Integrated Healthy Child Programme 0-19 years: Overview of Health Visiting and School Nursing Service Specification (public health nursing).

1. Improving Outcomes

Herefordshire Council is seeking to better integrate school nursing and health visiting services with early years and early help service plans. The council intends to develop an options appraisal by December 2016 which takes account of the scrutiny committee findings and the children and young people's priorities and plan.
The health and wellbeing strategy (2015) and joint strategic needs assessment refresh (2016) sets out the importance of the universal healthy child programme (HCP) pregnancy (0) to 19 years and the significant contribution of the public health workforce, particularly in relation to reducing health and social inequalities.

The intention to integrate these services shall enable economies, cost efficiencies and better joint working across the wider children's workforce. The model has been informed by national and regional best practice and evidence (i.e. through the call to action and research).Through local engagement with mothers and young people (see section 8). Further local engagement and consultation shall be included in the plan.

The proposed model meets the recommendations of the All Party Parliamentary Group (2016) which are:

- A good local primary prevention approach with good universal services.
- Central role of children' centres (to be determined).
- Universal early identification of need for extra support.
- Good antenatal services.
- Good specialised perinatal mental health services (not currently available locally).
- Universal assessment and support for good attunement between parent and baby.
- Prevention of child maltreatment.

The integrated services will build on the existing services to provide the following outcomes:

1.1 To deliver the 'six high impacts changes' for the 0-5 year old children and their families:

- Transition to parenthood and the early weeks.

- Maternal mental health (perinatal depression).

- Breastfeeding (initiation and duration).

- Healthy weight, healthy nutrition and physical activity;
  a) HV to monitor and record growth in line with HCP assessments and give appropriate health promotional guidance and referral with parental consent.

- Managing minor illness and reducing hospital attendance and admission;
  a) deliver interventions in line with Royal Society for the Prevention of Accidents (RoSPA) and/or latest best practice;

b) to target interventions based on the latest Hospital episode data: HVs service to prioritise the following areas of prevention: reductions in head injury; falls; burns (including injuries from hot liquids whilst breast feeding) and poisoning.

- Health, wellbeing and development of the child age 2 – 2.5 year old integrated review and support to be 'ready for school' (ref: *Department for Education (2014) Early years foundation stage profile attainment by pupil characteristics, England 2014).*

1.2 To deliver the 'six high impacts changes' for the 5-19 year old young person and their family:

- building resilience and improving emotional health and wellbeing as highlighted in Future in Mind, working closely with schools, parents and local services;
- keeping safe, managing risk and reducing harm – including child sexual abuse and exploitation (CSE);
- healthy lifestyles – including reducing childhood obesity and increasing physical activity;
- maximising achievement and learning – helping children to realise their potential and reducing inequalities;
- supporting additional health needs* – supporting children with special educational needs and disability (SEND) in line with the SEND reforms;
- transition and preparing for adulthood – aligning with the NHS Five Year Forward View (self-care and prevention agenda).

**public health nurses provide a public health and 'non clinical' service to children with special needs. The clinical service is commissioned by HCCG and is not part of this contract.*

1.3 To deliver the agreed public health outcomes:

Table 1: Public health domain framework

Domain 1	Improving the wider determinants of health	1.01 Children in poverty 1.02 School readiness 1.03 Pupil absence 1.04 First time entrants to the youth justice system 1.05 NEETs 1.10 Road casualties 1.11 Domestic Abuse 1.10 Killed and seriously injured causalities on England's road 1.13 Re-offending levels 1.15 Homelessness 1.16 Utilisation of outdoor space for exercise/health reasons
Domain 2	Health improvement	2.01 Low birth weight 2.02 Breastfeeding 2.03 Smoking at delivery 2.04 Under 18 conceptions 2.06 excess weight 4-5 & 10-11 year 2.07 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0 -14 and 15 - 24 years

		2.08 Emotional wellbeing of looked after children 2.09 Smoking at 15 years old (WAY survey) 2.10 Self harm 2.11 Diet 2.18 Alcohol related admissions 2.21 Antenatal and Neonatal screening 2.23 Self reporting well-being
Domain 3	Health protection	3.02 Chlamydia detection 3.03 Population vaccination coverage 3.05 TB
Domain 4	Health care, public health and preventing premature mortality	4.01 Infant mortality 4.02 Decaying teeth 4.3 Mortality rate from causes considered preventable 4.5 Under 75 mortality rate from cancer 4.6 Under 75 mortality rate from liver disease 4.7 Under 75 mortality rate from respiratory diseases 4.10 Suicide rate

Source PHE 2015

1.4 The services need to work closely with children centre services and midwifery to improve breast feeding rates where these are poorer than the national average. The funding for breast feeding was previously transferred to children centres and better integration shall enable better coordination and delivery of the UNICEF baby friendly standards which are currently only at level 1. The required level is level 3.

