

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

REPORT OF: **Alice Wiseman, Director of Public Health**

Purpose of the Report

1. To update Cabinet on the outcome of the public consultation undertaken on the Section 75 partnership agreement and the future service delivery model for the 0-19 public health nursing service (up to 25 for those with a special educational need or disability).

Background

2. Local Authorities inherited responsibility for the commissioning of the Healthy Child Programme 5-19 (school nursing) in April 2013 and subsequently 0-5 years (health visiting and family nurse partnership) in October 2015. The funding associated with these services is contained within the ringfenced public health grant.
3. In line with statutory public health responsibilities Local Authorities are required to secure the delivery of five mandated early years reviews/contacts as well as the National Child Measurement Programme.
4. On the 19th September 2023 Cabinet considered a report outlining four options for the future commissioning arrangements for the delivery of the 0-19 public health nursing service. Cabinet approved the request to develop a Section 75 agreement and to receive a further report to include the 0-19 service delivery model.

Proposal

5. A section 75 partnership agreement will be entered into with Harrogate and District NHS Foundation Trust for a period of 5 years from 1st July 2024, with the option to extend the agreement for a further 5 years (3 years plus 2 years). In terms of stability within the system and driving forward integration and system change it is felt that this is a reasonable length of time for the initial agreement.
6. The agreement will include the specification for delivery of the service, performance framework and governance arrangements to oversee the agreement.
7. The contract value at 1st April 2024 is £4,781,905, which will be subject to annual review to ensure delivery of Value for Money.

Recommendations

8. It is recommended that Cabinet:
 - (i) Endorses the Section 75 agreement including the length of the agreement

- (ii) Note the 0-19 overarching service delivery model and the ongoing work to develop the outcomes and performance framework
- (iii) Note the governance arrangements via the Early Help and Prevention Board

For the following reason(s)

- (i) To ensure the improved delivery of the Council's public health related functions
- (ii) To enable the further development of an integrated prevention and early help offer to improve outcomes for children, young people and families in line with Gateshead's Early Help Strategy and the national Family Hubs and Start for Life programme
- (ii) To further develop collaborative working recognising the strengths, opportunities and challenges faced by local government and the wider health system

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APPENDIX 1

Policy Context

1. Gateshead Council's Corporate Plan sets out our strategic approach and priorities for 2023 – 2028 so that employees, councillors, residents, partners and other stakeholders understand:
 - The strategic priorities of the council – so that resources, delivery plans, strategic and operational activity can be aligned to them; and
 - How the council will continue to transform and drive improvement in services to deliver our priorities and operate in the most effective, productive and impactful way
2. Making Gateshead a Place Where Everyone Thrives sets the strategic direction for the Council, redressing the imbalance of inequality, championing fairness and social justice. This approach has shaped development of the Health and Wellbeing Strategy for Gateshead.
3. The Health and Wellbeing Strategy aims to address the wider determinants of health through a place-based approach. They include:
 - Give every child the best start in life, with a focus on conception to age two
 - Enable all children, young people, and adults to maximise their capabilities and have control over their lives
 - Create the conditions for fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop sustainable places and communities
 - Strengthen the role and impact of ill health prevention
4. Early help in Gateshead is a partnership system as outlined in our [Early Help Strategy 2023-2026](#). In Gateshead early help is not a service but a way of thinking across a varied system of support comprising universal, targeted and specialist services, along with families' own informal and peer networks.
5. The Family Hubs and Start for Life programme's vision is to provide families with the integrated support they need to care for their children from conception, throughout the early years and into the start of adulthood. This is to enable parents to establish a firm foundation for their children, from which to meet their full potential in life.

Background

6. Local authorities inherited responsibility for commissioning the Healthy Child Programme (HCP) 5-19 (school nursing) in April 2013 and subsequently 0-5 years (health visiting and family nurse partnership) in October 2015. The funding associated with these services is contained within the ringfenced Public Health Grant.
7. The foundations for virtually every aspect of human development including physical, intellectual and emotional, are established in early childhood. Sustaining this across

the life course for school-aged children and young people is important to improve outcomes and reduce inequalities through universal provision and personalised response.

8. The [Health and Social Care Act 2012](#) sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years, and up to 25 for those with a special educational need or disability (SEND).
9. Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is good evidence about what is important to achieve this through improving children and young people's public health. This is brought together in the [national healthy child programme 0 to 19](#).

