure what level of service to expect or how to use the services	Included a 'core offer' within the new service model that will be widely promoted to all children, young people and families.
Parents/carers reported that being able to 'drop in' to see the Health Visitors whilst attending the children's centre was important.	Reflected in the new service model
Parents/carers were unsure where to get support from when their child was in primary school.	Ensured that access to 'drop ins' for parents and carers of primary school age children is included.
Parents/carers reported that support around breastfeeding and bottle feeding was important.	Ensured that infant feeding support is a key theme in the new service.
Stakeholders and parents/carers advised there was little visible support between the age of 2 years and school entry.	Proposed a targeted checkpoint at age 3 to 3.5 for those with additional needs and ensured that 'drop-ins' are clearly advertised as a point of ongoing universal support.

There were concerns about whether the most vulnerable families would access high street vision tests.	Ensured that the model includes support for vulnerable families to access these vision tests.
Stakeholders repeatedly described the importance of partnership working.	Ensured this is embedded in the service specification.
Stakeholders advised it can be difficult to access the correct contact within universal services.	Named links with key partners have been included.
Partners supported the proposals to ensure continence provision is delivered in line with NICE guidance with the proviso that appropriate services to support Level 2 continence needs are established.	We are working with other commissioning to ensure the Level 2 care pathway is available by the time the service is operational.

Formal consultation

The purpose of the formal consultation was to seek views from stakeholders – parents, carers, clinicians, professionals and partner organisations, on the proposed integrated service model which had been fully informed by the engagement. The consultation also sought views on the perceived benefits of an integrated service which also emerged from the engagement phase.

A total of 186 participants (26 parents and carers and 160 professionals and partner organisations) from across Nottinghamshire engaged with the consultation questionnaires via Survey Monkey on either the NCC website or customer service 'golden number' 0300 500 8080 for those with communication needs or difficulty accessing the internet. The consultation was widely promoted and supported by a broad communications plan.

Parents, carers and young people

There were 24 questions in total and respondents were predominantly parents living in the Ashfield, Newark and Sherwood and Rushcliffe area with children across the 0-19 year age range, though all districts were represented. They recognised the advantages of accessing the service in children's centres and valued the combination of information and support available. Feeding information, (including breast bottle and weaning) advice and support was an important issue and of the mothers who breastfed 65% felt they had had the support they needed whilst 35% felt they hadn't, and for those who bottle-fed, 56% felt they had had the support they needed whilst 44% thought that they had not.

The location, facilities and information and support that could be gained from co-location with children's centres was supported by the parents/carers who responded. Parents/carers (71%) also welcomes the ability to access support from a drop in clinic. Respondents wanted to access services across weekday morning, afternoons and evenings. The new baby, 6 to 8 weeks and 1 year review were reported to be most helpful though the majority of respondents found all 0-5 year old reviews helpful.

The parents who responded largely felt they knew what level of support to expect in relation to their pre-school age child's physical health, emotional health wellbeing but not in relation their own health or wellbeing.

Respondents supported young adults receiving information and advice to manage their own health in transition to adulthood. The current key priority areas of support for school age children were all valued.

There were opposing opinions on routine screening for sight and hearing tests at school and comments extended to dental treatment, the predominant response was in favour of parents taking responsibility for hearing and sight screening. Parents also commented on being able to opt out of the height and weight screening and easier access to counselling and psychological therapies. There were no responses from children or young people.

Clinicians, professionals and partner organisations

A broad range of professionals and partners responded from many organisations across Nottinghamshire. Mansfield and Ashfield had the highest number of respondents reflecting the areas with the highest health inequality however all districts were well represented. There were 17 questions in total which sought views on an integrated service, partnership working, and key features of the proposed model such as the universal offer, targeted support, named links and routine screening.

Respondents described advantages of an integrated service and the majority of responses can be themed as follows:

- beneficial in relation to information sharing and communication,
- improved continuity and transition
- reduced duplication

Respondents identified challenges of an integrated service and the majority of responses can be themed as follows:

- workforce transformation
- professional identity
- resource/capacity

Improving communication, electronic information sharing, physical co-location and clarity of roles and responsibilities were widely reported as key to working better together. Other themes included the importance of listening and involving the workforce as services transform, involving children, young people and families, and establishing shared paperwork and referral processes.

