

CYPOSC

11 January 2021

County Durham 0-25 Family Health Service

Update following service review and
reprocurement

Michelle Baldwin - Public Health Strategic Manager – Starting Well

Amanda Smith – HDFT General manager County Durham 0-25 service

Pauline Newby –Strategic Commissioning Manager – Public Health



Aims of the presentation

- Provide an update on mobilisation the new 0-25 family health service contract
- Highlight key elements of the contract
- The impact of COVID 19 on the 0-25 service
- Challenges
- Provide an update on the Best Start In Life (BSIL) programme of work and next steps

Opportunity for Change

- Children and young people was the number 1 priority for investment during public health prioritisation exercise
- The service is our biggest public health workforce
- Recognising statutory responsibility up to 25yrs
- Place based – what would look different
- Reviewing evidence
- Horizon scanning – future state

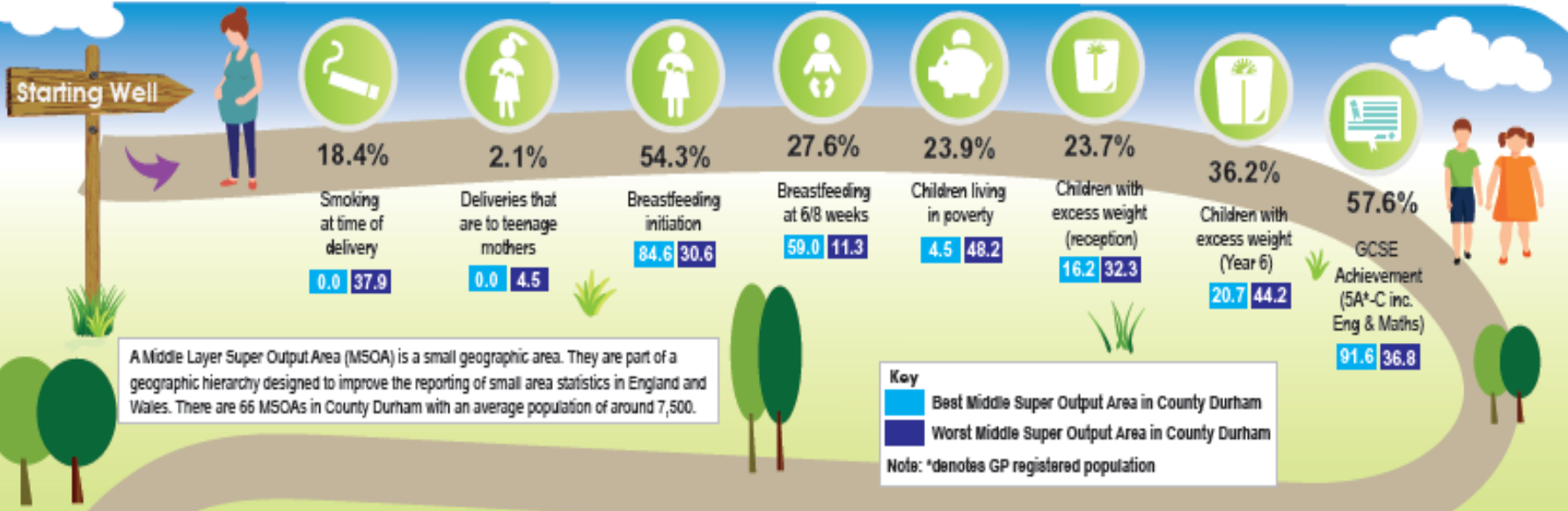
National Policy, Strategies & Guidance

- Healthy Child Programme (pending review)
- Fair Society Healthy Lives (Marmot Review)
- 1001 critical days
- Prevention Green Paper
- NHS plan
- Relationship & Sex Education in schools
- Early Intervention Foundation

Understanding Need

A walk through the lifecourse in County Durham

Some of the health issues are set out in the walk and how we compare across County Durham. Understanding these differences helps us to focus our attention to ensure our local people can 'start well, live well and age well'.

