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**TITLE OF REPORT:** 0 - 19 Public Health Developments

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### **Summary**

This paper provides an overview of the 0-19 Children and Young People's work and, the decision agreed at Strategy Group regarding the future procurement for 0-19 Children and Young People's Public Health Services. The report will also provide an overview on the 0 – 5 (Health Visitor and Family Nurse Partnership) and 5 – 19 (School Nursing) commissioning developments.

### **Background**

1. Public health commissioning responsibilities for children aged 0-5 transferred from NHS England to Local Authorities on 1 October 2015. This was the final part of the much larger transfer of Public Health Functions to Local Authorities which took place on 1 April 2013 under the Health and Social Care Act 2012. Since April 2013, Gateshead has been responsible for commissioning public health services for school-aged children 5-19 ("school nursing").
2. From 1 October 2015 local authorities became responsible for commissioning the 0-5 Healthy Child Programme (HCP) which includes; the Health Visiting service (incorporating universal and targeted programmes) and the Family Nurse Partnership (targeted services for first time teenage mothers).
3. A national board was put in place to oversee the transfer, providing the guidance and defining the process. The transfer of responsibility took place successfully in the North East, supported by a Regional Advisory Board and local implementation groups.

### **What does the current service look like?**

4. The Healthy Child Programme (HCP) is the universal clinical and public health programme for children and families from pregnancy to 19 years. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. Due to its universal reach the HCP aims to identify families who need additional support or are at risk of poor health outcomes. The HCP is made up of three core documents:
  - Healthy Child Programme: pregnancy and the first five years
  - Healthy Child Programme: the two year review
  - Healthy Child Programme: from 5 to 19 years old

## **Why do we have a Healthy Child Programme?**

5. The recommended standard for the delivery of the HCP depends on services for children and families being fully integrated. If effectively implemented, in terms of overall aims, the HCP should lead to:
  - Strong parent-child attachment and positive parenting, resulting in better social and emotional well-being in children
  - Care that helps to keep children healthy and safe
  - Healthy eating and increased activity, leading to a reduction in obesity
  - Prevention of some serious and communicable diseases
  - Increased rates of breastfeeding initiation and continuation of breastfeeding beyond 6 -8 weeks
  - Readiness for school and improved learning
  - Early recognition of growth disorders and risk factors for obesity
  - Early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety
  - Identification of factors that could influence health and well-being in families
  - Better short- and long-term outcomes for children who are at risk of social exclusion
6. The Healthy Child Programme (HCP) recognises the key role of a variety of professionals in promoting children and young people's wellbeing and is aimed at the full range of practitioners in children's services, with a particular focus on:
  - Health visiting/family nurse partnership from pregnancy to 5 years,
  - Family Nurse Partnership is a voluntary preventive programme for vulnerable young first time mothers aged 19 or under
  - School nursing for 5-19 year olds

## **The 0 to 5 Healthy Child Programme (HCP)**

7. The 0-5 HCP is an early intervention and evidenced based programme led and delivered by health visitors. It sets out the health and development reviews, health promotion, parenting support and screening and immunisation programmes that should be provided for all children aged 0 to 5. The objectives of the Healthy Child Programme are to:
  - Identify and treat problems early
  - Help parents to care well for their children
  - Change behaviours which contribute to ill health
  - Protect against preventable diseases.(Please see diagram in appendix 1 which gives an overview of health visiting and school nurse model)
8. As part of the programme's delivery, health visitors act as a vital link between primary care, early years, public health, young children and their families. They provide a unique, universal and non-stigmatising service to communities by building trusting relationships that support parents and children, which can enable the delivery of early intervention and prevention. They strengthen partnership

working to enable the integration of early year's services and community assets around the needs of children and families.

9. The 0-5 Healthy Child Programme also includes the delivery of the Family Nurse Partnership (FNP) which is an intensive, structured, home visiting programme, offered to first time parents under the age of 20. A specially trained family nurse visits the mother regularly from early pregnancy until the baby is 2 years old. FNP has three aims:
  - a) To improve pregnancy outcomes
  - b) To improve child health and development
  - c) To improve parents' economic self-sufficiency.

### **School Nursing Service - 5 to 19 years old Healthy Child Programme**

10. The primary purpose of the school nursing service is to provide evidence-based intervention to facilitate, early intervention, prevention, health promotion and health protection programmes. The service aims to help all school aged children and young people to achieve their full potential for physical, mental, social, psychological and emotional wellbeing and to gain maximum benefit from their education. Interventions also aim to enable children and young people to reduce the impact of illness and disability on their health and wellbeing.
11. This service is available to all school aged children and young people, who attend Local Authority Maintained Schools, Free Schools and Academies in Gateshead. In Gateshead there are 68 primary schools (includes Bensham Grove Nursery), 9 secondary schools (excluding Emmanuel College), 6 Special schools, and 1 Pupil Referral Unit. Based on Gateshead population projections, it is projected that one of the largest increases in population numbers will be for the age group 5-12 year olds and there will be an increase of 1,300 by 2025.
12. NHS England is responsible for commissioning immunisation programmes for 5-19s. A national model for School Nursing was published by the Department of Health with the expectation that local areas implement the model to ensure a consistent, evidence based approach to the delivery of school nursing services and the Healthy Child Programme. The national model builds on and compliments the national specification for 0-5 Health Visiting Services.

