

TITLE OF REPORT: 0-19 Public Health Nursing Service Update

REPORT OF: Director of Public Health

SUMMARY

The purpose of this report is to give the Committee an update on the work of the 0-19 Public Health Nursing Service (Growing Healthy Gateshead) since the contract was awarded to Harrogate and District NHS Foundation Trust (HDFT) in July 2018.

The report will cover the following areas:

- Background
 - Overview of performance
 - Service development and delivery
 - Awards and achievements
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BACKGROUND

1. Following a review and reprocurement of the 0-19 public health nursing service (health visiting, school nursing and family nurse partnership) in 2017, the contract to deliver this service was awarded to HDFT from 1 July 2018. The contract was awarded for a period of two years with an option to extend for a further two 12 month periods.
2. Mobilisation of the new service provider (HDFT) commenced on 1 January 2018 and the contract went live on 1 July 2018 as required.
3. The 0-19 service provides leadership, co-ordination and delivery of the Healthy Child Programme (HCP). The HCP is the early intervention and prevention public health programme that lies at the heart of universal service provision for children, young people and their families. It sets out the good practice framework for prevention and early intervention services for children, young people and their families and recommends how health, education and other partners working together across a range of settings can enhance a child or young person's life chances.
4. The service model for health visiting and school nursing is based on Public Health England's 4,5,6 approach (see appendix 1). In addition to health visiting and school nursing we have retained the Family Nurse Partnership in Gateshead.

5. The 4-5-6 model is based on:

- 4 levels of service, depending on individual and family need
- 5 key visits - these can be utilised to identify needs and to develop a support offer, or signpost to specialist services if required, and are mandated for health visiting
- 6 high impact areas, where health visitors and school nurses can make the biggest difference

OVERVIEW OF PERFORMANCE

6. HDFT has a strong approach to performance management through monthly 1-1 performance management supervision, audits of records and reporting on data. This has ensured effective caseload management, flexing resources according to levels of demand within each locality. This has enabled the successful delivery of all universal mandated contacts starting at the antenatal period. They have ensured their assessment and screening of health needs follows the child and their family throughout their journey.

7. Contract monitoring meetings take place with HDFT every quarter. At each meeting we monitor the key performance indicators (KPI's) and have a quality themed report on a particular area of service delivery or development. The topic for the quality themed report is identified and agreed at the previous meeting.

8. The purpose of having a quality themed report is to focus on a particular area to see what work the service has been doing e.g. emotional health resilience. We have included a case study at appendix two which focuses on the work of the Emotional Health and Resilience Nurse with a primary school in Gateshead.

9. The table below gives an overview of performance for mandated visits by health visitors:

Health visitor mandated visits	Q1 19/20	Q2 19/20	Q3 19/20
Antenatal	84.6%	90.5%	93.9%
New birth (10-14 days)	96.4%	96.8%	93.5%
6-8 weeks	95.9%	95.5%	95.5%
12 months	94.3%	95.1%	94.8%
2-2 ½ years	94%	95.5%	94.9%

10. The number of visits that are carried out each quarter range between 300 and 500. Numbers will fluctuate dependent on when the child is born and which quarter the visit will fall due.

11. As can be seen from the above table the service has exceeded the 85% target set for all mandated visits in both quarter 2 & 3 for 2019/20 and only narrowly missed the antenatal visit target for quarter 1.

12. The table below gives an overview of breastfeeding status at 6 to 8 weeks:

Breastfeeding status at 6-8 weeks	Q1 19/20	Q2 19/20	Q3 19/20
% infants with breastfeeding status recorded at 6-8 week check	95.3%	95.3%	99.4%
% infants totally/partially breastfed	40.6%	41.7%	35.9%

13. We have seen an improvement in the recording of infant feeding status due to being able to capture the data electronically. The service lead for quality and performance has worked on this extensively over the past year. The number of infants partially and totally breastfed has also seen an improvement where previously Gateshead has been between 37-38% per year. The mean percentage for the full year based on the performance for the first three quarters is 39.4%.

14. Other key areas of performance included 100% of mothers receiving a maternal mood review and 98.5% of looked after children receiving an annual health assessment.

SERVICE DEVELOPMENT AND DELIVERY

Introduction of electronic case management system and transfer of clerical records

15. Underpinning HDFT's vision was the introduction of SystmOne as their single electronic patient record. SystmOne captures, manages and reports all clinical data; supporting a Public Health service that is effective. The process of transferring clerical records to an electronic system involved extensive training for all the 0 -19 staff on SystmOne, during the mobilisation period, to ensure staff were competent for commencement of the new contract.

