
Public Health Nursing Services – 0-19 (25 SEND) HCP – Supporting Information

1. Introduction/Background

- 1.1 The 0-19/25 (up to 25 years for young people with special educational needs and disabilities) Healthy Child Programme (HCP) sets out a recommended framework of services for Children and Young People to promote health and wellbeing, prevent ill health and provide early intervention when required. 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 at risk of poor outcomes can be identified and the appropriate support provided: a key aim of the HCP is to reduce inequalities in health.
- 1.2 Health Visitors and School Nurses work collaboratively with partners to help promote the welfare and safety of children. They support children where health needs have been identified, or where they are in the child protection system, providing public health interventions for the child and family and referring for specialist medical support where appropriate. Health Visitors and School Nurses have a valuable contribution to reducing the number of children who enter the safeguarding system through preventative and early help work as part of their Community, Universal and Universal Plus role (see appendix D).
- 1.3 The 0-19/25 HCP is delivered by Health Visitors and School Nurses. Previously, this was delivered via two separate contracts; 1) Health Visiting service to provide for 0-5 year olds, and School Nursing for 5-19/25 year olds. On 1 October 2015 the responsibility for commissioning 0-5 public health (Health Visiting and Family Nurse Partnership) services transferred from NHS England to Local Authorities completing the final transfer of statutory responsibilities under the Health and Social Care Act 2012 for public health functions. Consequently, NHS England's contract with the Berkshire Healthcare Foundation Trust (BHFT) for Health Visiting and Family Nurse Partnership services transferred to the Council on 1 October 2015 under a deed of novation. The Council already has a contract with BHFT for School Nursing (5-19) services which was transferred in 2013 during the Public Health transition from NHS to Local Authority.

2. Supporting Information

- 2.1 The Council is seeking to procure a Public Health Nursing Service to improve the health outcomes for the population of 0 – 19 (25) year old children & young people and their families and to reduce health inequalities.
- 2.2 The Public Health Nursing Services will be a combined skill mix service of Health Visitors, School Nurses and other appropriate skill mix teams, who can provide expert information, assessment and interventions, working in partnership with a range of different agencies.
- 2.3 The contract duration will be 2 years with no extension option.

3. Options for Consideration

- 3.1 The option of going for a 1 year contract as proposed at the September Operations Board was considered, but following further market engagement it was established that putting such a large contract out for less than two years is unappealing for potential providers as well as being very time consuming for the Council and thus not cost effective when taking into account officers time, as it means that the whole process has to be repeated within 6 months of the new contract start date.
- 3.1 Based on this information, the Head of Public Health and Wellbeing received approval from the Portfolio Holder for Health & Wellbeing and the Chief Executive in October 2016 to put the contract out for a 2 year period.

4. Proposals

- 4.1 The Executive resolves to delegate authority to the Corporate Director (Communities), Head of Public Health & Wellbeing, Portfolio Holder for Children & Young People, Portfolio Holder for Health & Wellbeing in consultation with the Head of Finance and Head of Legal Services, to award the contract to the successful bidder following a competitive tender process as outlined in this report.

5. Conclusion

- 5.1 The Executive resolves to delegate authority to the Corporate Director (Communities), Head of Public Health & Wellbeing, Portfolio Holder for Children & Young People, Portfolio Holder for Health & Wellbeing in consultation with the Head of Finance and Head of Legal Services, to award the contract to the successful bidder following a competitive tender process as outlined in this report.

6. Consultation and Engagement

- 6.1 Legal Services and Democratic Services

Background Papers:

- [Department of Health Commissioning guidance for 0-19 Healthy Child Programme](#)
- [Service Specification 0-19, Public Health England, 2016](#)
- [Rapid Review to Update Evidence for the Healthy Child Programme 0–5 \(Public Health England, 2015\)](#)
- [Childrens Public health 0-5 years - Review of Mandation\(Public Health England, 2016\):](#)
- [Healthy Child Programme – Pregnancy and the first five years of life \(DH, 2009 – amended August 2010\)](#)
- [Department of Health \(2009\) Healthy Child Programme – 5-19 years \(amended August 2010\)](#)
- [Public Health Outcomes Framework 2013 to 2016 \(DH, 2014\)](#)
- [Best start in life and beyond: Commissioning Guide 1: Background information on](#)

