

Overview and Scrutiny Children and Young People

7th November 2017



0 -19 Growing Healthy Service Update

Report of Amanda Healey Director of Public Health

Purpose of the Report

- 1 The purpose of this report is to provide an update to the Children and Young people's overview and scrutiny committee on the 0-19 Growing Healthy service (0 – 5 Health visitor and 5 – 19 school nursing).

Background

- 2 Local authorities are responsible for the commissioning of the 0-19 Healthy Child Programme (HCP).
- 3 In April 2016 County Durham 0-19 contracts (which includes the Health Visiting and school nursing services) transferred to HDFT from the incumbent provider. The Trust has worked with DCC Public Health commissioners to ensure the delivery the Healthy Child Programme in a way that ensures equality of access, taking in to consideration:
 - (a) The geographical spread and diverse population of the area and the very different needs of each locality.
 - (b) The requirements of the service specifications.
 - (c) Proactive communication and engagement to ensure that families, children and young people have the ability and desire to proactively engage with the 0-19 services including those who experience physical, language and/or cultural barriers.
 - (d) The need to expand availability of the service throughout the year and in terms of daily access, including expanded hours and weekend working when this meets the needs of communities.

Service Developments

- 4 Over the last 12 months HDFT have strengthened the training of the 0-19 workforce to ensure they remain skilled, competent practitioners who deliver an evidence based service to the population. This has included:
 - (a) The Institute of Health Visiting training on perinatal mental health and infant mental health.
 - (b) The Institute of Health Visiting training on Infant Feeding, diet and nutrition.
 - (c) Training on Infant attachment and Baby Brain Development through Solihull and Braselton training.

(d) Worked with other agencies to provide training to staff on brief interventions on alcohol and substance misuse. Our 5-19 workforce will be trained in mental health first aid in 2017-18.

5 The 0-19 workforce has been co-located with Local Authority colleagues to ensure to maximise resources to meet the needs of families.

Performance

6 The 0-19 Growing Healthy service is supported through robust performance framework. Quarterly contract and performance meetings ensure both quantitative data and qualitative information is provided via a comprehensive performance dashboard. HDFT have developed a robust monthly performance management process including a consistent data validation, a regular record keeping audit and the submission of case studies and patient stories. Performance management also includes patient experience, complaints and compliments ensuring that the patient voice is heard. The impact and outcomes of the service is key with a proactive continual service and quality improvement.

7 The 5 key visits from the Health Visitor are mandated, and all families can expect these under the universal level of service. Comparative performance with latest data is shown below:

5 key Visits	Target	Latest Performance Q1 2017/18	Comparative Performance Q1 2016/17
Antenatal	95%	93.8%	82.5%
New baby	95%	95.2%	89.1%
6 – 8 weeks	95%	93.5%	87.5%
9 – 12 months	95%	94.9%	89.3%
2 – 2 ½ years	95%	94.5%	85.9%

The percentage of children with the ages and stages questionnaire (ASQ3) completed as part of the 2-2.5 year review improved from 86.7% in quarter 1 of 2016/17 to 98.3% in the same period of 2017/18.

8 The service is also in the process of reviewing case load weighting and county wide prioritisation models to ensure a standardised approach and performance improvement.

Growing Healthy School Nursing Service (5-19)

9 As public health nurses 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. 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, 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 provides a leadership and coordination function within the school setting, working with schools to develop a health profile of their pupils and to be able to proactively manage their health needs.

Core offer to Schools

- 10 All schools across County Durham can expect a core offer. The 5-19 Growing Healthy service works to geographical communities of learning clusters (CoLs), of which there are 15 in County Durham.
- 11 The school nurse meets on a termly basis with schools and cluster stakeholders to assess health needs of young people in that locality. On an annual basis they will develop a school health profile to proactively plan for the health needs of the population. Training and support will be offered to schools and CoLs including additional bespoke sessions for individual schools.
- 12 County Durham has ten special schools to meet the specific needs of children with special educational needs (SEND); 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 in the core offer, special schools across the county can expect a more intensive public health school nurse service.

