

Overview and Scrutiny Children and Young People

25 September 2015

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

Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

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 intentions. This report is in two sections:
 - 0 – 5 services
 - 5 – 19 services

Section One: 0 – 5 services

Background

2. From 1 October 2015 local authorities will be 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 is in place to oversee the transfer, providing the guidance and defining the process. All processes are on track locally for the transfer to take place on time.
3. In County Durham and Darlington, 0-5 services are currently commissioned by the local NHS England sub regional team from County Durham and Darlington Foundation Trust (CDDFT). Because this responsibility transfers 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 review by the Allocations Committee on Resource Allocation (ACRA) which will report later this year.

5. NHS England has negotiated a contract with CDDFT to cover the period from 1 April 2015 till 30 September 2015. Durham County Council (DCC) has 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 will transfer 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 has requested locality specific public health priorities to replace NHS Commissioning for Quality and Innovation (CQUIN) indicators. 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 has issued guidance regarding its plans for mandation. There are to be five universal contact points for the first 18 months of the transfer. This means that, as a minimum, every new baby will receive a visit from a health visitor at these points in a child's life.
 - Antenatal health promoting visits (at 28 weeks pregnancy);
 - New baby reviews;
 - 6-8 week assessments;
 - 1 year assessments;
 - 2-2½ year old reviews.
9. DCC is requested to provide voluntary data returns to Public Health England (PHE) for the 18 months mandation period. The mandation ruling is only in respect of the delivery of the five universal contact points being delivered. The transfer of the 0 – 5 service commissioning is a permanent move to local authority.

Procurement of 0 – 5 service

10. With the impending transfer of the 0 – 5 service DCC commissioning and procurement advice was to complete a soft market testing exercise.
11. The purpose of soft market testing is to ascertain if there is a viable competitive market for the service. The soft market testing undertaken in May 2015 demonstrated a strong market. Durham County Council will procure the 0 – 5 service through a competitive open process from April 2016.

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

12. 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. In County Durham there are 29,000 0 – 5 year olds.

Universal delivery

13. The national health visiting specification will be used to ensure all universal, mandated functions are delivered within County Durham. To comply with a caseload of no more than 300 families per health visitor a minimum of 96 health visitors will need to be employed.
14. In addition to the national specification local level priority programmes and staff teams will be included in the County Durham specification.
 - Breastfeeding peer support volunteer programme
 - Stronger Families
 - Supporting community parenting volunteers
 - Implementing the integrated 2 – 2.5 year 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

15. In addition to the universal health visitor role the national health visitor specification refers to a targeted more intensive delivery model for vulnerable families requiring more in-depth interventions. There is further work to be completed to finalise the detail but there will be a requirement in the County Durham specification to develop a 'vulnerable parent pathway' which would commence in the antenatal period (pregnancy) through to the integrated 2 -2.5 year check (and beyond this age if required). Health visitors would work to an intensive delivery model working closely with the County Durham Stronger Families programme.
16. County Durham's child protection trend data indicates >60% of cases are neglect related and linked to parents with mental health issues, substance misuse or suffering domestic abuse (toxic trio). Recent serious case reviews have highlighted lessons learnt regarding the need for intervening sooner and better integrated working.

17. Identifying the target populations to meet 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 Family Nurse Partnership 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

Vulnerable Parent Pathway replacing Family Nurse Partnership

18. The FNP is a nationally licenced programme. FNP is currently a part of the 0 – 5 service transferring across to Durham County Council's commissioning responsibility as of 1st October 2015. The current FNP programme in County Durham is commissioned to reach 25% of first time pregnant teenagers. Whilst currently commissioned by NHS England to reach 25% of first time teenage parents the service delivers to approximately 20%. This is about 200 first time teenage parents within the service at any one time.

19. The FNP evidence base is strong in American literature. However it should be noted that in America there is no universal health visiting service so comparing the FNP intervention in America to England where there is a comprehensive health visiting service already in existence is not comparing like with like. An English research study looking at FNP outcomes was due for publication in 2014 but the outcomes are still pending some 15 months late.

20. FNP is a targeted programme which complements the healthy child programme (HCP). Participation is voluntary. When a mother joins FNP the HCP is delivered by a family nurse rather than a Health Visitor. A family nurse works intensively with a mother from 16 weeks pregnancy until the child turns two years old. The outcomes from FNP are good for both the mother and the child but the reach of the programme is limited.

21. The remaining 80% of pregnant teenagers receive the health visitor led teen parent pathway. Having reviewed all the available evidence, considered the principle of equity and re-examined the health inequalities in County Durham, DCC wish to move away from the FNP programme and deliver an enhanced vulnerable parent pathway instead. The vulnerable parent pathway will be developed for *all* identified vulnerable teenage parents as of 1st April 2016 in addition to other vulnerable groups such as those listed in section 18.

22. A transition plan and communications strategy will be required to support the change in delivery from FNP to an enhanced vulnerable parent pathway.

23. During the transition from FNP programme to the vulnerable parent pathway stakeholders and service users will have the opportunity to participate in the design of the vulnerable parent pathway.

Specialist Health Visitors and Community Practice Teachers (CPTs)

24. 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. All specialist health visitors will receive regular supervision and top up training from services such as drug and alcohol services and mental health services to ensure pathways are managed to appropriately care for vulnerable families. Another group of 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.

Breastfeeding peer support coordinator and Nursery Nurses

25. 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.
26. Nursery Nurses/ Early Years Practitioners are a critical part of the team to work with families and groups in the community on parenting programmes. Their role is to offer 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.

Section Two: 5 – 19 public health school nursing service

Background

27. 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 nurse¹ 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 universalism² 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

28. The County Durham school nursing service is currently provided by County Durham and Darlington Foundation Trust (CDDFT). 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 was multi factorial and included:

- 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.
- 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.

¹ DH (2014) Maximising the school nursing team contribution to the public health of school aged children

² Marmot (2011) Fair society healthy lives

29. The review commenced in October 2014 and finished in June 2015. A new service specification to go out to open market to procure a provider. The review process has been supported by a multi-agency advisory board and an internal commissioning support group.
30. 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

31. 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 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 included:

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, and 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

32. 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 go through 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:

33. 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.
34. 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.
35. National Child Measurement Programme (NCMP) is a mandated responsibility for Durham County Council and will continue.

Core offer to mainstream schools / universal

36. All schools across County Durham can expect a core offer in the new specification. It is anticipated that the new service provider 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 dependent on how the new provider meets the service specification.
37. The SCPHN (school nurse) 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.

Specific delivery will include

38. Health improvement school based delivery will be offered to groups 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.

39. 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.

40. 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 (including self harm), 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.

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

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

42. 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.

Safeguarding

43. At the June 2015 Local Safeguarding Children Board (LSCB) meeting the proposed changes to the safeguarding pathway were endorsed. 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.

Marketing and branding

44. 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.

Recommendations

45. The children and young people's overview and scrutiny committee is asked to

- Note the contents of the report.

Contact: Gill O'Neill, Consultant in Public Health
Tel: 03000 267696

Appendix 1: Implications

Finance

The proposed financial envelope is being considered in light of national public health grant. This is sensitive information due to open procurement procedures

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 and provider will continue to undertake consultation with service users as applicable

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 has been completed

Legal Implications

The project board is receiving legal advice as required.