



REPORT OF DIRECTOR OF PUBLIC HEALTH

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

Purpose of the Report

1. To invite the Committee's consideration of the proposed service model for the integrated Healthy Child Programme and Public Health Nursing service for 0 to 19 year olds which has been informed by a programme of engagement with key stakeholders.
2. To seek approval to consult formally with stakeholders regarding the preferred options presented in this paper.

Information and Advice

3. In May 2015, the Public Health Committee reviewed a paper that set out commissioning intentions in relation to the Healthy Child Programme and Public Health Nursing services for 0 to 19 year olds. The paper briefed the Committee regarding the changes in commissioning responsibility for public health nursing for 0 to 5 year-olds, and the Family Nurse Partnership Programme, highlighted the importance of the Department of Health's Healthy Child Programme as an evidence-based programme that aims to improve a range of health and wellbeing outcomes, and summarised the current contracting arrangements for these services.
4. The Public Health Committee approved the plans to commission an integrated Healthy Child Programme and Public Health Nursing Service.

Progress

5. As agreed the contracts for the Healthy Child Programme and Public Health Nursing services, comprised of Health Visiting, Public Health School Nursing, the National Child Measurement Programme and the Family Nurse Partnership Programme, have been extended to 31st March 2017. This enables time to complete a robust procurement exercise for the integrated Healthy Child Programme and Public Health Nursing service, followed by a period of mobilisation with the new service operational from 1st April 2017.
6. The breastfeeding peer support service pilots, jointly commissioned by Clinical Commissioning Groups (CCGs) and Nottinghamshire County Council (NCC) Public Health, have been extended to the same timescales and are currently being evaluated. Pending results of evaluation, it is the intention that these services be included within the integrated Healthy Child Programme and Public Health Nursing service.

Work undertaken to inform the proposed service model

7. The proposed service model has been informed by a programme of engagement with service users, parents and carers, the current workforce, professionals, provider organisations and Health and Wellbeing Board partners.
8. 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.
9. A programme of market engagement has been carried out since December 2015 and this continues to shape the development of the proposed service model, evaluate the feasibility of delivery, and gauge the level of interest in the market.
10. A quality and equality impact assessment runs alongside the procurement process.

Proposed delivery model

11. The proposed delivery model reflects best available evidence, national guidance and local intelligence. The model also reflects the importance of developing an enhanced culture of multi-agency working across partners to most effectively meet the needs of children, young people and families in Nottinghamshire.
12. The aims of the proposed model are to:
 - help parents develop and sustain a strong bond with their children
 - encourage care that keeps children healthy and safe
 - protect children from serious disease, through screening and support for immunisation
 - reduce childhood obesity by promoting healthy eating and physical activity
 - identify health issues early, so support can be provided in a timely manner
 - make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by five'.
13. This will support delivery of the Public Health Outcomes Framework 2013-16 for:
 - Domain 1: Improving the wider determinants of health
 - Domain 2: Health Improvement
 - Domain 3: Health Protection
 - Domain 4: Healthcare public health and preventing premature mortality.
14. Table 1 confirms the scope for the integrated service and highlights key interdependencies

Table 1: Scope of the integrated Healthy Child Programme and Public Health Nursing Service