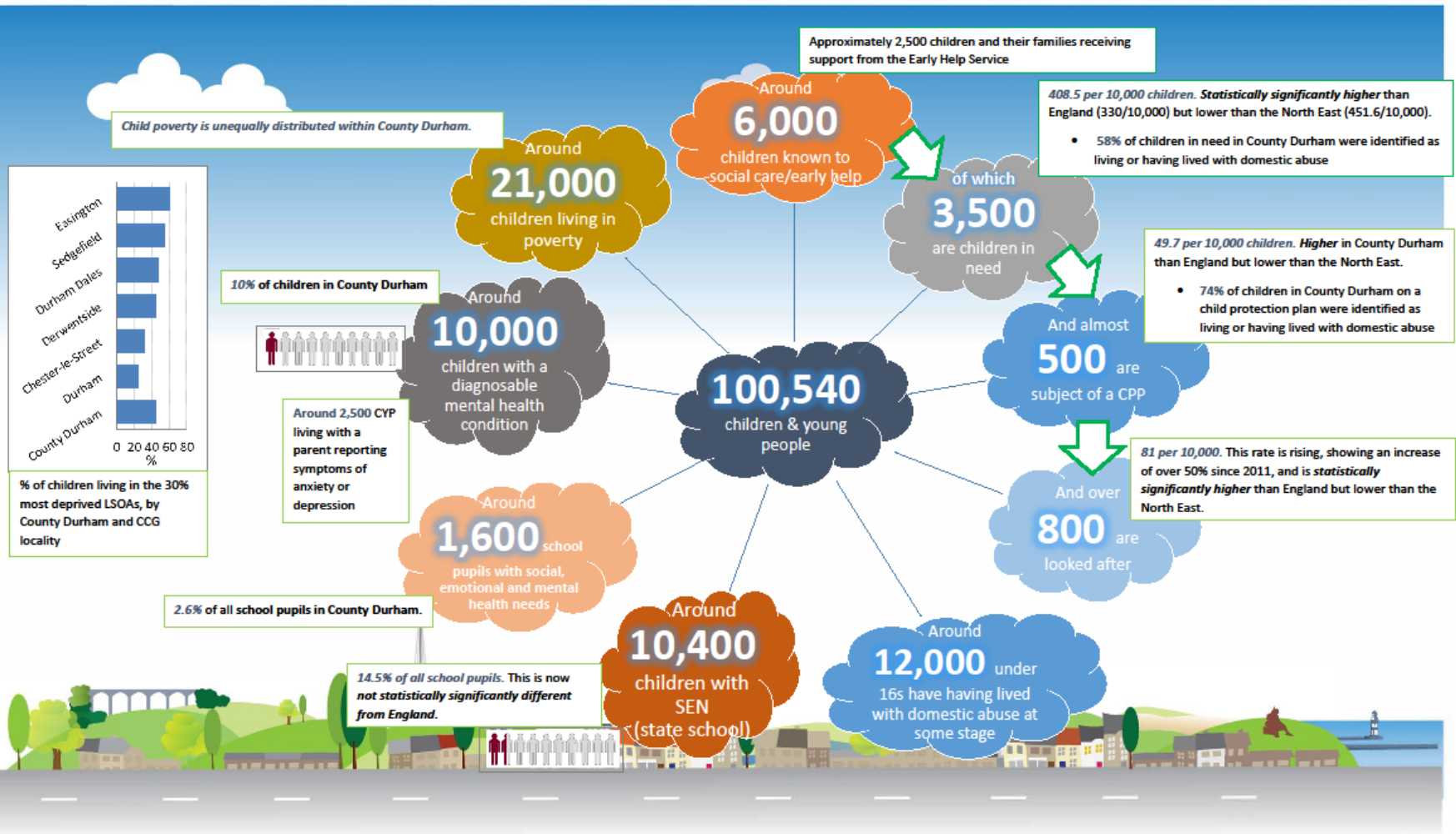


Public health intelligence to inform....

