Cabinet

21 October 2015

0 – 5 (Health Visitor and Family Nurse Partnership) and 5 – 19 (School Nursing) Update

Report of Corporate Management Team
Report of Anna Lynch, Director of Public Health, County Durham
Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adults and Health Services
Councillor Ossie Johnson, Cabinet Portfolio Holder for Children and Young People's Services

Purpose of the Report

1. The purpose of this report is to provide an update on the 0 – 5 (Health visitor and family nurse partnership) and 5 – 19 (school nursing) commissioning developments. This report is in three sections:

    - 0 – 5 services
    - 5 – 19 services
    - 0 – 19 commissioning intentions

    An abbreviated version of this report was presented to the Children and Young People Overview and Scrutiny Committee on 25 September 2015.

Section One: 0 – 5 services

Background

2. From 1 October 2015 local authorities are responsible for the commissioning of the 0-5 Healthy Child Programme (HCP). This includes the Health Visiting service incorporating universal to targeted programmes and the Family Nurse Partnership (targeted services for first time teenage mothers). A national board has been 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.

3. In County Durham and Darlington, 0-5 services were commissioned by the local NHS England sub regional team from County Durham and Darlington Foundation Trust (CDDFT). Because this responsibility transferred to Durham County Council from 1 October 2015, additional funding (half year effect) has been included in the public health grant for 2015/16.

4. With the recent, and unexpected, announcement regarding the in year reduction to the whole public health grant (£200 million) DCC is awaiting further confirmation on how this impacts at a local level. Allocations for 2016 onwards are subject to consultation following publication of a changed methodology by the Allocations Committee on Resource Allocation (ACRA). This consultation period runs from 8 October 2015 to 5 November 2015 and DCC will be submitting a response.

5. NHS England negotiated a contract with CDDFT to cover the period from 1 April 2015 till 30 September 2015. Durham County Council (DCC) participated in the NHS England and CDDFT contract negotiations to agree the additional six month contract from 1st October 2015 through to 31 March 2016.

6. The contract transfered from an NHS contract to a local authority public health contract. The service specification has been agreed between all parties covering the whole of the financial year 15/16.

7. In addition to the national health visitor specification DCC requested locality specific public health priorities to replace NHS Commissioning for Quality and Innovation (CQUIN) indicators. The 15/16 specification is available upon request. Local priorities include breastfeeding, healthy weight, Stronger Families, accidents prevention, oral health and embedding the community parenting programme.

Mandation of 0 – 5 service areas

8. Government previously issued guidance regarding its plans for mandation. There are five universal touch points for the first 18 months of the transfer that councils must ensure are delivered by the 0-5 service:

    - Antenatal health promoting visits;
    - New baby review;
    - 6-8 week assessments;
    - 1 year assessment;
    - 2-2½ year old review.

9. 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. DCC will provide voluntary data returns to Public Health England (PHE) for the 18 months mandation period. The mandation ruling is only in respect to the delivery of the five universal touch points being delivered. The transfer of the 0 – 5 service commissioning is a permanent move to local authority.

Family Nurse Partnership (FNP)

10. The Family Nurse Partnership (FNP) is a nationally licenced programme and is held to account by a local advisory board. All data for FNP is collated nationally and fed into a local advisory board. The FNP programme is commissioned to work with 25% of first time teenage parents.

Procurement of 0 – 5 service

11. With the transfer of the 0 – 5 service DCC commissioning and procurement advice was to complete a soft market testing exercise.

12. The purpose of soft market testing is to ascertain if there is a viable competitive market for a service. The soft market testing undertaken in May 2015 demonstrated a strong market. Durham County Council is in the process of tendering for this service through a competitive open process, the new service to be delivered from April 2016.

0 – 5 specification 2016 – 2018: Changes to the specification

13. The financial pressures due to the national reduction in the public health grant means that all public health contracts are being reviewed. The 0 – 5 service has mandated elements to reach a universal population. This mandated universal element requires a large workforce to reach the scale of delivery required. From northern region benchmarking work completed by NHS England area team, it is understood that the unit cost of the current 0 – 5 service is higher within the CDDFT contract compared to other 0 – 5 providers (see appendix 2). This offers scope to consider cost efficiencies but more importantly ways to improve delivery.