Respondents overwhelmingly (82%) agreed with the key benefits of an integrated service as follows:

- Seamless service
- Easier and better communication
- Improved continuity of support
- Simpler approach with less practitioners involved in a child, young person or family's care
- An opportunity to form stronger working relationships and partnerships
- More productive service without gaps and reduced duplication of generic tasks
- More streamlined assessment process
- Shared, language, culture and branding

Respondents largely supported the universal and targeted offer proposed though there were comments about the level of access for vulnerable or hard-to-reach families. Comments also highlighted the need to ensure support is accessible between the universal 6 to 8 week review and the 1 year review and prior to school entry.

Named links between the integrated service and key settings were whole-heartedly supported. The proposals published were not detailed in relation to breastfeeding support and a number of comments were received in relation to the importance of this provision.

The majority of respondents (62%) reported that the proposal feels right and (27%) didn't know, largely due to the breadth of the service and the level of information included within the consultation document.

A number of the individual comments proved difficult to theme though all have been considered individually.

Routine screening

The consultation included proposals in relation to routine screening in schools. Opinions from clinicians, professionals and partner organisations were polarised on this issue with some strongly in favour of ceasing screening, supporting the proposal that parents access the most appropriate specialised services and are responsible for routine screening of their child's hearing and sight as they would dental. Others valued the screening, early detection and support and were strongly against the proposals. The majority were in favour of the changes as long as the integrated service supports those children who are known to be vulnerable, or have additional needs. There was a suggestion for this to be included in additional or targeted packages.

Conclusion

The informal engagement and formal consultation has been thorough with views sought at strategic, management, clinical and operational levels as well as with service users. The views and experiences through the engagement phase shaped the design of the proposed service model and the detail of the service specification.

In conclusion, the majority of respondents (62%) to the formal consultation reported that the proposal feels right and respondents (82%) agreed with the key benefits of an integrated service.

The consultation responses clearly supported:

- A targeted checkpoint review between 2.5 and 5 years
- A targeted checkpoint review at 3 to 4 months
- The use of drop-in clinics for advice and support at all ages
- The focus on partnership working
- Ongoing co-location in children's centres
- Early evening access to services
- Named links with key settings

The formal consultation has largely supported the proposed model and provided further valuable information and suggestions to inform the detail of the service specification.

Within the model and accompanying service specification, in response to the consultation we will ensure:

- The offer of support to vulnerable families to access free high street vision testing is clearly defined
- The requirement to use information technology and innovative methods of communication are clearly defined
- There is clarity around the infant feeding offer
- Services are available in the evening
- 'Making Every Contact Count' is embedded
- Information sharing requirements are clearly defined
- The workforce are fully engaged and involved as services transform (to be picked up during contract mobilisation)
- Engagement and co-production with children, young people, parents and carers continues (to be picked up during contract mobilisation)

Appendix Three - service model for the integrated Healthy Child and Public Health Nursing Programme

The integrated Healthy Child and Public Health Nursing Programme will deliver:

- Health visiting services
- Family nurse partnership services
- School nursing services

This also includes:

- The National Child Measurement Programme, which weighs and measures children at school entry and in Year 6
- Breastfeeding peer support
- Preparation for Birth and Beyond, targeted antenatal education delivered in pregnancy jointly by health visitors, children's centres and midwives.

Driven by the Healthy Child Programme

The integrated service will deliver the Healthy Child Programme which is a statutory programme developed by the Department of Health. The Healthy Child Programme offers every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. This is currently delivered to all children and young people by health visitors, school nurses, family nurses and a range of other professionals such as maternity services, early year's services and education services.

The key features of the proposed model are as follows.

Integrated service across the 0 to 19 age range

- Professionals will work across the 0 to 19 year old age range in locality based teams so they can better know and support families.

- To families, the service will be received as a single, streamlined service with shared language, culture and branding.

- Service delivery will be equitable across Nottinghamshire

- In order to integrate care the service will share resources and skill mix across the 0 to 19 years pathway, recognising professional registration and particular specialisms where appropriate.

- Management structures will reflect management of multi-disciplinary staff groups rather than particular professional groups. These multi-disciplinary groups may include, for example specialist public health nurses, family nurses, nursery nurses, assistant practitioners, volunteers, peer support workers and administrative staff.

- A single assessment process or tool will be developed to capture core information and build on this as appropriate across a child or young person's life course.

- Referral pathways onto other services will be smooth.

A minimum of 9 universal 'checkpoints' will be delivered to all in line with the Healthy Child Programme:

Universal checkpoint reviews, delivered in line with the Healthy Child Programme, widely promoted via a core offer and supported by universal access to advice and support.