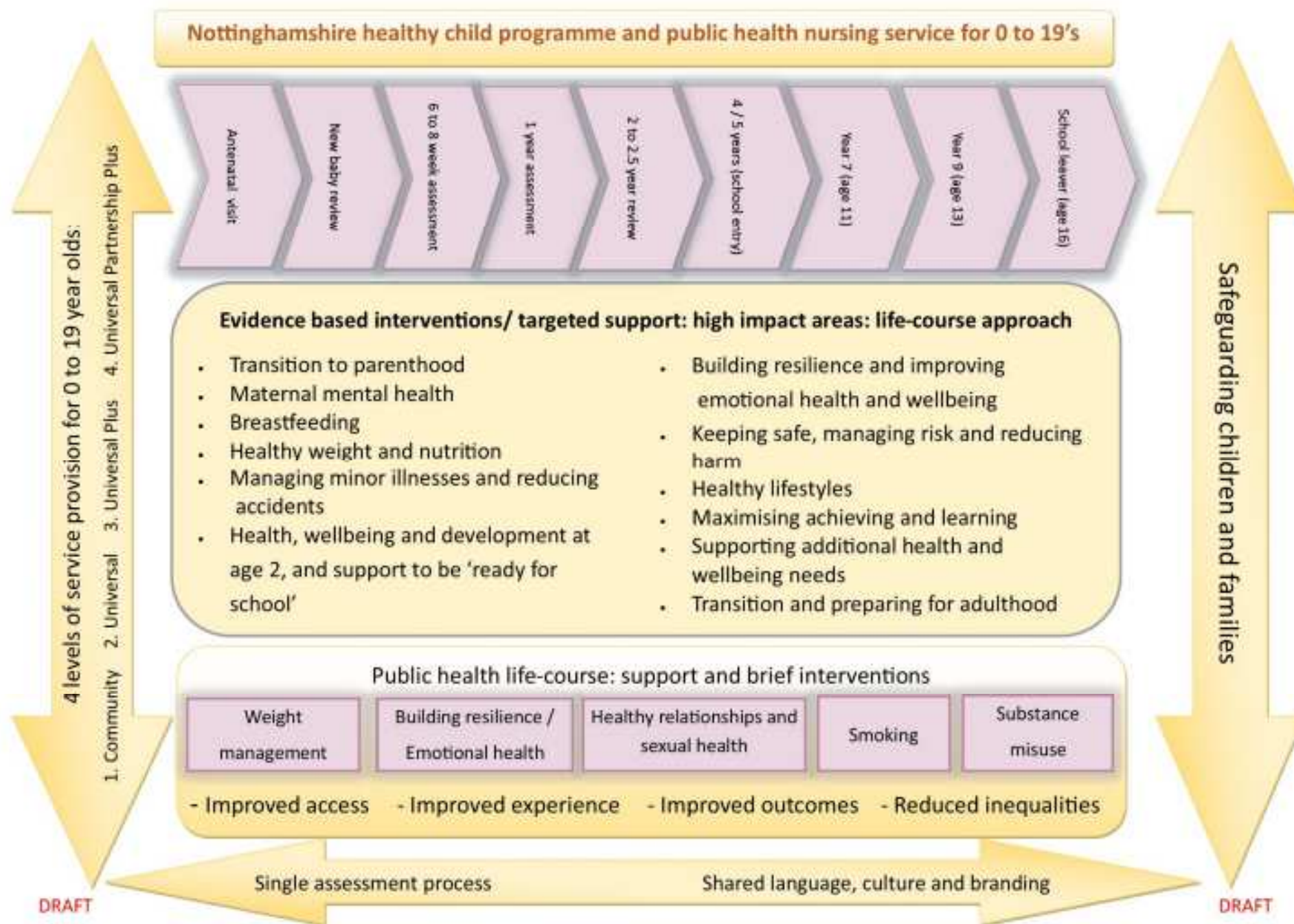
<i>In scope (included in integrated service)</i>	<i>Out of scope (key partner/ interdependency)</i>
<ul style="list-style-type: none"> § Health Visiting § Family Nurse Partnership Programme § Public Health School Nursing § National Child Measurement Programme § Breastfeeding support (which may include peer support) § Preparation for Birth and Beyond (Department of Health’s antenatal education programme, delivered in conjunction with partners) § Promotion of public health and healthy lifestyle choices, brief intervention, making every contact count. 	<ul style="list-style-type: none"> • Children’s centres / early years provision, commissioned by NCC • Antenatal and new-born screening, commissioned by NHS England • Maternity services, commissioned by CCGs • 6 to 8 week health review by GPs, commissioned by NHS England • Child health information systems, commissioned by NHS England • Targeted services, commissioned by NCC and/or CCGs

15. The proposed model consists of:

- 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
- 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 high impact areas
- d. Health promotion across the life-course

16. Figure 1 summarises the universal offer for the integrated Healthy Child Programme and Public Health Nursing service for 0 to 19 year olds.

Figure 1



17. The model incorporates targeted support and evidence based interventions focused on high impact areas. It is recognised that there will be challenges within a child or young persons' life and times when they need additional support. The proposed model will use strengths-based approaches and validated tools to meet identified needs in line with the Healthy Child Programme. Targeted support will build therapeutic relationships to enable efficient working with children, young people and families to support behaviour changes, promote health protection and keep children safe. Targeted support could include but is not limited to:

- promotion of parent and infant mental health and secure attachment
- evidenced-based parenting interventions
- prescribing medication
- use of evidence based approaches to promote positive lifestyle choices
- support for language and communication development
- support for social and emotional development
- individual or group work for children and young people at risk of poor outcomes linked to emerging public health needs, such as children identified as overweight or obese, young people who do not attend school, school aged pregnant teenagers and young people with emotional health and wellbeing needs.

18. The proposed model:

- a. Builds on the rapid national Health Visiting service transformation, led by NHS England, that has taken place over the past five years
- b. Implements the recommendations from the NCC School Nursing review carried out across 2014/15
- c. Allows flexibility in relation to the delivery of the Family Nurse Partnership Programme, a licensed programme which is likely to undergo transformation nationally over the next few years
- d. Integrates services to facilitate the availability of a seamless care pathway for children, young people and families

19. In order to integrate care across the age range of 0 to 19 years the provider of the service will be expected to share resources and skill mix across the 0 to 19 years pathway, recognising 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 specialist community public health practitioners, family nurses, nursery nurses, assistant practitioners, volunteers, peer support workers and administrative staff.

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

Options for consideration

21. There are a number of considerations relating to the draft proposal.

22. All service options for consideration are based on the commissioning of an integrated Healthy Child Programme and Public Health Nursing Service which will include intensive home based support for teenage mothers and their babies (Family Nurse Partnership), breastfeeding support and the National Child Measurement Programme.