Publichealthintelligence@durham.gov.uk

Understanding Vulnerability

Vulnerability: The scale of the challenge



What Formed our principles

- High quality service
- Adverse Childhood Experiences (ACE's) trauma-based approach
- Graded response - proportionate universalism
- Protective factors
- Best Start in Life - 1001 critical days
- Think Family approach
- Informed by children young people and families

Key Elements of the New Service

- Workforce skill mix
- Health Visitors working with families longer
- Prioritising our offer
- Graded response within settings
- People focused rather than topic focused

Altogether better



Impact and Outcomes

- Service that:
 - reflects the voice of the child and families
 - based on evidence and local need
 - sighted on the NHS plan
- Earlier identification of need
- Enhanced support in early years (BSIL)
- Focused support for vulnerable families
- Better support for transitions between primary, secondary, further education

Main Changes

Previous

- 0-19 service
- Health visitor (HV 0-5 then hand over at reception to school nurse (SN))
- Traditional workforce model HV / SN
- Universal offer to all 0-19
- Screening - vision, audiology, national childhood measurement programme
- Enhanced SN offer in special schools

Current

- 0-25 service
- Health Visitor support 0-6
- Skill mixed workforce
- Uplifted offer for 0-6 and focused school aged offer for mental health and emotional wellbeing & support for vulnerable groups
- Screening –vision, NCMP
- More proactive use of digital technology
- Enhanced SN offer in special schools



Mobilisation

- Detailed mobilisation plan in place with oversight by a multi-agency board.
- Extension to timeline due to Covid challenges.
- Current key areas include:
 - HENRY- (health, exercise & nutrition for the really young) train the trainer Nov 20
 - Outcome Star- train the trainer Nov 20
 - Performance Quality and Outcomes Assurance Framework.

Mental Health & Emotional Wellbeing Enhanced Offer

The review identified mental health and emotional wellbeing was the top priority of CYP, families, education and other stakeholders:

- Enhancement in the Mental Health team for a skill mixed approached inc resilience nurses, psychological wellbeing practitioners, youth practitioners and peer supporters.
- Workstream will include people from across the service to inform the structure which will be an evolving process
- The changes have been met with excitement and as such recruitment was oversubscribed
- Will be a place-based approach with integrated pathways to be formulated.
- Outcome measures needed – What difference are we making

Comms and Engagement Process

- Joint DCC and HDFT Communication Plan
- Branding refresh following consultation CYP and Staff
- Primary Care Networks
- Community Anchor Role- profiling and gap analysis in place-based approach, enhance links with the voluntary and community sector
- 0-25 Family Health Service App development
- Significant focus on working with CYP and families using the County Durham wellbeing approach

Challenges

- Mobilisation during Covid, changing world around us with Tier system and factors influencing health and wellbeing.
- Smooth transition for service users and wider system, however expectations about what they have always had in addition to what is in new model.
- Screening programme will be a challenge with catch ups and balancing impact on secondary screening services.
- Working closely as a system to overcome and manage risk and challenges

Covid-19

- Business Continuity and Recovery Plans
- Impact on Workforce
- Impact on Service Users
- Adaptability and Safe Covid Working
- Digital Solutions
- Partnership Working
- Learning
- Contributions to system response

Best Start in Life

Update

Priority Areas Identified

1. Perinatal infant mental health
2. Speech, language, communication
3. Unintentional injuries

Perinatal & Infant Mental Health

Where we are at now

- Outcomes star development (HDFT); 3-5 week development review; 8 week GP contractual check
- Institute of health visiting (iHV) listening visits train the trainer being cascaded
- Baby Steps (IAPT) on line delivery

Where we want to be

- Work with Local CYP mental health Transformation Plan aspirations; Fathers mental health
- Work with partners to improve maternity outreach including psychological support
- Work with Primary Care Networks to improve impact of 8 week check via GPs