- Antenatal visit – face to face review
- New baby review – face to face review
- 6 to 8 week assessment – face to face review
- 1 year assessment – face to face review
- 2 to 2.5 year review – face to face review
- School entry (age 5) – parent/carer reported questionnaire
- Transition to secondary (age 11) - parent/carer and self- reported questionnaire
- Adolescence (age 13) – self reported questionnaire
- Transition to adulthood (age 16) – healthcare information pack

There will be universal access to advice and support via drop-in clinics in locality areas and access to health professionals by phone.

All secondary school aged young people will have access to a regular, year round drop-in clinic and there will be drop-in clinics that offer advice for parents and carers of babies, children up to 5 years of age and primary school age children.

Services will be available across weekdays and early evenings.

There will be named linked public health practitioners for key partners such as general practice, children centres, maternity teams, early year's settings and schools.

Four levels of provision

The four levels of provision are based around levels of needs identified in the Healthy Child Programme. Safeguarding is a core element of the programme and runs across the four levels of provision:

Your community: the workforce will have 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 to promote health and wellbeing across settings. In particular the provider will work with others to increase community participation in promoting and protecting health, thus building local capacity to improve health outcomes.

Universal: every new mother and child or young person will have access to a public health practitioner, 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 from the service when specific help and support is required. This might be identified through a health check or through the provision of easily accessible 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 on sexual health, and support for emotional and mental health wellbeing.

Universal partnership plus: ongoing support is provided to families where there is a need for ongoing support and interagency partnership working, particularly for families with complex needs. The provider will play a key role in bringing together relevant local services.

Targeted support and evidence based interventions

Targeted support and evidence based interventions, focused on the department of Health's high impact areas:

- Breastfeeding peer support
- Targeted review at 3 to 4 months
- Targeted review at 3 to 3.5 years
- Interventions in line with the Healthy Child Programme and the evidence-base which could include but is not limited to:
    - promotion of parent and infant mental health and secure attachment
    - evidenced-based parenting interventions
    - prescribing medication as an independent/supplementary prescriber
    - use of motivational interviewing/Solihull approaches to promote positive lifestyle choices
    - techniques to support language and communication development
    - techniques to support social and emotional development
- Group work to children and young people 'at risk'
- Chlamydia screening
- Emotional health and wellbeing
- Continence support (in line with NICE guidance)

Health promotion across the life course

The service model maximises the health and well-being being of children, young people and their families and aims to reduce health inequalities by empowering children, young people and families to make healthy changes and choices and minimize risk taking behaviour:

- Emotional health and wellbeing
- Healthy relationships and sexual health (including C-Card registration and distribution, pregnancy testing and
- Smoking cessation, prevention and protection
- Healthy weight and nutrition
- Substance misuse
- Prevention of unintentional injuries

A culture of partnership, multi-agency working with key stakeholders

The service forms part of a joined-up children's health, social care, education and early years' system working together to respond to needs as early as possible in order to enable families to build resilience and reduce the need for more specialist interventions.

Nottinghamshire Healthy Child and Public Health Nursing Programme for 0 to 19 year olds

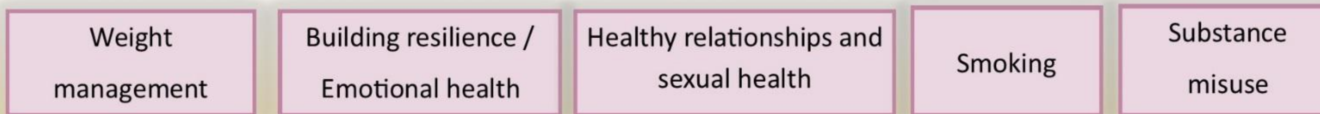
4 levels of service provision for 0 to 19 year olds:

1. Community
2. Universal
3. Universal Plus
4. Universal Partnership Plus

Evidence based interventions/ targeted support: high impact areas: life-course approach

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight and nutrition
- Managing minor illnesses and reducing accidents
- Health, wellbeing and development at age 2, and support to be 'ready for school'
- Building resilience and improving emotional health and wellbeing
- Keeping safe, managing risk and reducing harm
- Healthy lifestyles
- Maximising achieving and learning
- Supporting additional health and wellbeing needs
- Transition and preparing for adulthood

Public health life-course: support and brief interventions



- Improved access - Improved experience - Improved outcomes - Reduced inequalities

Single assessment process

Shared language, culture and branding

Safeguarding children and families

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