16. Within 3 months of contract commencement 30,000 active paper records were scanned onto SystmOne. Evaluation of the introduction of the new electronic patient record reflects efficiency and access to a single record for the service which in turn support the analysis of cumulative risk and the safeguarding assessment.

Making Every Contact Count

17. Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and other individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. MECC focuses on lifestyle issues such as stopping smoking, drinking alcohol within the recommended limits, healthy eating, being physically active and keeping to a healthy weight and improving mental health and wellbeing.

18. The teams skilled Specialist Community Public Health Nurses (SCPHNs) have been a key driver for integration at a community and preventative level, universal services, and through all levels of need from early help to targeted support and complex safeguarding. The SCPHNs have driven the ethos of 'Making every contact count', interweaving this into the delivery of the Healthy Child Programme.

Special Educational Needs and Disabilities (SEND) Team

19. As part of the procurement of the service HDFT committed to the development of a dedicated SEND Team within the service. Following a review of service provision SEND Practitioners were recruited and model development commenced from 1st April 2019. The 0-19 SEND team consists of:

- Band 5 staff Nurse 22.5 hours
- Band 4 Early Years Practitioner 37.5 hours
- Band 4 Early Years Practitioner 22.5 hours

20. All 0-19 SEND practitioners have experience in working with children with additional identified needs. They work alongside health and education partners in the management and delivery of services for children with additional health needs. The 0-19 SEND team's role is to deliver public health support as part of the Healthy Child Programme, and this does not include meeting the day to day physical and clinical nursing needs of children and young people which may be more complex.

21. The SEND practitioners work to ensure that all children within mainstream schools who have special educational needs and disabilities receive public health messages in a way that meets their needs. They support children with additional needs to ensure, where possible, that they are school ready by 5 years. Resources have been developed for the wider 0-19 team to support children and young people with SEND.

22. They have developed a quarterly newsletter for professionals which provides service updates and best practice guidance. Access to the team has been widely advertised via social media and digital platforms.

Emotional Health and Resilience

23. HDFT have a designated Emotional Health and Resilience Nurse [EHRN] to work specifically with the 5-19 population. The role promotes resilience and raises awareness of mental health in young people, delivering interventions particularly around the transition periods (e.g. moving from primary to secondary school).

24. The EHRN works with schools, local communities and other partners to identify children and young people who have emotional health issues/needs. They work with agencies and services to identify and implement the best approach to meet these issues.

25. Examples of support that have been delivered in schools to date include:

- Targeted group work in a number of secondary schools around exam stress
- Emotional support for pupils at Thomas Hepburn School, prior to its closure, who had been identified as being affected by the transition
- Puberty sessions with implementation of puberty related emotional health session with primary schools
- Emotional wellbeing assemblies and emotional health classroom workshops
- Health stalls – eating disorder board
- Attendance at parents open day in a number of primary schools to promote emotional health
- Relaxation sessions

26. The EHRN is also linked with the community drop-ins at Pattinson House and Larkspur House (Beacon Lough East). A number of young girls from Pattinson House have worked with the EHRN to create artwork for one of the 0-19 services meeting rooms.

Infant Feeding

27. The Baby Friendly Initiative (BFI) is transforming healthcare for babies, their mothers and families in the UK, as part of a wider global partnership between the World Health Organization (WHO) and UNICEF. The Baby Friendly standards provide a roadmap for services to improve care. Through the staged accreditation programme, health professionals are enabled to support all mothers with feeding and to help parents to build a close and loving relationship with their baby

28. A Locality Manager in the team is the thematic lead for infant feeding and healthy weight and nutrition and is responsible for leading the 0-19 service with BFI accreditation. Since the 0-19 Service transferred to HDFT they have gained Stage 1 BFI accreditation, which the service did not have previously, and are now in the process of applying for Stage 2 accreditation.

29. Stage 2 accreditation focusses on an educated workforce and ensuring that clients received uniform advice and support. HDFT is committed to ensuring that BFI is accredited to level 3 (gold standard) in Gateshead and recognise the benefits for this for long term health outcomes for the local community

30. In terms of support for breastfeeding the service offers all pregnant ladies the opportunity of an antenatal contact with a SCPHN. Information is provided to mothers-to-be about feeding and caring for their baby. There is also a focus on developing a close and loving relationship between parents and baby from pregnancy onwards.