1.5 Herefordshire has a teenage conception rate of 26.0 per 1,000 girls aged 15-17 years in 2011 or 86 conceptions. It ranks fourth (in terms of performance) out of 15 comparator local authorities within the same national deprivation decile. This rate is not significantly different from the national rate of 30.7 per 1,000 girls. The new service will improve the outcomes identified above for young parents, where there is currently no intensive service offering.

1.5.1 Evidence shows that young parents are more likely to experience multiple risk factors, including increased prevalence of mental illness, poor attachment, joblessness and disadvantage. Teenage pregnancy, like child poverty, tends to follow inter-generational cycles. As Ermisch et al (2003) found, children disadvantaged by deprivation and poverty are at an increased risk of teenage pregnancy, especially those living in workless households, aged 11-15 years and who leave school at 16 with few or no qualifications.

Targeted support for young parents may be more likely to deliver the following outcomes depending on the severity of disadvantage and the wider determinants (Social Research Centre 2014):

- Reduced need for social care.
- Improved emotional and social wellbeing through strong parent child attachment, and positive parenting and family relationships
- Smoking reduced and not using cannabis.
- Living in rented accommodation.
- Eating more healthy meals.
- Fewer childhood accidents.
- Better language and communication development.
- Improved self-management of respiratory conditions .i.e. asthma.

- Appropriate use of primary, acute and urgent care services.
- Aspires to entire education in future years.
- Using contraceptives and improved relationships with family.

1.5.2 Health visitors are skilled at providing intensive support for vulnerable groups including young parents in the absence of a Family Nurse Partnership (FNP) model. The integrated service shall offer an intensive service for all adolescent parents, from booking to two years.

The service shall offer:

- consistency of carer and lead professional;
- involve parents in the co design and ongoing service improvement;
- improve access to education and employment;
- improve secure attachment and perinatal mental health;
- deliver the 6 high impact changes and include improved dental health and breast feeding;
- deliver outcomes in line with the Herefordshire family first outcomes framework where the family are identified as eligible for phase 2 of the *Troubled Families* programme.
- Develop and implement an accredited programme NVQ 1 as a minimum offer for the parents aged 15 years and over. This shall be in partnership with the council and education providers.

2. New opportunities through an integrated healthy child programme 0-19 years:

The following are areas are improvements to the current services: Funding for these schemes are reinvestments from the existing PH grant.

2.1 Integrating peer education (PE) into the HCP 0-19 programme in five secondary schools each year to focus on healthy lifestyles and improving awareness of child sexual exploitation. In addition, improving access to primary care through the introduction of You're Welcome standards in partnership with primary care.

2.2 Proposed fit families healthy weight programme (learning from Shropshire Council) to offer vulnerable young people who meet the required criteria, access to health advice and lifestyle coaching.

2.3 Recognition of the absence of current service provision for perinatal mental health which includes access to psychotherapy to improve poor attachment and infant mental health. A proposed new service offer in partnership with the third sector.

2.4 Improved alignment and integrated pathways in relation to early help and early years services i.e. registration with early years services; increasing access to the 2 year early education offer; improved access to language development and parenting programmes;

2.5 Recognition of the relative poor dental health of 5 year olds (currently 41%* dental caries which is worse than the national and regional averages). Proposal to better coordinate the dental health promotion offer; working closely with early years' providers and provision of dental packs at health assessments. **Data based on PHE 2014 dental health survey.*

2.6 Improved co-ordination and offer of pregnancy and post-natal parenting programmes in the most deprived area.

2.7 Named nurses for each school and improved access through new technologies.

2.8 Increase delivery of integrated two year assessment.

2.9 Continued improved performance in mandated assessments and ability to respond to new system developments.

2.10 Better able to measure client impact and deliver primary source data.

2.11 An integrated service model would include the following new features (not exhaustive):

- Key links to children centre services to include registration of all children and sharing agreed information and 2 year ASQ with parental consent.
- Targeted support for disadvantaged 2 year olds to encourage access to education.
- Coordinated community offer based on needs assessment to fully engage children centre advisory boards, schools and emerging community hubs.
- Full need assessment of each school and agreed action plan.
- Lead the UNICEF baby friendly initiative to level 3 working in partnership with midwives and local service coordinators.
- Annual needs assessment to inform JSNA.
- Improved social value offer to include peer led and volunteer programmes and apprenticeships i.e. ready steady mums (RSM) and adolescent peer support.
- Integrated care pathways which improve the client experience and reduce duplication.
- Improved focus on language development in partnership with local service coordinators.
- Improved links and joint working with the third sector to evaluate a care plan approach.
- Continued safe and effective management of cases where these do not meet the threshold of significant harm in partnership with other agencies and communities.
- Champions and specialist health visitors and school nurses who shall lead the way to reduce inequalities and ensure best practice with the following vulnerable groups: (in no particular order)