Universal delivery

14. The national health visiting specification has been used to ensure all universal, mandated functions are delivered within County Durham. To comply with a caseload of no more than 300 families per HV a minimum of 96 wte band 6 health visitors will need to be employed.

15. In addition to the national specification local level priorities include:

    - Breastfeeding peer support volunteer programme
    - Stronger Families
    - Supporting community parenting volunteers
    - Implementing the integrated 2 – 2.5 year integrated check
    - Core offer to all early years settings from designated health visitor
    - Oral health and family dental registration
    - Unintentional injury prevention
    - Healthy weight promotion and support
    - Maternal mental health
    - Gypsy Roma Traveller (GRT) public health nurse role

Enhanced delivery to targeted vulnerable populations

16. In addition to the universal health visitor role the national specification refers to a universal partnership and universal partnership plus model for vulnerable families requiring intensive interventions. There is further work to be completed

to finalise the detail but there is a requirement in the County Durham specification to develop a 'vulnerable parent pathway' which would commence in the antenatal period through to the integrated 2 -2.5 year check. Health visitors will work to an intensive delivery model working closely with the Stronger Families programme.

17. Identifying the target populations meeting the criteria for a 'vulnerable family with complex needs' will require further work with the new provider and work with multi-agency stakeholders to avoid confusion in the wider system. However in the meantime it is anticipated that typical criteria would include:

    - Teenage parents (see below discussion regarding FNP)
    - Gypsy Roma and Traveller (GRT) and other black, minority ethnic (BME)
    - Parents with mental health conditions
    - Parents with drug and alcohol use
    - Parents in domestic abuse relationships
    - Parents with learning disabilities
    - Sick children (currently continuing care team – review planned during 2016/17)

Specialist Health Visitors and Community Practice Teachers (CPTs)

18. It is essential to have clinical leadership roles for priority topic areas and population groups such as infant feeding coordinators, the GRT community and the vulnerable parent pathway linked to Stronger Families. These systems leaders are critical if there is to be an impact on population health outcomes and a reduction in health inequalities. All specialist health visitors will receive regular reflective supervision and top up training from specialist services such as drug and alcohol services and mental health services to ensure seamless pathways are managed to appropriately care for vulnerable families. Another group of band 7 specialist health visitors are community practice teachers (CPTs). As part of workforce development there is a requirement for some staff to be trained as CPTs to enable the health visiting service to train student health visitors.

Vulnerable parent pathway replacing FNP

19. The FNP evidence base is strong in American literature. In America there is no universal health visiting service so a randomised controlled trial (RCT) comparing the FNP intervention with normal delivery is not the same as in England where there is a comprehensive universal health visiting service already in existence. An English RCT was due for publication in 2014 but the outcomes are still pending. The current FNP programme was commissioned to reach 25% of first time pregnant teenagers which is not an equitable service delivery model. However delivery is at 20%. The remaining 80% of pregnant teenagers receive the health visitor led teen parent pathway. Stakeholders reported a sense of confusion regarding access criteria to FNP and the social injustice of a programme with unclear parameters. The licence to deliver FNP is strict with specific visiting criteria. The current FNP team in County Durham

on average meet the criteria but for the last two years have operated at 80% capacity thus further reducing the number of young people accessing the programme. Having reviewed the available evidence, considered the health inequalities in County Durham and the equity of access to services, Durham County Council will transition from the FNP programme to an enhanced vulnerable parent pathway for all identified vulnerable teenage parents to access instead. In addition to teenage parents other vulnerable groups such as those listed in section 17 will also be able to access the vulnerable parent pathway.

20. A transition plan and communications strategy is required to support the change in delivery from FNP to an enhanced vulnerable parent pathway and this will progress during the last six months of 2015 and early 2016.

Breastfeeding peer support coordinator and Nursery Nurses

21. To coordinate the 130 breastfeeding peer support volunteers currently trained and supporting women in the community, it is necessary to have a dedicated coordinator in post. This band 4 post will be managed by a specialist health visitor infant feeding coordinator.