Speech, Language & Communication

Where we are at now

- Many activities are led through the early years and library services
- Development of 14-16 month development contact to identify Speech Language & Communication Needs (SLCN); targeted Bookstart Corner (12-24 months intervention) and increase uptake to 2 year placements
- Agreed interventions at key touchpoints; e.g. antenatal bump Key Lines of Enquiry SLCN health needs assessment
- SLCN health needs analysis:- 28 recommendations; a mobilisation plan & pathway development

Where we want to be

- A focused approach to the SLC of vulnerable group and focus on the early intervention of difficulties, develop a skilled workforce, and to design services around the family
- Ensure good vocabulary for children at 16-24 months therefore focus needs to be given to support parents in the home learning environment (HLE) as the HLE is more important for a child's intellectual and social development than parental occupation, education or economic circumstances.

Unintentional Injuries

Where we are at now

- A clear Unintentional injuries delivery framework and action plan is in place
- A multi agency training package was commissioned in 2019 accessed by approx. 350 practitioners
- Early years and Foster & Adoption received bespoke sessions. Housing colleagues were engaged in offer
- The Home Environment Assessment Tool (HEAT) has been revised to reflect the need to identify potential hazards in the home
- A safe at home toolkit being developed to provide increased support to vulnerable families

Where we want to be

- Explicitly addressing child safety at core contacts to reduce the risks of accidental injury in the home
- Additional key core contacts built upon associated ages and stages of child development should be a particular focus particularly to those identified by HV teams following attendance at A&E

Are we reducing
health inequalities?

Discussion to shift the scope

- Sir Professor Michael Marmot review – 10 years on
- Chris Bentley's place based health inequalities interventions
- Impact of Covid-19
 - County Durham health inequalities impact assessment
 - Rapid literature review of indirect impact on CYP
- How are we focusing on the indirect impacts of Covid-19 from a place based inequalities perspective to improve outcomes for our conception to 6 population?

Opportunities and Barriers

- **Opportunity**
 - Strong partnership working
 - Strategic response to impact of Covid-19
 - Targeted response to vulnerabilities
- **Barriers**
 - Workload due to Covid-19 response

BSIL Health Impact Assessment

- Plan to undertake a HIA to provide us with the evidence and assurance that we are having an impact
- Use a Place-based approach for reducing health inequalities', described the Population Intervention Triangle as a model for planning action
- A series of tools exists to support local areas apply the principles set out in each part of the model.

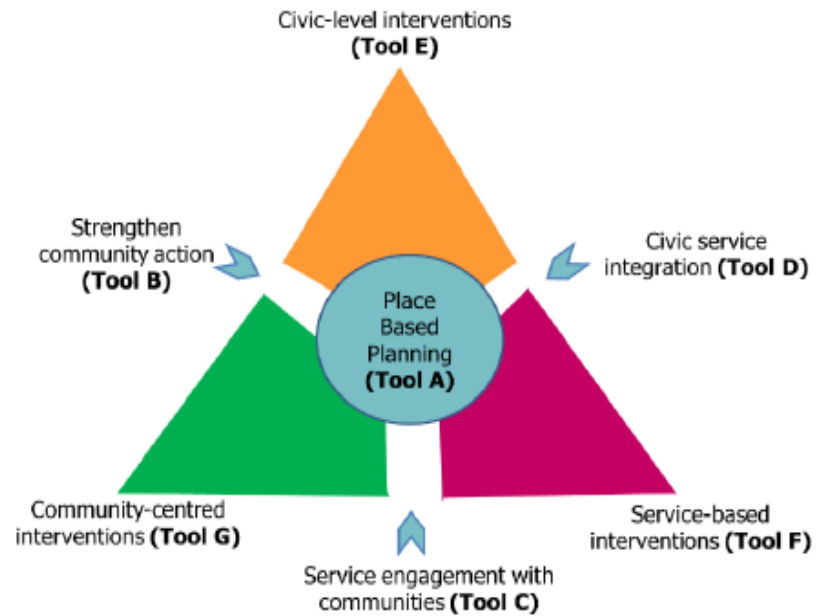


Figure 1 Population Intervention Triangle