    - Gypsy Roma Traveller population
    - Supporting teenagers parents during pregnancy and up to 2 years old
    - Parents with mental health, learning and physical difficulties
    - Military families
    - Asylum seekers and migrant families
    - Families in poverty.

3. Service improvements and cost efficiencies as a result of integration are intended to be:

- Shared professional leadership and operational management.
- Deliver the community offer in line with locality plans and to advance social capital initiatives such as peer parenting and so on.
- Specialist practice in key areas of need and inequality: obesity; drugs and alcohol; smoking c; domestic violence, Roma, Gypsy Traveller and non-English speaking communities.
- Shared IT systems and improved technologies to advance mobile working, client management and outcome reporting.
- Improved transition planning, joint planning and delivery of services with schools and communities.
- Seamless care pathways to ensure effective transitions between early years and schools.
- Improved client experience due to less duplication and sharing of information.

4. Current provision

Health visitors and school nurses deliver regular drop in's and clinics, in addition to the reviews set out in table 1 below. Clinics are usually delivered in children centres or health centres. Valuable access to children centres or similar facility will encourage market development and enable more effective mobilisation.

Table 1 details the current provision including the mandated 0-5 year's healthy child programme. This provision shall continue as follows:

Table 1: High level summary of key public health interventions:

Review	Description	Delivered by	Commissioned by
Antenatal Review Mandated	A full health and social care assessment of needs, risks and choices by 12 weeks of pregnancy Identifying and sharing information about women. This booking assessment is generally undertaken in children centres.	Midwives or maternity healthcare professionals	NHS clinical commissioners (CCG)
	Antenatal screening for fetal conditions	Midwives or maternity healthcare professionals Screening services	NHS England
Antenatal health promoting visits	Includes preparation for parenthood Health and social assessment Healthy Start	Health Visitors (HV)	Herefordshire Council (HC)

Appendix 1; Healthy Child Programme 0-19 years

Review	Description	Delivered by	Commissioned by
By 72 hours	Physical examination – heart, hips, eyes, testes (boys), general examination and matters of concern	Midwives or maternity healthcare professionals	CCG
At 5 – 8 days (ideally 5 days)	Bloodspot screening	Midwives or maternity healthcare professionals Screening services	NHS England
New Baby Review Mandated	Face-to-face review by 14 days with mother and father to include: Infant feeding; promoting sensitive parenting; promoting development; assessing maternal mental Health; sudden infant death; Keeping safe. If parents wish or there are professional concerns: An assessment of baby's growth. On-going review and monitoring of the baby's health. Safeguarding	HV	Herefordshire Council
6 – 8 Week Assessment Mandated	Includes: On-going support with breastfeeding involving both parents. Assessing maternal mental health	HV	Herefordshire Council
	Health review and comprehensive physical examination of the baby with emphasis on eyes, heart and hips (and testes for boys)	GPs (physical examination of the baby)	NHS England
3-4 month review	Targeted based upon need	HV	Herefordshire Council
By 1 Year Mandated	Includes: - Assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors - Supporting parenting, provide parents with information about attachment and the type of developmental issues that they may now encounter - Monitoring growth - Health promotion, raise awareness of dental health and prevention, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention	HV	Herefordshire Council