22. Nursery Nurses are a critical part of the team to work with families and groups in the community on parenting programmes. Their role is to offer tier one universal and tier two early intervention work on breastfeeding groups, weaning and speech and language development. They also support the integrated 2 – 2.5 year checks. Nursery nurses will work in close partnership with DCC family support workers. See appendix 3 for visual depiction of workforce structure.

Section Two: 5 – 19 public health school nursing service

Background

23. The school nurse role is a degree level qualification as a specialist community public health nurse (SCPHN). As a public health nurse their specialism is in understanding the population health needs of children aged 5 – 19 years. There is national guidance on maximising the role of the public health school nurse[1] which demonstrates the importance of universal prevention and health promotion through to targeted work to protect and safeguard children. In the words of Professor Sir Michael Marmot, proportionate universalism[2] should be applied to the role as there is a clear evidence base that providing universal primary prevention and earlier intervention will reduce the escalation of high need cases. The healthy child programme encompasses health development reviews, immunisations, screening and health promotion interventions such as advice and guidance for young people on sex and relationships, drugs, alcohol and smoking as well as low level support around emotional health. The school nurse should provide a leadership and coordination function within the school setting, supporting schools to have an up to date health profile of their pupils and to be able to proactively manage the health needs of their pupils.

The review of the County Durham School Nursing service

24. The County Durham school nursing service is currently provided by County Durham and Darlington Foundation Trust (CDDFT) and already commissioned by Durham County Council. The service has historically delivered some high quality interventions. With a service as diverse as school nursing there are inevitably elements that could be improved. The rationale behind the review is multi factorial and includes:

    - Inherited contract in April 2013 when school nursing transferred commissioning responsibility from NHS to local authority public health.
    - Historically school nursing was part of community nursing and not separate which has left anomaly posts across County Durham delivering to differing roles and responsibilities.
    - Reflect on contemporary evidence.
    - Opportunity for transformation – thinking differently based on needs of young people.
    - Local health needs to be considered – dynamic in nature.
    - Service not standardised across county.
    - Service not equitably distributed.
    - Service not meeting public health outcomes as effectively as possible.
    - Service not meeting young people's needs in delivery style.

25. The review commenced in October 2014 and finished in June 2015. A new service specification is on the council portal to procure a provider. The review process has been supported by a multi-agency advisory board and an internal commissioning support group. The project plan and terms of reference for these groups are available upon request.

26. All aspects of the school nursing service have been reviewed with core components including:

    - Immunisations.
    - Screening programmes. (hearing, vision)
    - National child measurement programme.
    - Health education / promotion to groups/classes.
    - Support for young people.
    - Specialist areas of work – e.g. enuresis service, special schools.
    - Safeguarding role.
    - Skills and competence of workforce.
    - Marketing and branding of service.

Consultation

27. During the consultation period public health have offered the opportunity for all secondary school pupils, all school staff and all parents to participate in a

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[1] DH (2014) Maximising the school nursing team contribution to the public health of school aged children
[2] Marmot (2011) Fair society healthy lives

survey. In addition to these Investing in Children were commissioned to undertake agenda days and bespoke focus groups with targeted groups to understand how the school nursing service could be delivered in the future. Specific deep dive consultation/reviews have also taken place for a number of more complex elements such as special schools, safeguarding, enuresis and immunisations. All of the feedback has helped to inform the design of the new school nursing service specification. High level feedback includes:

Young people need a variety of ways to access the service

- Face to face drop ins, text messaging, social media.
- Staff available within a safe space that young people are able to access confidentially – in and out of the school setting.

Skilled workforce able to communicate with young people

- Friendly and approachable with active listening skills.
- Confident to talk about all issues raised by young person – A qualified specialist community public health nurse workforce.

Mental health and emotional wellbeing

- Support young people with coping skills / self-harm.
- Offer specific interventions to young people, schools, parents – before CAMHS is required.

Sexual health and relationships

- Available to discuss contraception, teen health issues.
- Advice on STIs in and out of school.
- Schools would like support to deliver these sessions within the curriculum.

Risk taking behaviours

- Smoking/alcohol/drugs: advice and guidance and managing difficult conversations.

Better marketing and branding of school nursing service

- Most young people did not know how to access the service or what it offered.
- Young people champions within schools to promote service was thought a good idea.
- School nurses to be key feature of parents evenings and transition meetings.