31. A breastfeeding assessment is carried out at approximately 10-14 days after birth during the primary health visit. Support with breastfeeding is available for all mothers from SCPHN's, Early Years Practitioners, Breastfeeding Champions and

social support in the form of Bosom Buddy groups. In 2020 there is a plan to transform the Bosom Buddy groups to Breastfeeding cafes and increase the availability of this form of social support.

32. Mothers have the opportunity for a discussion about their options on continued breastfeeding including expression of breast milk, feeding when out and about and going back to work, according to individual need. They are supported to maximise the amount of breast milk their baby receives, with exclusive breastfeeding being the ideal, but when this doesn't happen support is offered for mothers to keep going within the realities of their situation.
33. When mothers decide to formula feed support is offered to help them do so as safely as possible. Information is offered to parents about the introduction of solid foods at an appropriate time during home visits and group sessions.
34. Parents are supported to understand and respond to their baby's changing developmental needs and abilities, including touch, verbal and visual communication as part of close and loving relationships.
35. The Infant Feeding lead is supported by a team of passionate breastfeeding champions from the 0-19 Service consisting of SCPHN's and Early Years Practitioners (EYPs). The role of the Champions is evolving to meet the needs of the service and will be based around offering more specialised provision to clients having breastfeeding issues and supporting the team with breastfeeding training and troubleshooting.

Family Nurse Partnership

36. The Family Nurse Partnership (FNP) programme provides a greater level of support for vulnerable first-time pregnant young women from early pregnancy until their child is two. The FNP is now fully integrated into the wider 0-19 service, maximising partnership working, communication and collaboration.
37. Eligible mothers-to-be are enrolled onto the programme as early as possible after 16 weeks' gestation, to enable trusting relationship development and maximise support opportunities.
38. The FNP nurses have established clear referral pathways between themselves, universal public health nursing support services, and wider key delivery partners to maintain trusting relationships with both parents. They use a strengths-based trauma informed approach to help families develop problem-solving abilities.

Integrated Referral Team (IRT)

39. HDFT conveys a high level of commitment to promote safeguarding practice within Gateshead by working together with the multi-agency partners both statutory and non-statutory and further to this development a Specialist Nurse Child Protection (SNCP) was recruited to work in the Gateshead IRT.
40. The aim of IRT is to improve the quality of information sharing and decision making between agencies at the earliest opportunity. The multi-agency front door

decision making process prevents single agency decision making at the very early stage of a referral.

41. Partners from Northumbria Police, Gateshead Local Authority Safeguarding Team, Gateshead Local Authority Early Help Team and HDFT meet every morning in Gateshead IRT to risk assess the police child concern forms, in order to identify the appropriate service that could meet the child and family needs, as well as identify any risk of imminent significant risk of harm posed to a child.
42. IRT Service Benefits:
 - Supports co-location of agencies to share information to enable a full understanding of the family's needs inclusive of health input through the SNCP.
 - Facilitates the sharing of information between agencies
 - Collaboration of agencies to ensure that children, young people and their family receive the right help, for the first time, at the right time
 - Co-located forum to allow partners to professionally challenge each other regarding risk and decision making
 - Increased understanding of partner agency roles and responsibility including understanding and application of thresholds
43. A multi-agency evaluation of inclusion of the 0-19 service and SystemOne into the IRT identified improvement in the quality of information sharing and decision making between agencies at the earliest opportunity. This had historically been a weaker area in multi-agency child protection work and consistently cited as a factor in serious case reviews and high-level child protection inquiries. It was very clear that referrals were immediately going to the appropriate agency following a robust multi-agency risk assessment.

Developing and delivering a Vulnerable Parent Pathway (Gateshead Growing Healthy Pathway)

44. Most families in Gateshead can be safely supported through universal health service provision via the 5 mandated visits (referred to in paragraph 5).
45. HDFT developed the Gateshead Growing Healthy Pathway, in consultation with the Councils early help team and maternity service, to offer an additional level of service for those who do not meet the criteria for FNP but would benefit from additional support to give their babies the best start in life. The pathway is delivered by an integrated approach from health visitors, early help workers (Council) and maternity services as a One Team Model
46. Families are recruited to the Growing Healthy Pathway in the antenatal period through the antenatal risk assessment and liaison with Maternity Services. Integrated delivery includes the following visits/contacts:
 - Engagement in the second trimester (promoting earlier intervention)
 - Enhanced antenatal contact
 - Birth visits
 - Fortnightly contacts until eight weeks
 - Monthly contacts until one year

- 3-6 monthly contacts until two
- 2-year home visit
- 2-2.5-year visits and joint review

47. The Growing Healthy Pathway and the strengths-based approach will help vulnerable parents develop problem-solving abilities within the family.