Development of Section 75 Partnership Agreement

10. We are currently working with the Council's legal team and Harrogate and District NHS Foundation Trust to agree the terms and conditions of the partnership agreement. These will be primarily based on a standard NHS template but will be amended to suit Gateshead requirements where appropriate. Other Local Authorities that have entered into such agreements for their public health nursing service have also utilised the standard NHS template.
11. As outlined in the Cabinet report in September 2023 operating under a partnership agreement will further improve integration of the service via collaborative working, co-production and ownership of the service delivery model, as part of the family hubs and start for life programme and a joint strategic approach to governance and policy.
12. Integration is facilitated by:
 - a) Working with common purpose and in partnership
 - b) Shared recognition of the need for change
 - c) Strong leadership and management
 - d) A focus on building relationships and trust
 - e) Clearly defined roles and responsibilities
 - f) Good systems for communication and information sharing
 - g) Support and training for staff

Governance Arrangements

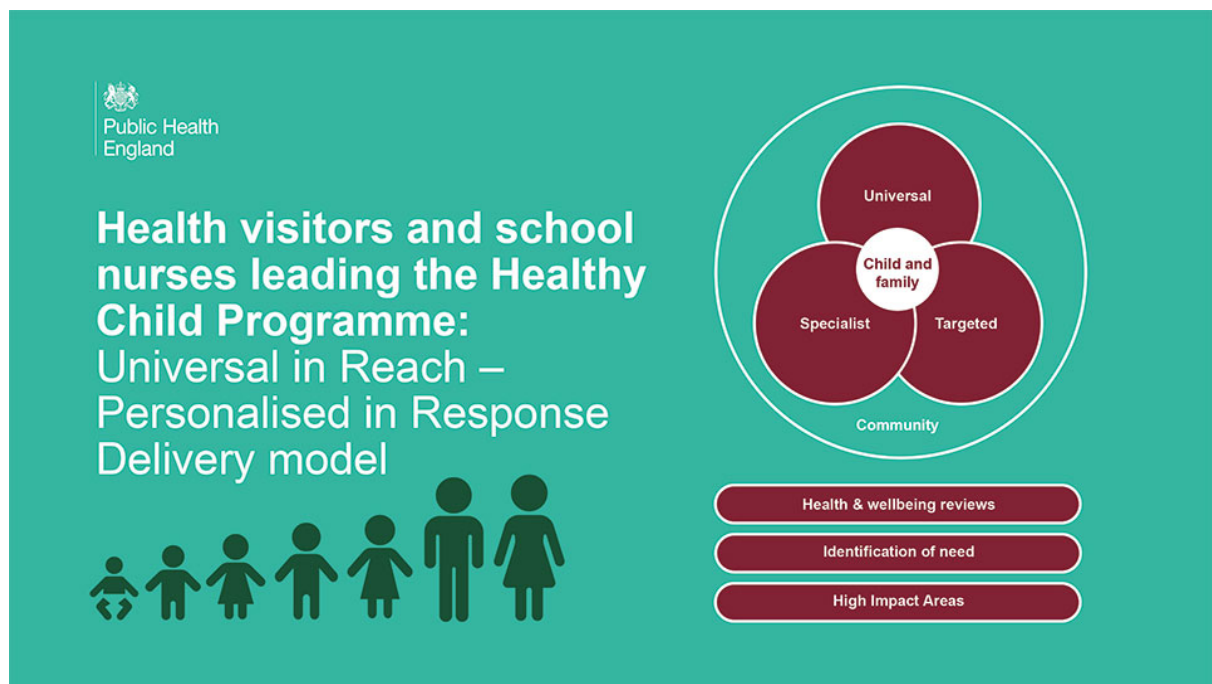
13. The Early Help and Prevention Board, which is chaired by the Director of Children's Services, will oversee the governance of the partnership agreement and reports will be submitted on a quarterly basis to the Board. The Board is responsible for the strategic and operational delivery of effective, targeted and co-ordinated preventative and early help support to children, young people and families across the local area by bringing together all strategic partners responsible for delivering on this vision. The Board will support the work of the partnership to work collaboratively at the earliest opportunity to maximise impact and reduce duplication in order to improve outcomes for children, young people and their families and prevent the need for and increased demand for high-cost services.