[commissioning and service model \(Public Health England January 2016\)](#)

- [Best start in life and beyond: Commissioning Guide 2. Model specification for 0-19 Healthy Child Programme: Health Visiting and School Nursing Services](#)
- [Best start in life and beyond: Commissioning Guide 3. Measuring performance and Outcomes](#)
- [Best start in life and beyond: Commissioning Guide 4. Reference Guide to evidence and outcomes](#)

Subject to Call-In:

Yes: No:

- The item is due to be referred to Council for final approval
- Delays in implementation could have serious financial implications for the Council
- Delays in implementation could compromise the Council's position
- Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months
- Item is Urgent Key Decision
- Report is to note only

Wards affected:

This is a district-wide service

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aims:

- BEC – Better educated communities**
- P&S – Protect and support those who need it**
- HQL – Maintain a high quality of life within our communities**
- MEC – Become an even more effective Council**

The proposals contained in this report will help to achieve the following Council Strategy priorities:

- BEC1 – Improve educational attainment**
- BEC2 – Close the educational attainment gap**
- P&S1 – Good at safeguarding children and vulnerable adults**
- HQL1 – Support communities to do more to help themselves**
- MEC1 – Become an even more effective Council**

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Appendix B

Equality Impact Assessment - Stage One

We need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Stage Two, Equality Impact Assessment is required.

Name of policy, strategy or function:	Integrated Healthy Child Programme (HCP), Public Health Nursing Services: 0-19/25 year olds (up to 25 years for young people with special educational needs and disabilities),
Version and release date of item (if applicable):	Version 2
Owner of item being assessed:	Lesley Wyman
Name of assessor:	Fatima Ndanusa
Date of assessment:	July 2016

Is this a:		Is this:	
Policy	No	New or proposed	No
Strategy	No	Already exists and is being reviewed	Yes
Function	No	Is changing	Yes
Service	Yes		

1. What are the main aims, objectives and intended outcomes of the policy, strategy function or service and who is likely to benefit from it?	
Aims:	To deliver the Healthy Child Programme (HCP) 0-19/25 for all West Berkshire Children and families
Objectives:	To make available universal health promotion for all families Early Identification of Needs Provide timely and targeted support
Outcomes:	Improve Health and Education Outcomes Reduced Health Inequalities
Benefits:	People live healthier and longer lives A reduction in the inequalities gap

2. Note which groups may be affected by the policy, strategy, function or service. Consider how they may be affected, whether it is positively or negatively and what sources of information have been used to determine this.

(Please demonstrate consideration of all strands – Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation.)

Group Affected	What might be the effect?	Information to support this
Age	West Berkshire Council will provide the same level of service, including the mandated elements of the 0-19 Healthy Child Programme therefore the impact on this group should be neutral.	<p>Best start in life and beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services</p> <p>Commissioning Guide 1-4: Background information on commissioning and service model (Public Health England 2016)</p>
Disability	<p>At present, the Health Visiting and School Nursing services, along with the Healthy Child Programme, seeks to identify those children who are most vulnerable, including those with disability. The current provision of Universal Plus and Universal Partnership Plus provide services for families with additional needs such as disability.</p> <p>West Berkshire Council will provide the same level of service as previously. Therefore the impact on this group should be neutral.</p>	<p>Best start in life and beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services</p> <p>Commissioning Guide 1-4: Background information on commissioning and service model (Public Health England 2016)</p>
Gender Reassignment	There is limited evidence, but it is felt that the impacts of the wider Health Visiting service are limited for this group. The new 0-19 HCP service should have a neutral impact on this group as the intention is for the same level of service provision as is currently provided.	<p>Best start in life and beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services</p> <p>Commissioning Guide 1-4: Background information on commissioning and service model (Public Health England 2016)</p>

Further Comments relating to the item:
N/A

3. Result	
Are there any aspects of the policy, strategy, function or service, including how it is delivered or accessed, that could contribute to inequality?	No
<p>Please provide an explanation for your answer:</p> <p>The service will largely remain unchanged. Changes that are being made would improve integration between services and agencies, promote engagement and early identification of families in trouble, thus it is unlikely to contribute to inequalities</p>	
Will the policy, strategy, function or service have an adverse impact upon the lives of people, including employees and service users?	No

Appendix C

Minimum requirements to fulfil our HCP statutory responsibility

There are elements of the Healthy Child Programme 0-19(25) that are mandated, both for Health Visiting and School Nursing.