Promoting Integration and Inclusion

48. HDFT has embedded their equality and diversity principles across the organisation. Enabling a culture that recognises respects and values differences; eradicating discrimination, harassment and stereotyping behaviours. They uphold their legal duties in the area of equality and diversity and incorporate existing and emerging equality legislation. They have a comprehensive Single Equality Scheme and Strategy (SESS) which all staff uphold for Gateshead service users. The scheme brings together the principles of race, gender and disability, age, sexual orientation, religion and belief, gender reassignment and human rights.

49. The service is sensitive to individual need; this includes a behavioural approach which ensures that all service users are treated with dignity and respect. They have introduced innovative ways of working through co-creating solutions with service users, analysing patient experience feedback to drive change and improvement and proactively developing services that are inclusive and within the heart of each community.

50. An example of innovation is the co-production of a virtual drop in via Facebook Messenger. The Emotional Health and Resilience Nurse facilitates virtual sessions to CYP, to provide advice at a time agreed with this group. The service has been used to provide advice and signposting to partners on a wide range of health issues including stress, anxiety, bullying, self-harm, drugs, alcohol, positive relationships, LGBT issues and contraception and evaluation of the service identifies on average seven CYP&F are accessing the service weekly within one locality.

51. Acknowledging the diverse population within Gateshead, the service has tailored their Healthy Child programme to respond to the different needs e.g. a clinic for Jewish families, Looked After Children (LAC) drop ins and virtual drop ins.

52. The service supports a men's mental health group having contact with on average eight men per week, supporting group work and imparting education around good mental health and signposting to other partners where required.

53. The also support a SCPHN led community drop in for LAC/care leavers, supporting on average eight CYP&F through the transition period and identifying those who require additional support.

54. Their Patient Experience lead has adapted the use of QR codes to ensure service user feedback is fully inclusive and that we continue to develop services to meet needs. Within Gateshead QR codes are being adapted to capture SEND, LAC and staff feedback.

Gateshead 0-19 Digital Strategy

55. To drive continuous improvement, the service has engaged Service Users in co-creating a service-specific digital platform for Gateshead, ensuring the solution reflects their needs. This includes the development of 0-19 Facebook, YouTube and Twitter accounts, providing support and advice through accessible digital platforms.
56. These digital platforms ensure instant access to health literature, helping to maximise self-management. They use social media messenger to encourage direct conversations between the 0-19 team and CYP&F. They also use health promotion videos and 'live' chats, to increase reach, access and engagement. They have developed, collaboratively with CYP&F, an evidence-based platform driven by locality needs. This includes days dedicated to groups and themes such as "SEND Wednesdays" and "Feedback Friday's". They also work collaboratively with partners, cross posting across digital platforms, e.g. One You Gateshead, to promote other services and ultimately improve access to information.
57. The service has moved away from the traditional model of sending out paper health questionnaires to families at school transition points. They have developed a digital strategy, underpinned with an action plan and have sent out electronic questionnaires to those appropriate families. They do however understand the needs of their population and remain flexible to meet the requirements of those families who are unable or do not wish to receive information electronically ensuring a fully inclusive service.
58. Moving forward the Service plans to use SMS to promote positive health choices, providing scheduled motivational messages. This will provide instant support, and immediate access to appointment bookings.

Staff Health and Wellbeing

59. HDFT believe a caring ethos and environment will have a positive impact on the wellbeing of its staff, service users and partners. They have developed a clear framework of values and behaviours and believe this is essential for cultivating a mentally healthy environment, for retaining and motivating staff and for increasing resilience within our workforce. Within the Gateshead workforce, they have developed a vision to build a happier, healthier more resilient workforce by creating a workplace culture of wellbeing. This is in line with The Gateshead Health and Wellbeing Strategy.
60. They have built on their existing offer of workplace training in mental wellness and resilience and embedded within their Performance Management Framework is a discussion about wellbeing. They have linked this to staff sessions delivered by the Emotional Health and Resilience Nurse on Mindfulness and line management support to attend holistic treatments provided by our local college. They have a focus on engaging staff to get active and facilitate 'Walking Huddles and

Supervision', access to Pilates and exercise groups delivered by partners within the workspace. Their emphasis on building friendships has developed a staff working group on Health and Wellbeing and a Health and Wellbeing Suggestion Box. Suggestions that have been taken forward include the implementation of 'bring and share' a healthy lunch, the development of a running group and 'tea and talk' groups which they are exploring extending to our partners.