Specific changes to be made

Immunisations

28. NHS England has statutory responsibility for immunisations as documented in the Health and Social Care Act 2012. The DCC school nurse contract has enabled the 5 – 19 immunisations schedule for the last three financial years to be delivered. Agreement has been reached that as of 1st April 2016 NHS England will pick up the full costs and delivery for all 5 – 19 year old

immunisations. NHS England are working with DCC to progress a parallel procurement exercise to commission an immunisations team which will work in close collaboration with the 5 – 19 public health school nurses.

Screening Programmes:

29. Vision: As of September 2015 vision screening will only be delivered in reception year and will be stopped in year 6 / 7. Following a review undertaken by the regional clinical eye network, vision screening was deemed clinically and cost effective in four – five year olds but not in 10 – 11 year olds. Appropriate training and protocols are being put in place to ensure the pathway of care is safe and effective.

30. Hearing: A local audit is being undertaken to review the impact of the reception age school hearing programme. The hearing screen will remain within the 2016 - 2018 commission but will be reviewed for future commissions.

31. National Child Measurement Programme (NCMP) is a mandated responsibility for Durham County Council and will continue.

Core offer to mainstream schools / universal

32. All schools across County Durham can expect a core offer. It is anticipated that the service will work to geographical communities of learning clusters (CoLs), of which there are 15 in County Durham. Two qualified school nurses (SCPHN) will work per COL cluster, depending on size of cluster arrangement but this will be flexible.

33. The SCPHN will meet on a termly basis with cluster stakeholders to assess health needs. On an annual basis they will develop a CoL cluster health profile to proactively plan for the health needs of the population. Training and support will be offered to schools through the CoL and additional bespoke sessions can be arranged for individual schools.

34. Specific delivery will include health improvement school based programmes and will be part of a planned and progressive curriculum. Specific topic areas offered will include:

    - Relationships & Sexual health: puberty, contraception, STIs, accessing services with confidence.
    - Mental health: emotional literacy, relationships and coping skills. The well evaluated and evidence based Youth Awareness Mental Health (YAM) course will be delivered to year 9 pupils as part of a universal core programme.
    - Specific sessions to support life skills including decision making, managing peer pressure and risk taking behaviours such as alcohol, drugs and smoking will be covered through resilience building work
    - Preparing for more independent living. Year 10 pupils need to understand how to access health services with confidence.

35. Parent sessions at transition points are critical to increase communication and engagement. As a minimum there will be community and school based events held at specific times including:

    - Nursery to school – hello / goodbye between health visitor and school nurse service.
    - Primary to secondary parent engagement events.
    - Secondary to college/university parent engagement events.

36. One to one support for young people will be available not only within the school setting but also at community venues appropriate for young people. Staff will be trained to deliver on all topics including low level mental health issues, stop smoking advice, contraception and alcohol brief interventions. Primary mental health care nurses will be part of the multi-disciplinary skill mix and will provide training, advice and supervision to the workforce to ensure school nurses are equipped to manage low level mental health issues.

37. Text messaging and social media will be available in addition to face to face contact for young people.

Enuresis service/ Continence support:

38. A nocturnal enuresis service is currently delivered by the school nursing service. New commissioning guidance was published for the development of a community paediatric continence service placing Clinical Commissioning Groups (CCGs) as the lead commissioner for this service. From the 1st April 2016 the public health school nursing service will offer a partial level one service providing advice and guidance for continence (this includes bowel and bladder difficulties). At the point of a child requiring first line medication or a bed alarm then a referral will be made to a specialist continence nurse. Public health is transferring funding to the two clinical commissioning groups to support the level two specialist continence nurse. The new community paediatric continence pathway is currently being designed and communication will be shared shortly with key stakeholders.

Enhanced offer to special schools and for young people educated outside of mainstream

39. County Durham has ten special schools; six focusing on emotional, behavioural and social issues and four with a remit for more complex physical health care needs. There are also over 300 children educated outside of mainstream schools supported through DCC education teams. It is acknowledged that vulnerable children require additional support. In addition to everything listed above in the core offer, special schools across the county can expect a more intensive public health school nurse service. A minimum of 0.4 whole time equivalent (two days a week) school nurse time per special school will be expected within the new specification.