Health Visiting

The 5 mandated elements of the Health Visiting Service are the 5 Core Visits:

- Ante-natal check
- New birth visit
- 6-8 weeks review
- 9-12 months review
- 2-2.5 years review

As an overview, core elements of the HCP include:

- **Health and development** reviews – Assessment of family strengths, needs and risks; providing parents with the opportunity to discuss their concerns and aspirations; assess child growth and development, communication and language, social and emotional development; and detect abnormalities. HVs should use evidence-based assessment tools and must use ASQ 3 for the 2-2.5 year review. See Appendix 4 for the full list of universal assessments.
- **Screening** – in line with the current and forthcoming updated HCP and the National Screening Committee recommendations.
- **Immunisations** – Immunisations should be offered to all children and their parents. Health visiting teams should provide parents and young people with tailored information and support and an opportunity to discuss any concerns. HV check children and young people's immunisation status during health appointments and refer to their GP if unvaccinated.
- **Promotion of social and emotional development** – The HCP includes opportunities for parents and practitioners to review a child's social and emotional development using evidence-based tools such as ASQ 3 and ASQ SE and for the practitioner to provide evidence-based advice and guidance and decide when specialist intervention is needed.
- **Support for parenting** – One of the core functions of the HCP is to support parenting using evidence-based programmes and practitioners who can work across different agencies who are trained and supervised.
- **Effective promotion of health and behavioural change** – Delivery of population, individual and community-level interventions based on NICE public health guidance. Encourage the strengths within the family recognising that families have the solutions within themselves to make changes. Make every contact with the family a health promoting contact.

- **Reducing hospital attendance and admissions** – Supporting parents to know what to do when their child is ill. This may include prescribing in line with legislation, providing information about managing childhood conditions and prevention of unintentional injuries.
- **Children with additional needs** – Early identification and assessment and help. Health visiting teams provide assessment; care planning and on-going support for babies and children up to school entry with disabilities, long term conditions, sleep or behavioural concerns, other health or developmental issues.
- **Well Baby Clinics** – HV led, these are drop-ins for families to weigh their children, with onward referral to GP or an emergency hospital admission if the child is under-weight. This is because failure to address the weight loss in very young children could result in serious morbidities or mortalities. The Well Baby Clinics offer consultation on breastfeeding, healthy eating and weaning, sleeping problems, home safety concerns, domestic abuse, etc.

School Nursing

The mandated element of the School Nursing Service is the National Child Measurement Programme (NCMP):

- at 4-5 years
- 10-11 years

School Nurses see young people on a 1:1 basis around health and wellbeing concerns using a targeted approach, where there is an identified concern (sexual health and STIs, Substance Misuse, Mental Health Issues, etc). This is a highly targeted service rather than a universal provision.

Core Universal Provision

Lead, co-ordinate and provide services for children and young people as set out in the Healthy Child Programme 5 – 19 years, including working with others to deliver universal services priorities to include:

1. Weight and height measurements to be offered to all state funded primary school children who are in Reception Year (age 5) and Year 6 (aged 10,11) in accordance with NCMP guidance. This is mandatory.
2. Offer a central point of contact to provide information, advice and guidance on healthy weight management for parents/guardians who are informed that their child is overweight/obese following the NCMP.
3. Audiology screening in Reception year.
4. Immunisations in line with agreed Department of Health schedule for all schools and to include an offer to all private/independent schools and delivered with the schools agreement.
5. Distribute and collect BCG screening questionnaires in primary schools and send them to the chest clinic at Royal Berkshire Hospital Foundation NHS Trust for processing.