14. Reports and updates on the service will be submitted to other boards as required or requested.

Service Model

15. The 0 to 5 healthy child programme (HCP) is led by the health visiting and family nurse element of the service. The 5 to 19 HCP is led by the school nursing element of the service. Together they provide place-based services and work in partnership with midwifery, education, social care, other health providers, early help services (including family hubs) and other providers where needed. The universal reach of the healthy child programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes.
16. The HCP provides a framework to support collaborative work and more integrated delivery. It aims to:
 - help parents, carers or guardians develop and sustain a strong bond with children
 - support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
 - protect children from serious disease, through screening and immunisation
 - reduce childhood obesity by promoting healthy eating and physical activity
 - promote oral health
 - support resilience and positive maternal and family mental health
 - support the development of healthy relationships and good sexual and reproductive health
 - identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
 - make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5'
17. The HCP remains universal in reach continuing to set out a range of public health interventions to build healthy communities for families and children, reducing inequalities and vulnerabilities. It continues to include a schedule of interventions, which range from universal services for all through to intensive support. The HCP model emphasises the health visiting, family nurse and school nursing roles as leaders of the HCP, whilst acknowledging the important contribution of a range of delivery partners.
18. Health visitors, family nurses and school nurses, as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with children, young people and families to support behaviour change, promote health protection and to keep children safe. This is the only workforce that can engage with all families in their own homes as well as other community settings. This is essential for early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in other service areas.

19. The service model is based on 4 levels of service depending on individual and family need. The diagram below shows the core element of a universal in reach, personalised response model:



20. The use of community-based assets is central to the universal offer, where health visitors, family nurses and school nurses are well placed to identify and signpost to local community support. Contact points or universal health and wellbeing reviews can be utilised to identify needs and to develop a support offer or signpost to specialist services if required.
21. The [high impact areas](#) have been developed to improve outcomes for children, young people and families. They are based on evidence of where services can have significant impact for all children, young people and families and especially those needing more support.
17. The early years high impact areas include:
- Supporting the transition to parenthood and the early weeks
 - Supporting maternal, infant and family mental health
 - Supporting breastfeeding
 - Supporting healthy weight and healthy nutrition
 - Improving health literacy: reducing accidents and minor illnesses
 - Supporting health, wellbeing and development: ready to learn, narrowing the 'word gap')
18. School-aged high impact areas build on early identification of children in need of support and focus on key priority areas, and include:
- Supporting resilience and wellbeing
 - Improving health behaviours and reducing risk taking

- Supporting healthy lifestyles
 - Supporting vulnerable young people and improving health inequalities
 - Supporting complex and additional health and wellbeing needs
 - Promoting self-care and improving health literacy
19. The wide range of issues covered by the 0-19 public health nursing service are difficult to quantify due to the diverse needs of individuals, families and communities. The high impact areas do not describe the entirety of the work of the service. However, they do provide an evidence base to enable the 0-19 public health nursing service, working in partnership with other providers and stakeholders, to impact on health and wellbeing and improve outcomes for children, young people, families and communities.
20. The public health team have worked with the service to review the current delivery model which has included looking at demand and capacity within the service. This has enabled us to extend the number of reviews for children age 0-5. Currently as part of the universal provision, the service provides 5 face to face mandated reviews/contacts as follows:
- Antenatal 28 to 32 week of pregnancy
 - New birth (10 to 14 days following handover from community midwife)
 - 6 to 8 weeks
 - 9 to 12 months
 - 2 to 2 ½ years
21. The service will now offer additional face to face reviews/contacts at 3 to 4 months and 6 months and at age 3 to 5. The additional reviews before the age of 1 will offer further support with areas such as child development, weaning, maternal and paternal mental health and identify any additional support that the family may need. The review/contact at age 3 to 5 will have an emphasis on supporting children to be ready for school.
22. The above mandated reviews/contacts are delivered as part of the universal provision. Families who need additional support either targeted or specialist will continue to receive additional reviews/contacts dependent on their circumstances.
23. There are no mandated reviews/contacts for 5-19 year olds. These will be offered at key transition points such as moving to secondary school, or when a parent/carer or other service (e.g. early help, requests support for a child/young person). It should be noted that the 5-19 element of the service, namely school nursing, has a smaller staff team and a larger cohort of children and young people to support and therefore is not able to offer the same level of universal reviews that are offered in the early years.
24. Each school setting (based on secondary schools and the cluster primary schools) will have a named nurse who along with other members of staff, such as school health screeners, will support schools to identify their priority areas and offer support, where required. Where requested they will also offer health board sessions to schools on areas such as puberty, emotional health and wellbeing etc. These are informal drop ins where pupils can chat to the team and have a look at the information available. They have proved very popular in some of our secondary school with good attendance at these sessions.

