

## **DURHAM COUNTY COUNCIL**

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 25 September 2015 at 11.30 am**

### **Present:**

**Councillor C Potts (Chairman)**

### **Members of the Committee:**

Councillors J Armstrong, K Corrigan, C Hampson, P Lawton, J Measor, S Morrison, M Nicholls, M Simmons and H Smith

### **Faith Community Representative:**

Mrs G Harrison

### **Co-opted Members:**

Mr D Kinch

### **Also Present:**

Councillors S Forster and T Smith

## **1 Apologies for absence**

Apologies for absence were received from Councillors D Bell, K Dearden, O Gunn, D Hall, J Hart, D Hicks, K Hopper, L Pounder, M Stanton, P Stradling and W Stelling, Mr K Gilfillan, Mr G Moran (Diocese of Hexham and Newcastle) and Mr R Patel (Parent Governor Representative)

## **2 Declarations of Interest, if any**

There were no declarations of interest.

## **3 0 - 5 (Health Visitor and Family Nurse Partnership) and 5-19 (School Nursing) Update**

The Committee considered a report of the Director of Public Health County Durham that provided an update on the 0 – 5 (Health visitor and family nurse partnership) and 5 – 19 (school nursing) commissioning intentions (for copy see file of minutes).

Gill O'Neill, Consultant in Public Health thanked Members for allowing her to share the information from the recent review undertaken on school nursing service and she gave a detailed presentation about the transfer of 0-5 children's commissions of public health services to the local authority including the transfer of health visiting services and the 5-19 school nursing service, including:-

- Local context – Child Health Profile for County Durham (March 2015)
- Summary of 0-5 and 5-19 Services
- 0-5 Service – Local Priorities
- Enhanced Offer to Vulnerable Groups
- Potential 0-5 Workforce Structure
- Family Nurse Partnership (FNP)
- FNP to Vulnerable Parent Pathway
- 5-19 School Nursing Service – Why Review?
- Review Process from October 2014 to June 2015
- Outcomes from Consultation/ Review
- Overarching Consultation Themes
- Key Changes in New Specification
- Proposed 5-19 School Nurse Workforce
- 0-19 Public Health Outcomes
- Timeline/ Next Steps

Members were advised that the current mandatory service that includes universal set contacts would continue to deliver a high quality service but in addition to this there would be local priorities which would include breastfeeding. The committee had previously received performance information that indicate that the tracker indicator for the prevalence of breastfeeding at 6-8 weeks from birth is 28.9% whereas nationally the figure is 43.8%. The committee was advised that programmes using peer support would encourage breastfeeding but acknowledged that this would require a cultural change.

The transfer of services would work closely with children's services especially stronger families. Health visitors would be able to provide essential information that would ensure early help is provided to those families who need it and would be able to identify child neglect and child protection issues which are both key priorities to the Local Safeguarding Children's Board (LSCB).

The Family Nurse Partnership has worked with a small number of first time teenage parents however it was explained that a new vulnerable parent pathway would reach more vulnerable families which would work toward reducing health inequalities and was fairer in its availability.

Following a consultation and review of the school nurse service a revised service would include a core offer to all mainstream schools working to community of learning clusters, the service would be able to offer an enhanced offer for special schools and vulnerable groups and a variety of contact options. The new service would focus on health improvement outcomes which the Committee have reviewed in recent years such as sexual health and drugs and alcohol.

The Chairman thanked Ms O'Neill for a clear, comprehensive and complex presentation. She asked if there were enough funds available to deliver this programme, and was informed that there was enough money to meet the brief outlined, with very high levels of staffing available.

Councillor S Forster found the presentation very interesting and commented that in relation to increasing the uptake in breastfeeding teenagers needed encouragement to be strong

when giving birth and to persevere with feeding techniques. She asked if they were given enough support and encouragement in this area as often they felt that they didn't know if the baby was getting enough milk. Ms O'Neill advised that new mothers would be shown that weight gain of the baby was a good indicator that they were doing a good job. She agreed that feeding on demand and little and often needed continual re-assurance.

In answering a query from Councillor Forster about whether school nurses would have counselling skills, Ms O'Neill explained that there would be specialist Mental Health Nurses who would offer support to the school nurses and would help to give pointers at when to intervene.

Mrs G Harrison was concerned that there was an overlap from the 0-5 and 5-19 age ranges as some children would start reception as young as 4 years old. Ms O'Neill advised that the handover would take place at the point that the child started reception but that the health visitor would remain with the family until the age of 5.