Appendix 1; Healthy Child Programme 0-19 years

Review	Description	Delivered by	Commissioned by
By 2 – 2½ Years Mandated	Includes: - Review with parents the child's social, emotional, behavioural and language development - Respond to any parental concerns about physical health, growth, development, hearing and vision Offer parents guidance on behaviour management and opportunity to share concerns. Offer parent information on what to do if worried about their child. Promote language development. Encourage and support to take up early years education. Give health information and guidance. Review immunisation status. Offer advice on nutrition and physical activity for the family. Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information. This review should be integrated with the Early Years Foundation Stage two year old summary as appropriate to the needs of the children and families.	HV	Herefordshire Council
3-5 years	Targeted reviews and support based upon need.	HV	Herefordshire Council
3-5 years	Vision screening – outreach in schools (TBC)	Acute services	CCG
4-5 years	Transition to school. Inform the EHC- Education, Health Care plan where no clinical intervention. School entry HCP review to inform needs assessments and school plan. On ward referral as appropriate. Statutory National Child Measurement Programme	HV and School Nurse	Herefordshire Council
5- 14 years	Immunisations and health protection https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500213/9406_PHE_2016_Routine_Childhood_Immunisation_Schedule_A4_04.pdf	GP NHS England	NHS England
10-11 years	Statutory National Child Measurement Programme https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/487707/NCMPguidance201516FINAL.PDF	School Nurse	Herefordshire Council

Review	Description	Delivered by	Commissioned by
All school age	Regular school drop in service and access to the school nurse. Targeted support to meet identified needs.	School Nurse	Herefordshire Council

The service specification is currently being developed and sets out a description of public health's children and young people's health and wellbeing programme and provider expectations. It takes into account key national, local evidence and drivers to ensure the public health elements of the Healthy Child Programme 0-19 years (DH 2009) is offered to all children and young people with targeted and additional support provided where needed (including safeguarding).

5. Key areas for improvement in Herefordshire include (PHE 2015)

Herefordshire has lower than expected outcomes for some children and young people; particularly relating to dental health, school readiness (EYFS), breastfeeding, and obesity.The following are high level improvements included in the new specification and based on need:

- Achieving the best possible overall physical and mental health and well-being of children and families- applying evidence based health assessments and approaches. Sign posting to NHS and other key agencies where additional need i.e. special needs children and development delay; maternal and child mental health.

- Improving immunisation rates among children 0-5 years. Currently not all children are fully immunised which is a health protection risk. This varies across Herefordshire. HVs are targeting gaps and leading children centre interventions. They need to be better linked to early years' providers which a new contract shall deliver.

- Strategies to reduce tooth decay (worse than regional and England average) - all HVs shall be linked to early years providers with immediate effect and, prospectively to all schools. HVs are responsible for offering all parents dental packs and education during health assessments.

- Improving local breastfeeding initiation (current 75.5%) and prevalence at 6-8 weeks (continuation) rates (48%) which is slightly higher than England average. HVs and Midwives shall lead the UNICEF baby friendly standards aligned to the children centre services, as the funding to deliver breast feeding peer support is currently in the children centre budget. This arrangement shall be reviewed alongside the early year's project.

- Focus on reducing inequalities especially for the most vulnerable and non-English speaking children (see JSNA 2016). HVs will assess all children, refer to specialist services; signpost and deliver family focused and community interventions with partners where appropriate. HVs routinely screen for communication, behavioural and development delay and offer targeted support.

- Improved smoking cessation rates during pregnancy (14%) and early childhood (worse than England and regional averages). Partnerships with maternity services to develop integrated pathways which access help 2 Quit services early.

- 25% of maternities are obese (WVT 2016), HVs are key to leading the development of HCP pathways with Midwives. This work is being developed.

- 16-18 year olds NEET (worse than England and regional averages). Implementing intensive teenage parenting based on evidenced approaches and improved PH nursing services with proposed youth work competencies, is intended to impact on outcomes for the most vulnerable.

- Hospital admission due to alcohol (worse than England and regional averages although numbers low (n20). A review of team competencies required to deliver interventions in partnership with Police and Substance Misuse services for example are required. Peer education approaches are being proposed with Police, youth engagement and safeguarding specialists.

- 21.6 % of reception children are obese, HV and SNs are developing plans with schools and leisure services to improve health education and develop integrated pathways. This is in its infancy and there appears to be a lack of healthy weight approaches and services for children and young people. There is evidence that schools have a key role supported by public health nurses, children centre and leisure services for example. The links with mental health and obesity; and obesity and dental health are evident. Herefordshire requires a remobilisation of HVing and SNing to lead integrated pathways.

- Improvement parent and child attachment and reduce incidence of 'disorganised attachment', the latter may result in escalation of cases into social care. Midwives and Health Visitors are key to informing risk and signposting to psycho therapeutic support through an evidenced based programme such as Parent and Infant partnership programme (PIP);

- Ensuring all children are ready for school is a key priority; this includes the requirement for children to be able to communicate; have started to read and write (within developmental limits), and be continent (clean and dry). HVs working with partners shall ensure that children are ready to learn (where appropriate) prior to school admission.