Specific delivery includes:

- 13 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:

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

- (a) Relationships & Sexual health: puberty, contraception, STIs, accessing services with confidence.
 - (b) 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.
 - (c) 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.
 - (d) Preparing for more independent living. Year 10 pupils need to understand how to access health services with confidence.
- 14 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.
- (a) Primary to secondary parent engagement events.
 - (b) Secondary to college/university parent engagement events.
- 15 One to one support for young people available not only within the school setting but also at community venues appropriate for young people. Staff are trained to deliver on all topics including low level mental health issues (including self harm), stop smoking advice, contraception and alcohol brief interventions.
- 16 Primary mental health care nurses provide training, advice and supervision to the workforce to ensure school nurses are equipped to manage low level mental health issues.
- 17 Text messaging and social media will be available in addition to face to face contact for young people.

Improving Patient Experience

- 18 HDFT Growing Healthy staff in County Durham took part in the Young People Takeover Challenge. Young people joined the service teams to look at some key priorities and develop solutions together. Breast feeding health promotion in schools has also been adapted in line with the discussions with young people. This take over challenge will be repeating this in November 2017. These young people are now included on interview panels for the recruitment of staff in the 0-19 service.
- 19 County Durham has achieved Young Carers Charter accreditation. The key question regarding young carers is included in all our family health needs assessments and support promoted through the 0-19 teams for this group of children and young people.

- 20 The service has developed a robust Patient Experience Tool which includes the use of comments cards, a questionnaire via a telephone contact and the Friends and Family Test.

Exploring Innovative Practice

- 21 The Growing Healthy Brand was developed in consultation with children, young people and families. The brand has been promoted through the “Growing Healthy Bus” in County Durham. The bus visited schools, colleges and community venues from September 2016 until July 2017 and has been successful in reaching out to over 20,000 young people with health promotion messages whilst promoting the role of the school nurse. This included a presence at Beamish museum and the ‘BikeWise’ event.
- 22 The 0-19 Growing Healthy service has worked with HDFT colleagues in the communications team to develop the use of social media with teams having their own Facebook pages, Twitter accounts and lately, Instagram. The Growing Healthy Bus now has 300 followers and this format is used to promote health messages and to engage with our service users as we never have before. The teams have also developed a text messaging service, not only to engage clients with health promotion messages but to reduce the number of ineffective visits.
- 23 The implementation of agile working solution which provides all 0-19 practitioners with access to mobile working solutions which will create further efficiency the 0-19 teams.

Developing Clinical Practice

- 24 The 0-19 Growing Healthy service has worked with Tees, Esk and Wear Valley Mental Health Trust (TEWV) to employ five Emotional Resilience Nurses in line with the 5-19 School nursing service specification. These nurses work alongside the school nursing team to address emotional health issues with students in secondary schools and work within a locality base. A significant part of their role is to support schools through:
- (a) Developing strategies to ensure the emotional and wellbeing needs of the whole school population are identified and prioritised through resilience programmes
 - (b) Ensuring effective collaboration between all relevant agencies to identify and implement the best approach to meet the mental health and emotional needs of children and young people
 - (c) Facilitating links and referral pathways across services including referral to specialist CAMHS (tier 2 and 3 services)
 - (d) The teams also have been responsible for the delivery of the Youth Awareness in Mental Health programme to Year 9 students.

This innovation in School Nursing was presented at the Biennial School Nurses International Conference in San Francisco in July 2017 by a member of the HDFT 0-19 service team.

- 25 The Department of Education (DoE) recently met with DCC commissioners, HDFT service providers and academics from the University of Teesside to discuss lessons learned and experiences from the County Durham YAM pilot to help inform the rolling out the DoE national YAM pilot.
- 26 HDFT have worked with colleagues from Public Health England to develop a leadership training course specifically for 0-19 staff. This leadership training has been delivered to 50 Health Visitors who will roll out the training to colleagues. This programme aims to develop leadership skills, supporting staff to take on leadership roles in the community.
- 27 Universal school health profiling has been implemented to identify local need and ensure effective targeting of school nurse resources. A school health profile is undertaken by the school nurse in collaboration with the school (where possible) and an agreed action plan agreed for the school that meets the needs of the children and young people. For 2017-18 the quarterly scorecard will vary for each locality dependant on the needs of each locality area to provide assurance that the service is providing appropriate support based on the needs of service users.
- 28 Developed a process for improving the early identification of children with special educational needs through the HV 2-2 ½ year check with a clear integrated pathway to meet the needs of children and families. This will be supported by the introduction of a revised staffing structure for children with SEND to improve the range of support provided.
- 29 The integrated vulnerable parent pathway was implemented by the 0-19 team in February 2017. This was developed in response to the decommissioning of the Family Nurse Partnership (FNP), and lessons learned from recent serious case reviews which have highlighted to identify and intervene at an earlier stage and more proactively. The VPP has been developed as a core element of the 0-19 health visiting and school nursing service to support those families with greater needs. Those families that are identified as requiring greater support would access the pathway in the antenatal period and would remain on the pathway until the child reaches two and a half years old. The pathway will be continually monitored in relation to referrals and activity. An audit of impact and outcomes will be undertaken after 2½ years when the first cohort has completed the pathway
- 30 HDFT have launched a Multi-Agency Screening Team. The multi-agency team are screening referrals to the health and social care children's services to ensure that referrals are signposted to the correct agency. This was the winner of the Local Government Chronicle Awards Partnership of the Year Award 2017.

