



Children's Trust Board Sponsor: Dr Kate Allen

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

Purpose of the Report

1. To inform Children's Trust Board Members of the following:
 - the national Healthy Child Programme (HCP), focusing on the roles of Public Health (PH) nurses for children, young people and families
 - the responsibilities placed on NHS England Area Teams and Nottinghamshire County Council (NCC) for commissioning the HCP and PH nursing services for children and young people
 - Opportunities for future commissioning and delivery of PH nursing services, linking with children's centres.

Information and Advice

The Healthy Child Programme

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

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

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

communicable diseases, increased rates of breastfeeding); readiness for school and improved learning.

Public health nursing for children and young people

5. The main groups of PH nurses who provide services to children and young people and their families are health visitors, school nurses and family nurses (this final group delivering the Family Nurse Partnership Programme). An overview of the roles of each professional group is given below.
6. There is overwhelming evidence that the first few years of life play a significant and formative role in shaping children's future health, social and educational outcomes. Health visitors have a valuable part to play during this period of a child's life and also prior to birth; during the antenatal period, health visitors have contacts with pregnant women, where there is the opportunity for them to identify risk factors at an early stage, assess parental mental health and refer to supporting services as appropriate; as the universal provider of health and wellbeing services for under five year olds, they carry out routine health and development checks for all children (as part of the HCP), assessing if they are healthy and progressing well. As experts in PH, they complete holistic assessments of families, recognising the wider determinants of health and supporting parents and families as well as children. Supporting parents can include providing advice about parenting, relationship issues, bonding, isolation or postnatal depression. As qualified, registered nurses, they are able to help identify physical and mental health issues and other problems that require further investigation or care, e.g. sight, language or hearing problems, or they can intervene early to address any issues before they become serious.
7. School nurses are acknowledged as leaders in delivering PH services to children and young people between school entry age and 19 years; their position within schools and local communities gives them the opportunity to work with children, families, education and wider community services to deliver a broad range of health and wellbeing interventions as part of the HCP. As experienced registered nurses and experts in PH, they deliver universal health reviews, advice, information and support in relation to staying healthy, emotional health and wellbeing, substance misuse and sexual health as appropriate. It should be noted that for some young people, the service may be the only opportunity that they have to access health care advice/support without having parents/carers etc with them. In addition to providing early help for children and young people with additional needs, they support children with established health conditions to manage them in school.
8. The **Family Nurse Partnership (FNP)** is an evidence-based, intensive, preventive home visiting programme for vulnerable, first-time teenage parents. The programme begins in early pregnancy and ends when the child reaches two years of age. Family nurses tend to have a background in health visiting, school nursing or midwifery and are experienced, highly trained professionals, delivering the programme to strict fidelity criteria, in line with the evidence base. The FNP has three aims:
 - i. to improve pregnancy outcomes
 - ii. to improve child health and development
 - iii. to improve parents' economic self-sufficiency.

National Policy Drivers

9. There have been recent national developments in relation to all three professional groups and the services they provide.
10. **The Health Visitor Implementation Plan 2011-15³** details the universal provision led by health visitors as part of the HCP and outlines a tiered approach, whereby health visitors offer additional targeted support to those most in need, as shown below:

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

The new health visiting service: what it means for families

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

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

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

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

11. A key element of the Health Visitor Implementation Plan (HVIP) is the increase in the number of health visitors in each area across England. Locally, the target number of health visitors to be in post by April 2015 is shown below:
 - in Nottinghamshire (excluding Bassetlaw) there will be 136 whole time equivalent (wte) health visitors, from a baseline of 69 in May 2010
 - in Bassetlaw there will be 22.4 wte health visitors, increased from 13.62 in May 2010.
12. NHS England published a National Health Visiting Service Specification in March 2014⁴ and it is anticipated that local areas will be required to commission services using this specification. The 2014-15 service specification has been issued to both local authorities and providers with a view to acceptance and embedding into current contract. There has

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

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

been further consultation on the 15-16 specification which is again expected to be implemented by NHS England prior to transfer of commissioning responsibility.