40. The four schools that educate children with the most complex physical health care needs are Villa Real, Trinity, Glendene and The Oaks /The Evergreen. Villa Real has had historical investment and currently hosts a full time paediatric trained public health school nurse. The CCGs are responsible for commissioning the health care needs of children within special schools. The two CCGs are committed to reviewing the clinical health care needs of the pupils within the four special schools alongside the therapy services being provided. Public Health will honour the full time post within Villa Real while the two CCGs undertake this review during 2015 - 2016.

41. There is the intention for public health and the two CCGs to work towards a joint commissioning arrangement within the special schools to ensure the public health school nurse role works collaboratively with the clinical health care service needs of the pupils. A letter will be issued to the heads of special schools to inform them of the CCGs intentions to commence the review process.

Safeguarding

42. At the June 2015 Local Safeguarding Children Board (LSCB) meeting the proposed changes to the safeguarding pathway were endorsed (see appendix 4 for pathway). As of 1st April 2016 all children going through an initial child protection case conference will receive a holistic health assessment. This will include a physical assessment as well as the completion of the mental health strengths and difficulties questionnaire. At this point the SCPHN will determine whether there is a specific intervention they can undertake.

43. In addition to the changes made to the child protection pathway looked after children will continue to receive their annual health assessment and receive better support when they leave care. There also needs to be better identification and support to Young Carers.

Workforce

44. There are a number of changes to the workforce structures within the 5 – 19 specification (see appendix 3 for visual depiction).

45. Specialist community public health nurses (SCPHN): It will be a quality standard that all school nurses at band 6 are SCPHN qualified. There will be a dedicated team of SCPHN staff working with special schools and pupils educated outside of mainstream. This is to ensure that special schools receive more intensive support.

46. Staff nurses: There will be a dedicated team of five band five staff nurses who will triage all information coming into the school health service from A&E, drug and alcohol services, domestic abuse services etc. This dedicated county wide team will assess the information and share, as appropriate, with other partners such as GPs, children services and education. This team will also complete safeguarding chronologies to support the SCPHNs. It is anticipated that this team will support the roll out of the ENCOMPASS programme within schools

which is the sharing of information between police and schools regarding domestic abuse incidents.

47. FISCH nurses: The Family Initiative Supporting Children's Health (FISCH) nurse team will remain within the 5 – 19 public health school nursing team. This team will work closely with the SCPHN staff and will focus on reducing the prevalence of childhood obesity.

48. Primary mental health care nurses: Working in close collaboration with Tees Esk and Wear Valley Mental Health Foundation Trust there will be five band 6 primary mental health nurses embedded into the 5 – 19 public health school nursing service. This dedicated team will focus on training, supporting and supervising the SCPHN teams and school staff in relation to children, young people and families within the local community. The primary mental health care nurses will offer community drop in support alongside the SCPHN teams to work towards a one stop shop philosophy as outlined in Future in Mind[3].

49. Health promotion and screening assistants: These will be band 3 staff employed to undertake the vision, hearing and NCMP screening programmes.

50. FISCH health trainers: band 3 staff employed to work with identified families who require additional support to adapt their family behaviours.

Marketing and branding

51. Feedback through consultation identified that most young people did not know what the school nursing service offered and when it was available. As part of the transformation there will be a clear marketing strategy to communicate the new service to young people, parents and stakeholders including schools. Work is underway to consider what the new marketing materials will include. It is anticipated that the marketing/branding will belong to DCC and be used by the new provider.

Section three: 0 – 19 procurement

Procurement

52. Following two soft market testing exercises it is evident that the same providers are interested in both 0 – 5 and 5 – 19 contracts. However there has not been a review completed on an integrated 0 – 19 service.

[3] DoH (2015) Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing NHS England

53. Following discussion with commissioning and procurement, Durham County Council will procure via one contract and two specifications. This will guarantee one provider to keep the pathways and system together. The contract will be offered as a two year plus one year extension opportunity. During the two year contract (2016 – 2018) there is the intention to review the 0 – 19 public health commissioned service to consider an integrated approach with the whole of the current 0-19 services provided / commissioned by Durham County Council.