- 31 The home environment checklist has been implemented into routine practice. The Home Environment Assessment Tool is designed to help practitioners identify those families where there may be early signs of neglect so that swift action can be taken to address and support families to improve home conditions for their children. It is one of the tools that sits within the Single Assessment Framework and is not intended to be used in isolation of the Single Assessment process and procedure, and should form part of the overall assessments carried out.
- 32 In June 2017 the 0-19 team were recredited at full Unicef Baby Friendly accreditation. Alongside our maternity colleagues in CDDFT. The team will be applying for the Gold Award in 2018.
- 33 Clinical champions have been established

HDFT Summary

- 34 From April 2016 HDFT significantly increased their provision of Community Children's Service to include County Durham, Darlington and Middlesbrough. This is in addition to the services historically managed in North Yorkshire. The expansion of services has enabled the best practice and develop innovation across a large geographical area.
- 35 In particular HDFT have worked with partner agencies to develop high quality services for children, young people and their families. This has included development of a Multi-Agency Screening Team for referrals (winner of the Local Government Chronicle Awards Partnership of the Year Award 2017), delivery of Phase 1 of Youth Awareness in Mental Health training to School Nurses (which we are presenting at the Biennial School Nurses International Conference in July) and collaboration action plans with local children's social care providers.
- 36 In 2017-18 dedicated 0-19 growing healthy staff will continue to provide services that focus on the needs of children and young people making use of technology and using feedback from service users and partner agencies to develop a culture of continuous improvement in the services we provide.

Recommendations

- 37 The children and young people's overview and scrutiny committee is asked to note the contents of the report.

Appendix 1: Implications

Finance

None

Staffing

None

Risk

None

Equality and Diversity / Public Sector Equality Duty

None

Accommodation

None

Crime and Disorder

Not applicable

Human Rights

Not applicable

Consultation

Completed

Procurement

Completed

Disability Issues

EIA has been completed

Legal Implications

Not applicable

Appendix 2: Vulnerable Parent Pathway - Contacts

Pathway

- Antenatal Risk Assessment Received from Midwifery Team If vulnerabilities are identified Initiate Vulnerable Parent Pathway:
- Offer of a referral to specialist services dependent on vulnerability identified for example, Domestic Abuse – Harbour, Lifeline
- Patient Experience Tool to be completed when child reaches 12 months and 2 ½ years
- Chronology to be commenced in the ante natal period and built upon throughout the pathway.

VPP Care Plan (Contacts)

- Antenatal Risk Assessment Received from Midwifery Team If vulnerabilities are identified Initiate Vulnerable Parent Pathway:
- Offer of a referral to specialist services dependent on vulnerability identified for example, Domestic Abuse – Harbour, Lifeline
- Patient Experience Tool to be completed when child reaches 12 months and again at 2 ½ years
- Chronology to be commenced in the ante natal period and built upon throughout the pathway.
- Joint home visit with Midwife and HV
- Arrange TAF meeting if required
- **Antenatal Contact 1** (28-32 weeks gestation) Home Visit (Antenatal Template):
 - FHNA to be completed
 - If following assessment, finances are an issue, undertake a brief financial assessment in relation to family finances.
 - Enrol onto Stronger Family programme, contact/signpost family Employment Advisor for employment/benefit advice to support accessing the Stronger Family Fund.
 - Fire Safety discussed – appropriate referrals
 - Groups and relationships to be documented – all significant family members and professionals working with the family.
 - Introduce HV service – discuss role and pathway content
 - Signpost to family/children/parenting focused groups within the area
 - Baby Buddy App
 - Provide Solihull Info
 - Refer to HV resource pack for information to be shared/given to parents