### **Does Gateshead Council have any statutory requirements?**

13. Certain universal elements of the Healthy Child Programme have been legally mandated at this stage. These elements are:
  - Antenatal health promoting visits
  - New baby review
  - 6-8 week assessment
  - 1 year assessment
  - 2-2.5 year review
14. These are key times to ensure that parents are supported to give their child the best start in life, and to identify early, those families who need extra help. Delivery of the universal elements of the Healthy Child Programme should be underpinned by Gateshead's Joint Strategic Needs Assessment, which identify vulnerable and at risk groups, including young carers, Children in Care, young offenders, those

not in education, employment or training (NEET), looked after children and children with disabilities. At an individual or family level, services should be developed to meet individual need and tailored to ensure individuals and their families are supported.

15. The Government is planning to undertake a review at 12 months of the impact of the mandation, and has a 'sunset clause' at 18 months to enable Parliament to discuss the impact of the changes.
16. Gateshead Council provides voluntary data returns to Public Health England (PHE) and will continue to do so through the 18 months mandation period. The mandation ruling is only in respect to the delivery of the five universal touch points. The Minister for Public Health has asked PHE to review the five mandated touch points of the universal health visiting service. PHE will report its findings to the Minister in the autumn of 2016 and this will inform her decision as to whether the mandation will be extended beyond March 2017.

### **Gateshead's commissioning responsibilities – challenges and opportunities**

17. The transfer of commissioning responsibilities to local authorities for the Healthy Child Programme for 0-5s provides an opportunity to take a fresh look at providing coherent, effective services for children locally. The transfer offers the potential to join up services across the age spectrum of 0 to 19. It also enables the prospect of greater integration between public health and children's services to promote well-being and school-readiness for young children, including housing, early years, education and wider council services.
18. The transfer of the Healthy Child Programme for 0-5s presents us with an opportunity to reshape the whole provision to form an Integrated 0-19 Public Health service joining up the commissioning of the Healthy Child programme for children 0 - 5 years, with the commissioning for 5-19 year olds as well as other public health functions, with a focus on universal services, early help, prevention of risky behaviours and treatment where appropriate. Joining up these services across the age spectrum of 0 to 19 seeks to strengthen primary prevention and early help by bringing together a robust approach for improving outcomes for young people.
19. The direction of travel is to undertake a service redesign and develop a new service specification in order to commission an integrated 0-19 Public Health service which will encompass both the School Nursing, Health Visiting Service and Family Nurse Partnership – this will deliver both efficiencies and better streamlined services and outcomes for children and families in Gateshead.
20. Public Health is already consulting on plans to redesign services to ensure this is congruent with Gateshead's approach to Early Help. The vision for Early Help is that issues will be identified as soon as possible to enable a flexible, easy to access response to issues as they arise. The response will include a mix of centrally based, community-based and outreach services as needed. The proposed model will be able to respond to the issues that compound or lead to child poverty and or put children at risk e.g. benefits and housing advice; nutrition; physical activity; health and education advice; drug and alcohol; and domestic abuse.

21. The inclusion of public health within the local authority provides an impetus for greater integration in how services are offered to children and families, providing an opportunity for better alignment and a more holistic and family centric approach. In commissioning an Integrated 0-19 Public Health service we are seeking to develop:

- Integrated public health nursing services as part of a coherent prevention and early help programme for children and young people (0-19 years) and their families
- Effective partnerships with health, education, social care and voluntary and community sector partners in order to support wider improvements in the health and wellbeing of the 0-19 population
- Co-ordinated approaches to the prevention, early help and treatment of young people's risky behaviours (including offending, smoking, unprotected sex, drugs and alcohol), so that behaviours are not treated in isolation
- High quality, accessible prevention and early help services which enable children, young people and their families to access help and support as early as possible, to improve their health and wellbeing

The redesigned service is intended to give every child in Gateshead the best start in life and enable young people to achieve their full potential through supporting them to make healthier life choices.

22. Some of the challenges that the new delivery model will need to address include:

- Ensuring the accessibility and visibility of the service and better communication about the role
- Ensuring that there is a standard operating framework in place to ensure consistency of quality of care across all settings where the service is offered and measurement of outcomes
- Establishing a seamless HCP 0-19 including having due regard to key transition points such as on entering school, leaving care and transition to adult provision
- Effective partnership working with NHSE and CCG commissioned services including screening, childhood immunisation, maternity, primary care and paediatric services for children and young people with long term health conditions and complex health care needs
- Meeting unmet need including outreach work with children and young people not in mainstream school including those being educated at home, those in Pupil Referral Unit and alternative education as well as 16-19 years old who may be in need or at risk of unhealthy behaviours
- Prioritising important public health action such as breastfeeding, emotional health and wellbeing, smoking prevention, alcohol and substance misuse, healthy weight and improved sexual health and reduction in teenage pregnancies and stopping work that is not included in the service specification.