Recommendations

54. Cabinet is recommended to

- Note the contents of the report.
- Note the transition from an FNP programme to a vulnerable parent pathway available to pregnant teenagers should they require intensive intervention.
- Note the inclusion of primary mental health nurses embedded within the 5 – 19 public health school nurse specification as part of integrated working.
- Note that the public health grant is to be subject to in year cuts, the detail of which is not available at the time of writing and consequently may impact on the contract value in future years
- Note that an abbreviated version of this report was presented to the Children and Young People Overview and Scrutiny Committee on 25 September 2015.

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Appendix 1: Implications

Finance
The proposed financial envelope for this contract is sensitive due to procurement

Staffing
A TUPE list has been requested from the provider for 0 – 5 and 5 – 19 services. It is anticipated over 200 staff will be affected.

Risk
The transfer is being managed by a Durham County Council project board.

Equality and Diversity / Public Sector Equality Duty
An equality impact assessment (EIA) has been completed

Accommodation
It is anticipated that there will be no accommodation implications from the transfer and that staff will continue to be based within their existing locations.

Crime and Disorder
Not applicable

Human Rights
Not applicable

Consultation
Comprehensive consultation has been undertaken. Ongoing consultation will continue with the current provider in partnership with the commissioner and service users

Procurement
The commissioning responsibilities for 0 – 5 will be transferring to the authority as of October 2015. Full procurement process is underway under the guidance of a project board.

Disability Issues
EIA completed

Legal Implications
The project board is receiving legal advice as required.

Appendix 2: NHS England benchmarking of 0 – 5 commissioned contracts

Graph 1: illustrating CDDFT costs per health visitor compared to 'Northern Counties'