25. There is a varied skill mix within the team which consists of health visitors, family nurses, school nurses, early years practitioners, business support. The team includes some elements of distinct provision/staffing as follows:
- Two emotional health and resilience nurses
 - Infant feeding support team (as part of the start for life offer funded until 31/3/25) – to note all health visitors and early years practitioners also offer support with infant feeding
 - SEND team
 - Designated Specialist Nurse Child Protection for the Integrated Referral Team (multi-agency/partner arrangement to risk assess police child concern forms and decide on relevant support/interventions if required)
 - Designated safeguarding lead/child protection team
 - School health screeners (who carry out the national child measurement programme)
26. The staff have an office base in the Civic Centre and the Teams Family Hub which they have occupied since 2018 and will continue to do so. Support is primarily offered in family homes across Gateshead and in school premises or community locations, where required.
27. There are a range of clinics and workshops offered from some of the family hubs, which will continue to be offered including child health clinic, infant feeding friend's clinic, fussy eating workshops, sleep workshops, introducing solid food sessions, toileting and enuresis workshops. Sessions are also offered virtually in some instances. Some of these clinics and workshops e.g. fussy eating, sleep have been developed during the current contract term as part of the ongoing need for additional support that has been identified.
28. Safeguarding and child protection is an essential and core component of the service and a public health priority. The service takes a child centred approach to meeting the needs of the whole family and children's welfare is paramount. All practitioners within the service hold a critical role in the contextual safeguarding of children, families and communities in accordance with the 2023 guidance Working Together to Safeguard Children, and Gateshead Safeguarding Children Partnership arrangements.
29. The service also has a duty to safeguard any vulnerable adult they may be working with and operate in line with current statutory guidance and Gateshead Safeguarding Adults Board arrangements.

Performance and Quality Assurance Framework

30. We are currently working with Harrogate and District NHS Foundation Trust to determine the performance and quality assurance frameworks for the service. This is in development as part of the wider work the Early Help and Prevention Board is undertaking to look at an outcomes framework across key stakeholders in Gateshead. The board is looking at what information is collected by services and how we can join this up to demonstrate the difference services are making in Gateshead. It will also enable us to consider where things may need to change or be done differently due to increased demand or emerging need to achieve the best outcomes for children, young people and their families.

31. There are some key areas that will still need to be included in the performance framework for the service such as mandated reviews, infant feeding data at 6 to 8 weeks, ages and stages questionnaires results, and national child measurement programme.
32. Monitoring of the service will still be undertaken by the public health team and formal quarterly review meetings will take place, as is current practice. Reports will be submitted on a quarterly basis to the Early Help and Prevention Board.
33. In terms of quality assurance key metrics will include clinical effectiveness, patient safety and patient experience.

Consultations

34. We have undertaken three consultations, via the Councils consultation portal.

Consultation 1 - A statutory consultation on the development of the Section 75 partnership agreement.

35. This was also shared via HDFT's website in addition to the Councils consultation portal. We received 23 responses in total but not all questions were fully completed in some of the responses. To note the following:
 - a) 87% of respondents were Gateshead residents, 17% were parents or carers and 9% had another interest in the consultation (to note respondents could put more than one response to this question so it will not total 100%).
 - b) 52% of the respondents were male, 43% were female and 5% preferred not to say. The vast majority were aged 65 or over (55 %), followed by 20% in the 45 to 64 age group and 15% in the 20 to 44 age group, with 10% preferring not to state their age.
 - c) 45% of the respondents agreed with the proposal to form a section 75 partnership agreement and 41% disagreed with the proposal and 14% answered don't know.
36. There were supporting documents on the consultation portal to outline what a section 75 agreement is and background information about the current service provider.
37. There was a free text box for people to add any further comments on the proposal and there were 7 responses to this question. Five of the responses seemed to relate to confusion as to why the Council is working with an organisation in another area (this has also been noted in other areas who have carried out similar consultations). There was one comment about the need for plain English in any documentation and one comment which recommended the proposed agreement.
38. The comments seem to mainly indicate that there may need to be a clearer explanation of the current model and how the service works in Gateshead. The supporting document, which aimed to explain the rationale for the proposal, may not have been accessed. This learning can be used for future consultations.