23. The emotional health and wellbeing needs of children and young people in Nottinghamshire have increased significantly in recent years. In 2015, Government published ***Future in Mind***, which aims to transform care in relation to children and young people’s mental health and wellbeing. A key theme within ***Future in Mind*** is to promote resilience, prevention and early intervention, a core role of universal services. The options presented for consideration in Table 2 below aim to release capacity within the service to more effectively support children and young people’s emotional health and wellbeing needs.

Table 2

Continence provision		
<i>Option One</i>	<i>Considerations</i>	<i>Preferred Option</i>
<p>Include level one continence provision within the integrated service</p>	<p>Level one interventions for continence are commissioned as part of the public health school nursing service, though interventions can be lengthy and are not currently time limited. Some practitioners within the public health school nursing service deliver level two interventions though this is not formally commissioned.</p> <p>NICE guidance recommends universal services deliver level one continence interventions which includes brief intervention, advice and support, evidence based, time limited interventions and referral to level two services.</p>	<p>To include level one continence provision within the integrated service, ensuring that interventions are delivered in line with NICE guidance and are time limited. Where there is not sufficient improvement following intervention the child will be referred to primary care for further interventions.</p> <p>Commissioners will also work to ensure that the specialist community services for CYP with complex needs or disabilities support CYP with level two continence needs.</p>
<i>Option Two</i>		
<p>Exclude level one continence provision within the integrated service</p>	<p>Excluding all continence support will leave a gap in current care provision for children with level one continence needs. Unresolved continence difficulties have a negative impact on the emotional health and wellbeing of children and young people.</p>	

Universal school entry hearing test		
<i>Option One</i>	<i>Considerations</i>	<i>Preferred Option</i>
Exclude universal school entry hearing tests	<p>Practice is inconsistent and of variable effectiveness/quality and there is no robust evidence base to support the continuation of this function. Failed hearing tests are often seasonal and related to 'glue ear' rather than true hearing loss.</p> <p>All new-born babies in Nottinghamshire now receive a new-born hearing screen.</p> <p>Universal testing reduces capacity in the workforce to deliver interventions related to emotional health and wellbeing.</p>	<p>To exclude a school entry universal hearing test for all children.</p> <p>Commissioners will work with the new provider and key stakeholders to ensure that an alternative pathway is in place for any parents/ carers or professional colleagues concerned about potential hearing difficulties.</p>
<i>Option Two</i>		
Include universal school entry hearing tests.	<p>Hearing tests have been an established function of the school health team for many years.</p> <p>Some GPs refer children to the School Nurse if they feel a child needs a hearing test.</p>	
Universal school entry vision testing		
<i>Option One</i>	<i>Considerations</i>	<i>Preferred Option</i>
Exclude universal school entry vision testing	<p>Practice is inconsistent and there is not a robust evidence base to support the continuation of this function.</p> <p>School vision testing is not a thorough test and is</p>	<p>To exclude school entry universal vision tests.</p> <p>Commissioners will work with the new provider and key stakeholders to ensure that an alternative pathway is</p>

	<p>inadequate in comparison to that carried out by a highly trained optician.</p> <p>Routine vision testing for all children via an optician should be a key public health message promoted to all families.</p>	<p>communicated to all parents/carers at all universal checkpoints, and that the public health message is embedded into routine practice.</p>
<i>Option Two</i>		
<p>Include universal school entry vision testing</p>	<p>School entry vision tests have been an established function of the school health team for many years.</p>	

Next Steps

24. The proposed model, which has been fully informed by a programme of engagement with key stakeholders, will be formally consulted on from w/c 21st March 2016. Responses to the consultation will be evaluated and feedback incorporated prior to finalising the service specification and returning to Public Health Committee in May 2016 for agreement to tender.

Reason for Recommendation

25. Contract expiry on 31st March 2017 and the timescales involved in the procurement process mean it is necessary to agree to formally consult on the proposed service model in order for procurement plans to progress.

Statutory and Policy Implications

26. 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

27. The contract value of the Health Visiting, Public Health School Nursing, National Child Measurement Programme and the Family Nurse Partnership Programme in 2016/17 will be £15,422,516. The financial envelope for the integrated Healthy Child Programme and Public Health Nursing Service 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.

Safeguarding of Children and Vulnerable Adults Implications

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

Implications for Service Users

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

RECOMMENDATION/S

That the Committee:

- 1) Notes the proposed service model for the integrated Healthy Child Programme and Public Health Nursing Service for 0 to 19 year olds.
- 2) Agree the preferred options presented and approves the formal consultation regarding the proposed service model.

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Constitutional Comments (EP 03/03/2016)

30. The recommendations fall within the remit of Public Health Committee by virtue of its terms of reference.

Financial Comments (KS 07/03/2016)

31. The financial implications are contained within paragraph 27 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, 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.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMISCommitteeDetails/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.aspxpeople's>

Electoral Division(s) and Member(s) Affected

All