13. **Getting it Right for Children, Young People and Families – Maximising the contribution of school nursing**⁵ was published in 2012 by the Department of Health. The document sets out a vision and model for school nursing services to meet both current and future needs of children and young people. There are no targets or benchmarks set for numbers of school nurses nationally or locally. The proposed service model for school nursing is described with the same tiered approach as health visiting:

‘School nursing is a universal service, which also intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus)’⁴.

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

Current commissioning arrangements and activity in Nottinghamshire

Health Visiting and FNP

17. Currently the responsibility for commissioning health visiting and FNP services is delegated to NHS England. This responsibility will transfer to local authorities by October 2015. Two NHS England Area Teams (ATs) cover Nottinghamshire: the Nottinghamshire and Derbyshire AT and the South Yorkshire and Bassetlaw AT. These ATs commission

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

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

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

health visiting and FNP services in Nottinghamshire County (area previously covered by Nottinghamshire County PCT) and Bassetlaw respectively.

18. Health visiting services and the FNP are currently provided across the whole of Nottinghamshire by Health Partnerships, part of the Nottinghamshire Healthcare NHS Trust.

School Nursing

19. The responsibility for commissioning of school nursing services transferred from PCTs to PH in the Local Authority in April 2013, following implementation of the Health and Social Care Act 2012. Nottinghamshire County Council (NCC) commissions the service for all of Nottinghamshire including Bassetlaw.
20. As for health visiting and the FNP in Nottinghamshire, Health Partnerships provide school nursing services.
21. The PH team has completed a review of the Nottinghamshire school nursing service to inform future commissioning intentions. The final review report will be published in the next two months but initial findings indicate capacity and demand challenges, inequity in provision across the County and gaps in services for those not in formal educational settings. While recognising that the service needs to deliver to key public health priorities, (e.g. improving emotional health and wellbeing, reducing alcohol and drug misuse), this is not always possible with the current demands on the service.

Proposed future commissioning arrangements

22. Once commissioning responsibility has transferred to NCC, health visiting services and the FNP will be commissioned by the Children's Integrated Commissioning Hub (ICH), which currently leads commissioning of school nursing. By bringing commissioning of all three PH nursing services together, it will be possible to integrate these services more effectively and also align them with the operating model for the Children, Families and Cultural Services Directorate within NCC. It is envisaged that this will lead to more effective working across children's services in local areas, providing increased value, improved service quality and better outcomes for children, young people and families.
23. It should be noted that it is that elements of the health visiting service will be mandated at transfer, with local authorities required to commission specific core reviews, interventions or services. In addition, the FNP is a licenced programme, with tight fidelity criteria and oversight from the national lead.
24. The current contract with Health Partnerships for health visiting and school nursing services expires in March 2016, requiring NCC to undertake a procurement exercise, alongside NHS England AT colleagues, in order to award a new contract during 2015-16. Timescales for this provide an opportunity to align the commissioning of health visiting and school nursing, with the aim of having an integrated 0 - 19 HCP service in place from April 2016. The contract for the FNP expires in August 2016.

Public health nursing and children's centres

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

RECOMMENDATION/S

- 1) That Members of the Children's Trust Board note and comment on the following:
 - the national Healthy Child Programme (HCP), focusing on the roles of Public Health (PH) nurses for children, young people and families
 - the responsibilities placed on Nottinghamshire County Council (NCC) and NHS England Area Teams for commissioning the HCP and PH nursing services for children and young people
 - opportunities for future commissioning and delivery of PH nursing services, linking with children's centres.

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APPENDIX 1

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

DOMAIN 1: Improving the wider determinants of health

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

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

DOMAIN 2: Health improvement

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

Reduced prevalence of low birth weight of term babies
Reduced prevalence of smoking status at time of delivery
Reduced smoking prevalence in adults
Reduced smoking prevalence in 15 year olds
Reduced teenage conception rates (repeat pregnancies)
Improved child development at 2 – 2½ years
Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
Improved emotional wellbeing of looked after children
Reduced alcohol and drug misuse
Reduced excess weight in 4-5 year olds and 10-11 year olds

DOMAIN 3: Health protection

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

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

DOMAIN 4: Healthcare public health and preventing premature mortality

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

Reduced tooth decay in children aged 5