Consultation 2 Current Service and Future Priorities – Parents, carers and young people

39. In total 37 people accessed the consultation with 33 submitting responses but respondents did not answer every question. 61% were parents or carers, 33% were something else (it appears 11 people responded in their professional capacity but they could have also used the service for their family) and 6% were young people. To note the following:
- a) 23 people who responded had experience of using the service in the last 5 years with 12 not having used the service and 2 who didn't know.
 - b) The majority of people accessing the service received support from a health visitor. Support from the following parts of the service was roughly equal: SEND team, infant feeding support team, early years practitioners, school nurses (there were 60 responses to this question indicating that people had received support from more than one element of the service provision)
 - c) 62.5% of respondents found the support offered very or quite helpful, 37.5% found the support not that helpful (16 responses)
 - d) Responses about what people liked about the service included contact was excellent once we were allocated a school nurse, safeguarding team were helpful and efficient, service they offer at our family hub is specific to our needs and is targeted, encouraging and very supportive, personable support, regular communication with the emotional health and resilience nurse and child received a referral to an educational psychologist which resulted in a dyslexia diagnosis, weekly phone calls for breastfeeding support were nice re having someone check in on me
 - e) Key themes for areas of improvement included expand service so more families could access, communication, drop-in sessions rather than some being appointment based sessions, not aware of all services, clarity on purpose of health visitors, consistency re follow up appointments and messages and advice, too much emphasis on promotion of breastfeeding, delay in getting support when health visitor had moved on (note this was during covid)
 - f) 63% of respondents know how to get in touch with the service with 37% stating they do not know how to get in touch
 - g) Respondents were asked their opinions as to the 5 most important things that will improve the health and wellbeing of children, young people and families. The top 5 answers with the highest number of responses were:
 - o Promoting positive parenting (building a strong and secure relationship with your child)
 - o Improving emotional/mental health and wellbeing for children and young people
 - o Improving emotional/mental health and wellbeing for parents
 - o Making sure children are ready to start and enjoy school (e.g. language and listening skills, interacting with others, noticing things and asking questions)
 - o Increasing physical activity levels
 - h) Respondents were asked what they would like to change about the service (13 responses). Some of the responses included:
 - o The service to be expanded so that more families can benefit
 - o Better advertising – a lot of families aren't aware that it is available

- Confusion over how many visits received and when they should be received
- Ensure advice is accurate around breastfeeding and weaning
- Not as much promotion of breastfeeding
- Would like to attend clinics without having to book an appointment
- Difficult to find support for children who are overweight if they are in care
- Two respondents indicated that they think the service has deteriorated since the move to Harrogate and District NHS Foundation Trust

40. To note in the 0-5 element of the service there are in excess of 8,000 families, on average, supported each year, and therefore the response rate to the consultation is very low.

Consultation 3 Current Service and Future Priorities – Stakeholders/provider organisations

41. We received 43 responses to the consultation from a wide variety of stakeholders including schools, voluntary community and faith sector organisations, QE hospital, family hubs, early help team, children's social care, child and adolescent mental health services, youth justice team, integrated care board, schools and inclusion team, SEND inclusion team, high incidence needs team. It should be noted that stakeholders did not respond to every question. To note the following:

- a) 77% of stakeholders know how to get in contact with the service, with 23% stating they do not know how to get in contact.
- b) Responses about what works well within the service include communication, partnership working, referrals to the pre-school meetings allow education professionals to have background information about children's needs, accessibility, friendly, offer advice and support, good working relationships and joint working are valuable, accessibility of the team, good offer re home interventions (13 responses to this question)
- c) In terms of suggestions to enhance the support that is provided by the service these include clarity about who the service work with and desired outcomes, brochure outlining the support available would be helpful for families and professionals, youth service for those aged 8+ to cover each family hub (note this is not within the remit of the service), contact details for staff within the service to be provided/updated regularly as families can't always remember who they are working with, more visibility and a dedicated nurse per school that visits regularly, child health clinic in Felling family hub would be good (12 responses to this question)
- d) Interestingly stakeholders identified the same top 5 priorities as parents, carers and young people did (see para 39 (g) above)
- e) Further comments about the service include concerns for health visitor capacity as some families needs are very high, keep up the good work, complimentary re work in family hubs especially around breastfeeding (6 responses)

42. We will work with the service to fully review all of the responses to consultations 2 and 3 to consider where any changes could be made. There will be continued dialogue with stakeholders, including people who use the service, throughout the

terms of the agreement to ensure ongoing service development and delivery. We will work with any established forums for parents, carers and young people to ensure their views are taken account of and can be fed into service development.