Mrs Harrison went on to ask about whether school nurses have been consulted as when she had asked the question of her school nurse about whether this is all achievable she was informed that she didn't think it would be as they were so wound up in other areas of work. Ms O'Neill advised that there had been extensive consultation carried out with current school nurses and workshops had been held. The feelings of being stagnant at present were a common theme and the fact they did not feel fully utilised. She added that the new proposals would be challenging but that immunisation would be transferred out of the service and admin duties would be better distributed. She advised that it was the duty of the provider to address the areas of workload.

Referring to the point of the local area, Councillor T Smith asked for more information and Ms O'Neill informed Members that the service would work with a local area to identify needs and pro-actively see what could be achieved. She said that it was about pulling together relevant statistics, such as, teenage pregnancy, healthy eating, obesity, and putting it together in a local plan.

Councillor H Smith said that the report was very impressive and encouraging but asked how likely it would be to receive bids from other tenderers apart from the Trust. Ms O'Neill explained that there had been soft market testing and questionnaires issued and 5 responses were received. A marketing and engagement event had been held and other organisations had clearly shown an interest. The tender would be focused on 80% quality and 20% cost and was about ensuring the right people were on board that understood the vision and who could deliver it.

Councillor M Nicholls said that this had been needed for some time and was pleased to see the path it was headed along. He understood the earlier point regarding finances but asked that caution be used at this time when austerity continues. He went to ask if Housing had been considered as many families live in poverty. Ms O'Neill said that health visitors would pick up on any concerns about the way of living and hoped that as partners got together they could address all concerns that affected the way in which children were living, including housing. She advised that the health visitor would lead any concerns back to the local authority but she was happy to include housing in any future workshops and discussions and would make sure that it was linked into the programme.

On answering a question from Councillor J Armstrong, Ms O'Neill advised that they would feed into the Health and Wellbeing Board and the Children and Families Partnership but that she would be more than happy to provide regular feedback to this Committee.

The Head of Children's Services said that this was a long hoped for vision that would join services together. She praised the work carried out so far, particularly on health visiting and said that the contribution from the health visitor to identify families that need additional help was essential to the early years' service. She advised that there would be a checklist to help identify families who needed extra support and advised that their service were looking forward to working together.

Mr D Kinch agreed that the presentation was excellent and asked who would be checking to make sure that the help available would be spread out evenly throughout the County. Ms O'Neil explained that it would be based on need and the information from the provider would help the service to be fair. People in the East of the County and in some parts of Derwentside and the Dales would be seen as vulnerable and it was about making sure these families received the help they needed.

Councillor J Measor commented that young people would be likely to feel more at ease with a school nurse rather than an authority figure of a teacher or someone else in authority. She said that she would like to see more promotion of breastfeeding and in particular about expressing milk so that a partner can still be involved, as this was a reason for not wanting to try it. Ms O'Neill said that the service accepts that breastfeeding would not be for everyone but that they could visit areas that have started to get it right and learn from them. She added that it was about getting the balance right and making improvements.

Referring to feedback from young people about the current school nurses, Councillor T Smith asked if there was a mechanism in place to receive this and include in the strategy going forward. Ms O'Neill advised that this feedback made up a quarter of the information received as part of the consultation and review exercise. She added that going forward people would be encouraged to leave comments by text, comment cards and would be asked if they would recommend the service.

Councillor J Armstrong referred to the work of Scrutiny in relation to self-harm and the findings that young people do need someone their own age to talk to, he asked if this had been taken into consideration. Ms O'Neill advised that this had been built into volunteering work and would be considered in the school nursing service.

Ms O'Neill advised that the friends and family test would be expected to provide feedback throughout the 0-19 range, following a question from Councillor P Lawton about who would provide feedback for 0-5's.

Referring to self-harm, Councillor Lawton advised of the work being undertaken in Spennymoor around awareness and prevention of self-harm and suicide. She said that working with young people had highlighted the importance of them being able to speak to their peers.

Councillor Nicholls suggested that this good news story should be shared with the people of the County and Ms O'Neill advised that once the provider was known in April they would be issuing further information.

The Chairman thanked Members for their excellent feedback and once again thanked Ms O'Neill for her presentation. She said that the Committee would look forward to an update and wished the service every success.

**Resolved:**

That the content of the report be noted and be added to the Work Programme for a further update to come to a future meeting of the committee.