- Parents to be offered Antenatal Solihull Programme by Midwifery Team/HV Team.
- **Antenatal Contact 2** (32+ weeks gestation) Home Visit:
 - Joint home visit with Midwife
 - Refer family to Community Parenting Volunteer Service.
 - Refer family to Wellbeing for Life Service if required
 - Discuss use of the Home Environment Assessment Tool
 - Genogram to be evident in SystmOne and completed
 - Family/professional led visit
- **Primary Visit** Template (10-14 days) Home Visit:
 - Baby Cues
 - FHNA to be built upon using the My World Triangle
 - Provide Solihull Information
 - Genogram to be reviewed
 - Refer to HV resource pack for information to be shared/given to parents
- **4 week Home Visit:**
 - Provide Solihull Information
 - FHNA to be built upon using the My World Triangle.
 - NBO – Refer for NBAS. Link to Baby Brain Development
 - Baby Cues
 - Home Safety
 - Self Esteem
 - Adjustment to parenthood discussed
 - Realistic Parenting Expectations discussed
 - Future aspirations of the family – signpost/refer as required
 - Review Stronger Family Nomination. Apply for the aspects of the programme that the family require.
 - Genogram to be reviewed
 - Refer to HV resource pack for information to be shared/given to parents
- **6 week Home Visit:**
 - CASH advice – leaflet to be given to underpin services within the local area.
 - Home Environment Assessment Tool to be completed. Practice Guidance
 - Genogram to be reviewed
 - FHNA to be built upon using the My World Triangle
 - ASQ-3 Tool.
 - ASQ-3 SE Tool.

- Refer to HV resource pack for information to be shared/given to parents
- **8 week – GP contact** (Child - developmental review and Immunisations) (Mother – Emotional Health and Contraception). HV to review PCHR and scan carbon copy onto SystemOne.
- **10 week Home Visit:**
 - NBAS to be completed (Bonding and Attachment) by NBAS lead for the locality
- **12 week – GP contact** (Child – Immunisations). HV to review PCHR and ensure that information is on SystemOne.
- **12-16 week assessment Template**
 - Provide Solihull Info
 - ASQ-3 Tool.
 - ASQ-SE Tool
 - Home safety
 - Genogram to be reviewed
 - FHNA to be built upon using the My World Triangle
 - Refer to HV resource pack for information to be shared/given to parents
- **16 week – GP contact** (Child – Immunisations). HV to review PCHR and ensure that information is on SystemOne.
- **20-24 week Home Visit** HV or Early Years Practitioner (EYP)
 - Provide Solihull Info
 - Home safety
 - Family Diet/What constitutes a healthy lifestyle discussed.
 - Discuss child development and promotion of this in depth, for example, Talking, Play, and Reading. ASQ-3/ASQ-SE Intervention sheets to underpin discussions.
 - Refer to HV resource pack for information to be shared/given to parents
- **28 weeks Home Visit:**
 - Discuss common childhood illnesses, management of these and when to attend OOH/A&E provision alongside contact details
 - Genogram to be reviewed
 - FHNA to be built upon using the My World Triangle
 - Home safety

- **9-12 month assessment Template (11 months):**
 - Maternal Mental Health
 - Provide Solihull Info
 - ASQ-3 Tool.
 - ASQ-SE Tool.
 - Home safety
 - Genogram to be reviewed
 - FHNA to be built upon using the My World Triangle
 - Refer to HV resource pack for information to be shared/given to parents

- **12 months Home Visit:**
 - Parent Led Discussion
 - Genogram to be reviewed
 - FHNA to be built upon using the My World Triangle
 - Discussion in relation to next steps re VPP/Support

- **13 month – GP contact (Child – Immunisations).** HV to review PCHR and ensure that information is on SystemOne.

- **HV contact to be bi monthly until the 2-2.5 year contact –** parent/professional led discussion dependent on family need. Genogram to be reviewed at all contacts. FHNA to be built upon using the My World Triangle at all contacts.

- **2-2.5 year assessment Template (This will be an Integrated Review):**
 - Provide Solihull Information
 - Two year Nursery placement
 - ASQ-3 Tool.
 - ASQ-SE Tool.
 - Home safety
 - Genogram to be reviewed
 - FHNA to be built upon using the My World Triangle.
 - Refer to HV resource pack for information to be shared/given to parents