Consultation

43. Consultation has taken place with:

Director of Public Health and Public Health Consultants
Corporate Management Team
Portfolio Lead – Children and Young People
Portfolio Lead – Health and Wellbeing
Strategic Director of Children’s Social Care and Lifelong Learning
Strategic Director Integrated Adults and Social Care Services
Strategic Director of Resources and Digital

Alternative Options

44. There are no alternative options. The Council is required to meet statutory obligations in relation to public health nursing service provision.

Implications of Recommended Option

45. **Resources:**

- a) **Financial Implications** – The Strategic Director, Resources & Digital confirms that Public Health Nursing Services are provided for in the Council’s budget funded from the ringfenced Public Health grant.
- b) **Human Resources Implications** – There are no direct human resource implications for the Council arising from this report.
- c) **Property Implications** - The 0-19 public health nursing service currently occupy office space within the Civic Centre and Tyne View family hub, and the Council would retain the rental from the service remaining in the buildings under the agreement.

46. **Risk Management Implication** - There is a risk that if the partnership agreement is not endorsed service provision would cease from 1st July 2024.

47. **Equality and Diversity Implications**

Public Health aims to reduce inequalities by ensuring that every child has the best staff in life through the universal reach of the 0-19 public health nursing service.

An Integrated impact assessment has been completed, which identified positive impacts upon children, young people and families who will have access to the service due to the universal provision of the service.

There are no equality and diversity implications arising from this report and future service provision.

48. Crime and Disorder Implications

There are no crime and disorder implications arising from this report.

49. Health Implications

Public Health aims to improve health outcomes by ensuring that every child has the best start in life through the universal reach of the public health nursing service.

50. Climate Emergency and Sustainability Implications

There are no climate emergency and sustainability implications arising from this report.

51. Human Rights Implications

There are no human rights implications arising from this report.

52. Ward Implications

All wards are affected as the service is universally available to all children, young people and families across Gateshead.

53. Background Information:

Integrated Impact Assessment – Appendix 2

Governance Structure Early Help and Prevention Board – Appendix 3



Tackle inequality so people have a fair chance

INTEGRATED IMPACT ASSESSMENT TEMPLATE

APPENDIX 2

<p>Title of proposal:</p> <p><u>Public Health Nursing Service Gateshead Specification.</u> A Section 75 partnership agreement with Harrogate and District NHS Foundation Trust to continue to provide the 0-19 public health nursing service from July 2024. This service provides support for children, young people and their families and offers interventions from pregnancy up to the age of 19 (or 25 for those with a special educational need or disability).</p>	Age	Race	Sex	Gender reassignment	Disability	Religion or Belief	Pregnancy and Maternity	Sexual Orientation	Marriage and Civil Partnership	<p>Description of potential mitigation</p> <p>The aim of this integrated impact assessment is to assess the likely (or actual) effects of change, in relation to the new service specification for the Public health Nursing Service, on people in respect of protected characteristics. This will look at opportunities to promote positive impacts and look at mitigation to reduce any negative impacts.</p>
<p>Equality impact: (ü all that apply. The assessment should also consider impact on council employees and carers where applicable)</p> <p>Description of impact:</p> <p>The service will have a positive impact on all of the protected characteristics as it is an open access universal service with targeted or specialist support provided where appropriate/based on need.</p> <p>The service will ensure equitable access for all children and young people aged 0 to 19 years, and up to 25 for those with SEND, and their families, regardless of disability, gender reassignment, marriage and civil</p>	ü P	ü P	ü P	ü P	ü P	ü P	ü P	ü P	ü P	<p>P = Positive impact</p>