6. Offer all schools a universal single point of contact for specialist school nursing support, advice, information and signposting and referral to other services.
7. Offer all secondary school pupils and pupils from Pupil Referral Units and Looked After Children increased flexibility and opportunity to contact the school nursing service directly without needing to go through another member of school staff.
8. Formal handover of care from the Health Visiting Service for children who have identified health or social care needs to ensure an integrated and seamless level of care.
9. Support and initiate teacher training in schools on specific health promotion topics particularly around SRE to build capacity, skills and confidence in the school workforce to deliver the health components of the PSHE curriculum.
10. Take proactive steps to raise awareness in schools of the priority Public Health messages especially around healthy life-styles, life-style choices and sexual health.

Universal Plus

Offer early help to children with additional health needs (including long term (non complex) medical conditions, emotional or sexual health advice) by providing care or signposting to other services. Ensuring children, young people and families get extra help when they need it (Department of Health, 2012).

Additional important functions

1. School nurses provide health drop-ins in secondary schools where there is agreement with the school and local authority governance and performance management team.
2. School Nurses provide Emergency Hormonal Contraception (EHC) under a PGD, when a young person requires it and in the schools that have agreed to this type of provision.
3. School nurses will respond to children with identified health needs in a timely way so as to minimise the impact of the health condition and improve the child's ability to actively participate in school life e.g. referral to tier 2 and 3 mental health support or voluntary counselling services.
4. Children with long term (non-complex) health needs that impact on their ability to learn will be supported through health assessment and reviews to help manage their health condition and the provider will support the writing of care plans for children with long term (non complex) medical conditions who do not meet the criteria of the specialist community children's nursing team.
5. School Nurses provide training to school staff to enable them respond to and manage particular medical conditions (e.g. Asthma, allergies, epilepsy); this excludes first aid and resuscitation training.

6. School nurses are attentive to the risk of girls at risk of Female Genital Mutilation (FGM) and concealed pregnancies. If there is cause for concern they will follow the appropriate safeguarding as agreed by the Local Safeguarding Children's Board.
7. School Nurses provide specialist clinics for children and their families to meet identified health needs (e.g. Enuresis clinics)

Universal Partnership Plus

The universal partnership plus provision is for children and families with complex health and social care needs, requiring a multi-agency response, both in special and mainstream schools.

Here School Nurses work in partnership with other children's workforce key stakeholders to provide on-going additional services for vulnerable children, young people and their families. This includes those who are looked after, those with a non complex disability in mainstream schools, those with mental health needs or substance misuse or risky behaviours or at risk of FGM.

School Nurses:

- Provide health leadership when working with other partners to ensure that a vulnerable child has their health and wider social care needs met.
- Identify children not registered with a GP, or not taken for health appointments and ensure follow up systems are in place and implemented for children considered vulnerable/at risk.
- Undertake the annual looked after children review health assessments and working in partnership with the looked after children's team nurse, plan and develop any necessary interventions with other partners to meet identified health needs.
- Service supports vulnerable young people to transition successfully between education and health provision by working closely with special and mainstream school and college pastoral and welfare staff, other health care providers and primary care as required.

Safeguarding and Child Protection

The school nursing service as a whole is responsible for ensuring that all children and young people are protected from poor health and harm.

Safeguarding activity for School Nursing teams continues to take up a considerable proportion of the specialist school nurses (Band 6/7) capacity.

Each school nurse is expected to attend all initial child protection conferences where there may be a possible health need, and undertake a full health assessment for every child.

It is only after this initial health assessment that a decision will be made regarding future involvement of the school nurse depending on the health needs identified for the child/young person.

The service follows the guidance and pathways agreed by the local children safeguarding boards and as set out in the Berkshire Child Protection procedures. Found in link below:
<http://proceduresonline.com/berks/>

Appendix D:

Figure 1: 4, 5, 6 Model of the transformed Health Visiting Service, including 5 Mandated Visits (Universal Health Reviews)

 Department of Health

Health visitors work with families & communities to improve access, experience, outcomes and reduce health inequalities

4 levels of service:
Your community
Universal
Universal plus
Universal partnership plus

5 universal health reviews*:
Antenatal
New baby
6 – 8 weeks
1 year
2 – 2 ½ years
*mandated for 18 months

6 high impact areas:
Transition to parenthood
Maternal mental health
Breastfeeding
Healthy weight
Managing minor illness & accident prevention
Healthy 2 year olds & school readiness

#healthvisiting