61. The 0-19 Management team were awarded team of the month in November 2019. This nomination was from a HR colleague for embracing the Trust's vision, mission and values to creating a fun and supportive approach to improving colleague's health and wellbeing into everyday working lives.

Awards and achievements

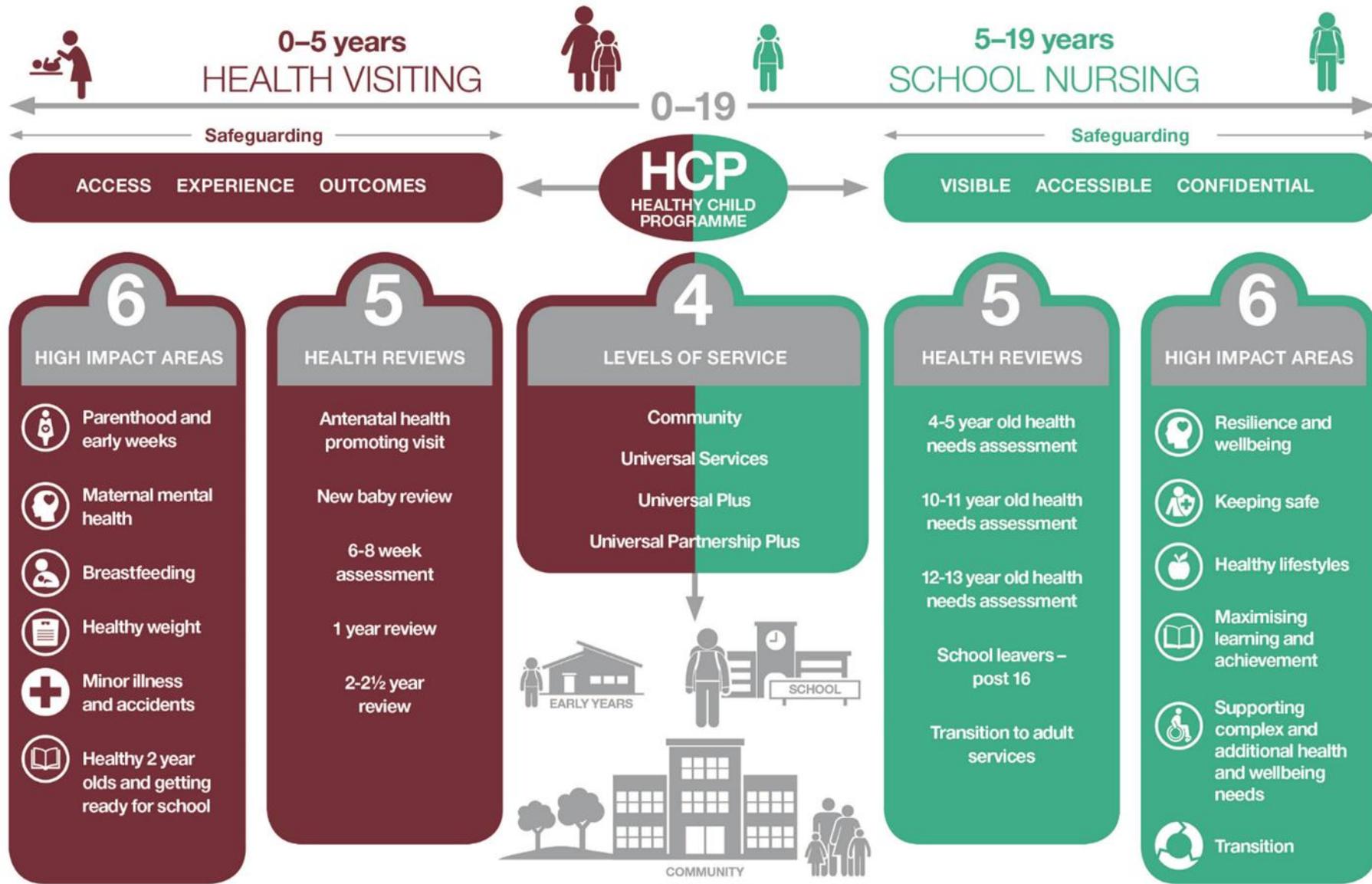
62. Rachel Allan, a School Nurse in the service, won the staff achievement of the year 2019 – which was a colleague of the year award from HDFT. She worked with the 0-19 team and local Gateshead charities to ensure vulnerable families had gifts for their children at Christmas. She also worked within Gateshead schools to address period dignity.
63. The FNP teams in Gateshead and Sunderland won the MacQueen award for England. This special award was established for 2019 by the Community Practitioners and Health Visitors Association Education and Development Trust. The award is to recognise services that make a difference to families and children, go over and above what is expected in their role and represents the best of community health practice.
64. Beth Wright and Sonia Percival, Health Visitors and Community Practice Teachers in the service, won an award from HDFT for making a difference. This accolade was for their commitment and positive approach towards supporting SCPHN students.