<p>Hub Programme. There is a dedicated infant feeding support team, and a focus on perinatal mental health and parent infant relationships.</p> <p>Sexual orientation The service is universal and will meet with all families. The service offers targeted or specialist support for those most in need.</p> <p>Marriage and Civil Partnership The service is universal and will meet with all families. The service offers targeted or specialist support for those most in need.</p>										
<p>Health impact: (eg physical, mental health, wellbeing, substance misuse)</p> <p>The Healthy Child Programme (HCP) is the national evidence based universal programme for children aged 0-19. The Healthy Child Programme (HCP) remains universal in reach continuing to set out a range of public health interventions to build healthy communities for families and</p> <p>The service specification identifies the priorities of the 0-19 PH nursing service to reflect the national HCP and evidence, and local evidence of need. The service will provide place-based services and work in partnership with midwifery, education, social care, other health providers, early help services (including family hubs) and other providers where needed. The universal reach of the healthy child programme provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes.</p> <p>Not all children experience the same life chances, and these inequalities can start before birth. It is possible however to work towards reducing these health inequalities by intervening early to prevent vulnerability and build resilience in families and local communities. This public health service works in partnership with children and their families and key stakeholders to support them at the earliest possible stage with the aim of reducing inequalities.</p>										
<p>Socio Economic impact: (eg neighbourhood, ward, area of deprivation, household group, income, wealth)</p>										

Gateshead Council’s strategic approach is to “make Gateshead a place where everyone thrives” and the Corporate plan outlines our strategic approach and the priorities we have set to achieve this vision.

The service operates within the Gateshead Health and Wellbeing Strategy policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Harrogate and District NHS Foundation Trust’s Strategy aligns with our Health and Wellbeing Strategy and its purpose is to improve the health and wellbeing of patients, children and communities. Their strategy has been developed to align with and support delivery of the ICS strategies (including North East and North Cumbria).

The 0-19 Public Health Nursing Service is involved in numerous partnerships as part of the Gateshead early help system. The Early Help and Prevention Board will deliver on the aims and ambitions of the Health and Wellbeing Strategy. Gateshead’s Early Help Strategy (2023-26) sets out the partnership approach to delivering family help.

The 0-19 service has a demand and capacity tool which helps to manage staffing to ensure equitable access to support for families across Gateshead and to ensure all families get the help they need.

Environmental impact: (does the proposal impact on climate change and the Council’s commitment to be carbon neutral by 2030? Is the proposal in line with the Council’s Environmental Policy? Does the proposal increase natural resource use? Does the proposal increase waste? Does the proposal increase pollution? Does the proposal impact on wildlife? Does the proposal increase car use? Does the proposal increase energy use?)

It is not felt that this service specification will have a negative impact on the environment.

Cumulative impact: (consider impact based on successive budgetary decisions relating to the proposal or is the proposal part of wider budgetary considerations that may collectively have an impact on service users, and is potentially at odds with the Thrive agenda)

This proposal supports the Thrive agenda and Corporate Plan.

The 0-19 Public Health Nursing Service specification should have a positive impact on children, young people and families. The focus of the service is on prevention and early intervention to improve health and wellbeing, and reduce future demand on services.

Summary of consultation/data/research undertaken to inform the assessment:

(eg feedback and engagement with service users, trade unions, employees, partners, public, benchmarking, case studies)

A joint consultation provided opportunity for people to provide feedback on the proposal for Gateshead Council to enter into a Section 75 agreement with Harrogate and District NHS Foundation Trust (HDFT) and the consultation survey took place from 11th December 2023 to 14th January 2024. There were 23 responses to the survey with the majority agreeing with the proposal.

A further consultation has been carried out with children, young people, and their families, and with stakeholders and professionals to review the Public Health Nursing Service, to understand peoples' experiences of using the service. There were 37 responses to the CYP and families survey and 43 responses to the stakeholder survey. The top 5 priorities identified by both surveys were:

- Promoting positive parenting (building a strong and secure relationship with your child)
- Improving emotional/mental health and wellbeing for children and young people
- Improving emotional/mental health and wellbeing for parents
- Making sure children are ready to start and enjoy school (e.g. language and listening skills, interacting with others, noticing things and asking questions)
- Increasing physical activity levels

The service specification has been discussed at SMT, CMT, Joint Adult & Health Portfolio and Early Help and Prevention Board

Signed: (completing officer)



(Angela Hannant)

Date: 29/4/24

Service Director: (approved)



(Andy Graham)

Date 1/5/24

GOVERNANCE STRUCTURE – EARLY HELP AND PREVENTION BOARD

APPENDIX 3