- Ensuring appropriate data collection and reporting systems are in place across the service, to collect evidence of activity and impact as well as routine feedback from service users, partners and stakeholders.

### **Next Steps for Gateshead**

23. Strategy Group supported the decision to delay the procurement. The delayed procurement of a new 0-19 service has been influenced by a number of factors including TUPE costs, budget savings and the development of an early help hub within Gateshead Council. It has been agreed to award a direct contract to STFT for 2017/2018. This has been done in consultation with legal and procurement colleagues.
24. A plan is being implemented; working with the current provider, South Tyneside Foundation Trust, to reduce costs/staffing levels during 2016/2017 to make the budget savings of £0.459m across both contracts. It is acknowledged that the current provider, as a Foundation Trust, does have a cost improvement programme underway and there may be a potential to link into this. This will put the service in a stronger position for a full procurement to ensure a new contract is in place by April 2018 for a remodelled 0-19 service.

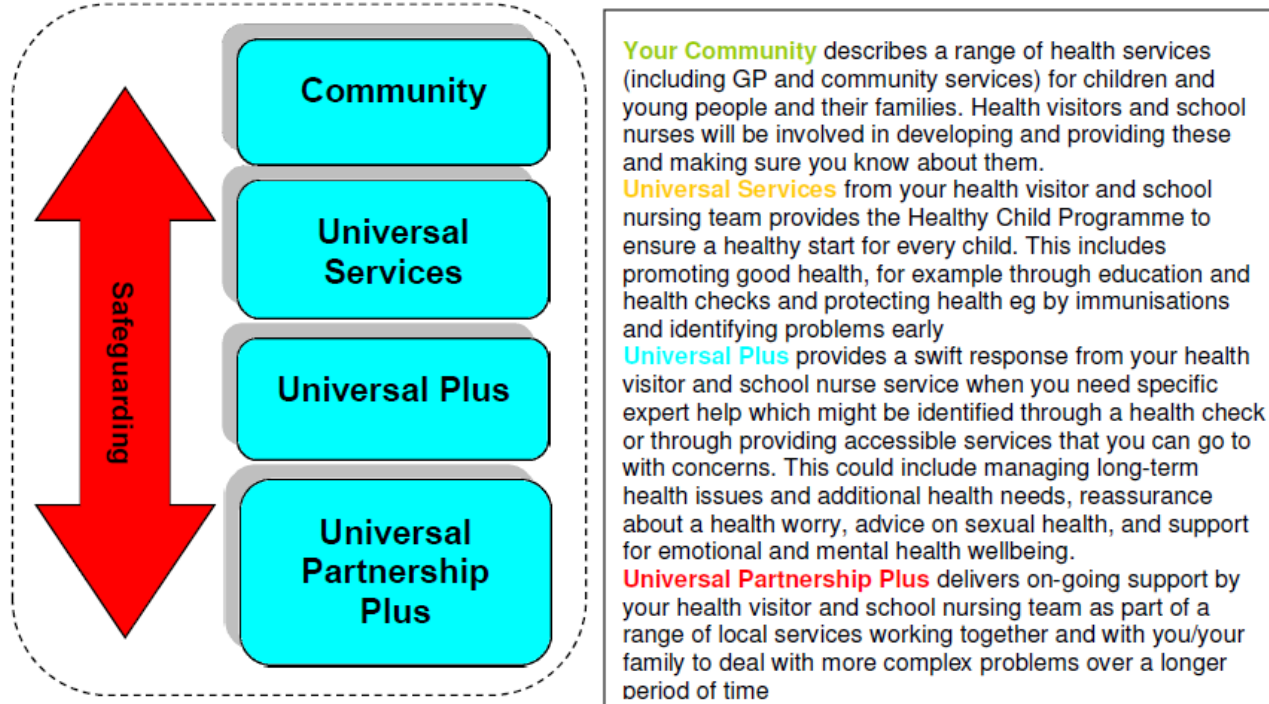
### **Recommendations**

25. Overview and Scrutiny Committee is asked to:
  - i. Receive future updates as the development of the 0-19 service develops and asked to give its view of the potential future delivery model.

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Figure 3: The service model for health visiting and school nursing



Public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with their population (children, young people and families) to support behaviour change, promote health protection and to keep children safe. Figure 3 illustrates the service model for health visiting and school nursing services and what parents, children and young people can expect to receive. Health visiting and school nursing teams will be led by a qualified health visitor or school nurse.