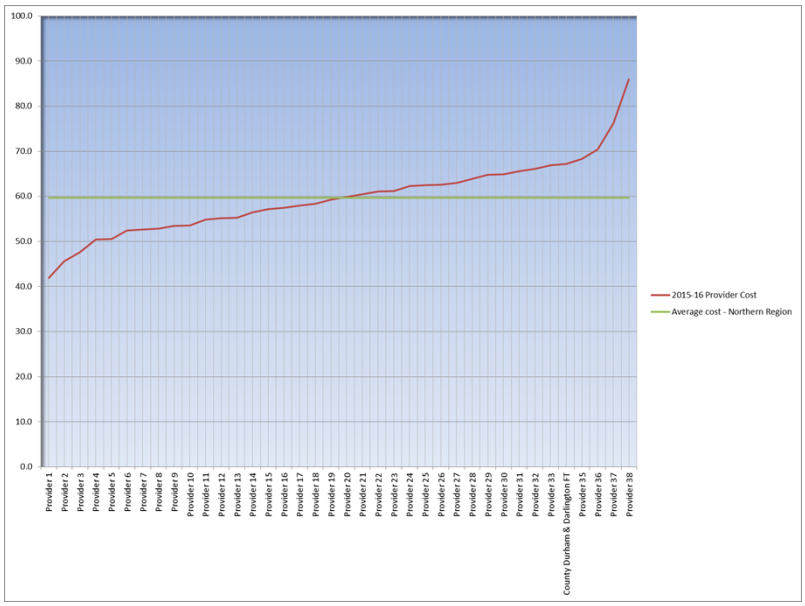
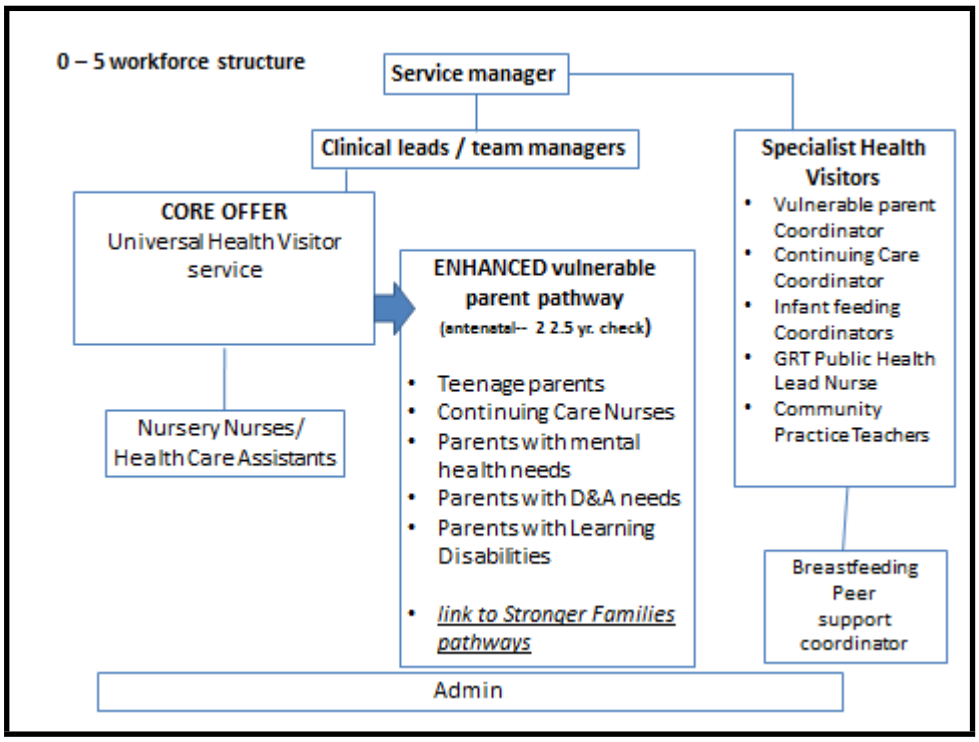
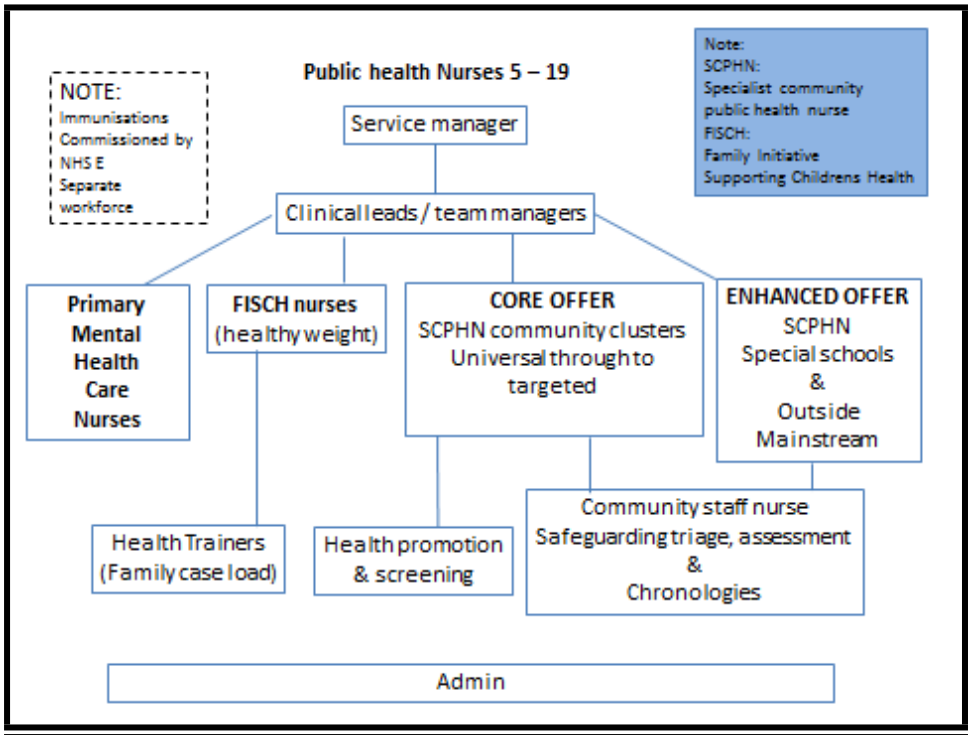


Table 1: Illustrating a cost comparison for the provision of health visitor services

Area	**CDDFT** **cost per HV (£)**	**Group Average** **cost per HV (£)**
Northern Region	67,180	59,630
Cumbria and North East	67,180	52,980

Appendix 3: Workforce – visual depiction





Appendix 4: Safeguarding pathway