RECOMMENDATIONS

The committee is asked to note the contents of this report.

**Contact: Moira Richardson – Public Health Programme Lead, Ext: 3034
Emma Anderson – General Manager (0-19 Sunderland, Gateshead and Darlington)
Ashley Icton – Service Manager 0-19 Gateshead**

Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing



ACCESS EXPERIENCE OUTCOMES

HCP
HEALTHY CHILD PROGRAMME

VISIBLE ACCESSIBLE CONFIDENTIAL

- 6**
HIGH IMPACT AREAS
- Parenthood and early weeks
 - Maternal mental health
 - Breastfeeding
 - Healthy weight
 - Minor illness and accidents
 - Healthy 2 year olds and getting ready for school

- 5**
HEALTH REVIEWS
- Antenatal health promoting visit
 - New baby review
 - 6-8 week assessment
 - 1 year review
 - 2-2½ year review

- 4**
LEVELS OF SERVICE
- Community Universal Services
 - Universal Plus
 - Universal Partnership Plus

- 5**
HEALTH REVIEWS
- 4-5 year old health needs assessment
 - 10-11 year old health needs assessment
 - 12-13 year old health needs assessment
 - School leavers – post 16
 - Transition to adult services

- 6**
HIGH IMPACT AREAS
- Resilience and wellbeing
 - Keeping safe
 - Healthy lifestyles
 - Maximising learning and achievement
 - Supporting complex and additional health and wellbeing needs
 - Transition



Case Study Primary School – Emotional Health and Resilience

The School Nurse completed a school health profile with a Primary School in the outer west of Gateshead. The School identified that emotional health was their highest priority at that time, in particular around resilience as they had a number of children in the school who at that time had a chaotic home life.

The Emotional Health and Resilience Nurse (EHRN) arranged to deliver a general Emotional Health assembly to the whole of the Junior School. The EHRN delivered the assembly and received very good interaction from the children. They had a lot of questions and gave some great feedback via the HDFT feedback cards.

Following this the EHRN received a request from the same school for a follow up session, as one of their children had gone home and admitted to a parent that they were suffering with anxiety on a daily basis. The school also identified they had other children who had expressed an interest after the assembly due to emotional issues they were experiencing.

It was agreed the EHRN would run a relaxation session with a group of 10 children aged between 7 and 11. During the session the EHRN used “Relax like a cat” which helped the children learn how to tense and relax all parts of their bodies. They worked on focussing on their best points – such as being a good friend or being good at sports. The aim was to enable the children to remind themselves of their best points when they are feeling particularly low.

Next, they worked together to make a worry jar. This is a jar that contains glitter and water that is used to help with relaxation when someone is feeling worried, anxious or stressed. This jar was given to the school office and the select group of children were given consent to have access to the jar when they are feeling anxious at school, and they could take it to a quiet space for 5 minutes alone time before returning the jar to the office. The EHRN also recommended that the children make one at home to assist relaxation in the home.

Finally, the EHRN got the children to complete a confidential worry sheet, where they would write down their worries and then the children had the option to rip them up, crumple them up, or fold them up to deal with later.

The EHRN gave the children feedback cards to evaluate how they felt the session worked for them. All the children had ticked the “Very Good” box and said that they had all learned something about how to relax when they are feeling tense. They all said they liked the worry jar and would like to use it when they need to.

In the “how could we do better” section, one of the children wrote that they would like to “whisper their worries”. Due to this feedback it was felt that the children could further benefit from another session as it was evident that there was a child in the group who was still feeling particularly worried.

This second relaxation session was carried out and during the session a disclosure was made by a young girl in relation to her worries about her safety at home. Following this the School were now able to offer extra support to the child in school and the family have been referred to the Early Help Team by the EHRN.