- Safeguarding children and reducing harm. SN and HV services are vital to increasing an awareness and early identification of CSE and FGM.

6. Heathy child programme 0-19 years key priorities:

6.1 Reducing Obesity

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. This data can be used at a national level to support local public health initiatives and inform the local planning and delivery of services for children. Participation rates in Herefordshire were 96% in Reception and 90% in Year 6. Participation rates nationally

were 96% and 94% respectively.

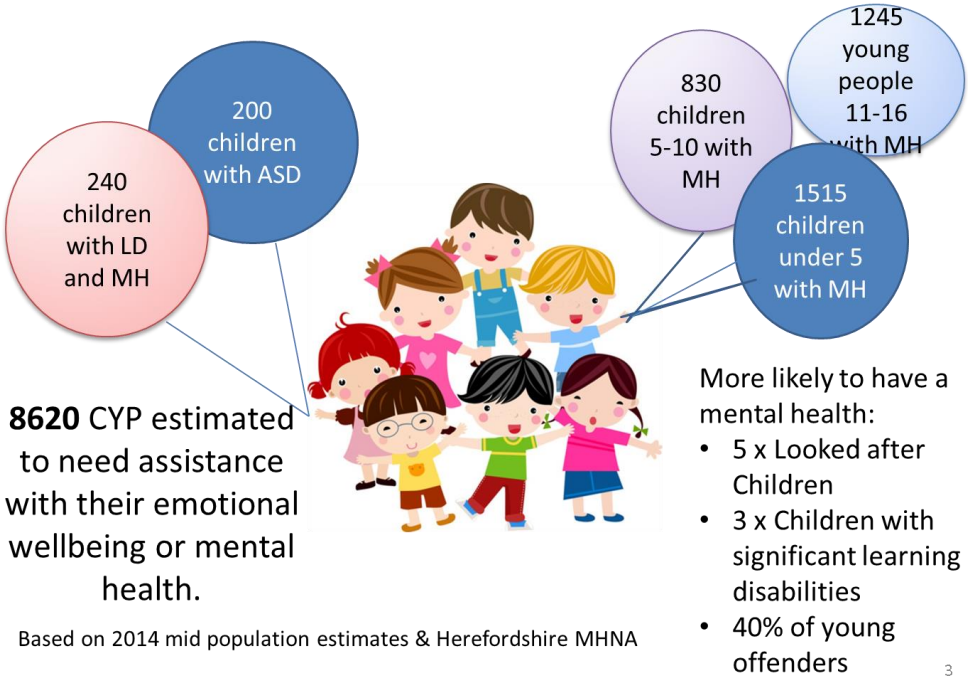
In Herefordshire 21.6% of reception children were deemed to be overweight or obese and 32.1% of year 6 pupils the same. Both figures represent a rise on 2013-14 when comparable figures showed 19.3% of Reception and 31.1% of Year 6 pupils were overweight or obese. Meanwhile, the percentage of pupils nationally deemed to be overweight or obese has fallen both for reception (22.5% in 2013-14 to 21.9% in 2014-15) and Year 6 (33.5% in 2013-14 to 33.2% in 2014-15).As a result Herefordshire's ranking, in terms of the lowest percentage of overweight or obese pupils, has fallen from 13 to 63 for pupils in Reception and 41 to 51 for those in Year 6.

The health visitor school nurse services contribute to the broader agenda of health and wellbeing which includes the impact on health and social services of overweight or obesity such as diabetes and cardiac disease.

6.2 Improving mental and emotional wellbeing

In Herefordshire, an estimated 8,620 children and young people require support with their mental health or emotional resilience.

Figure 2: Mental Health Prevalence



The Herefordshire mental health needs assessment (March 2015) recommended the need to:

- Enhance tiers 1 and 2 support for children and young people
- Improve the availability and quality of information available on mental health and well-being to young people, parents and carers
- Improve professionals' knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral routes

- Improve collaboration between service providers in the identification and response to emotional health, well-being and mental health need
- Development of comprehensive referral care pathway using a 'stepped' model.

School Nurses and Health Visitors in partnership with others shall contribute to the assessment recommendations and make a significant contribution to prevention and early identification by providing:

- Timely information, advice and support to promote the well-being of children and young people and support for parents, carers and practitioners.
- Recovery and avoidance of crisis. There is evidence-based practice to inform this area.
- Raise awareness of mental health and emotional well-being in children and young people and contribute to addressing the stigma associated with it. More young people able to talk about mental health and reduce the isolation felt by children and young people seeking help with their mental health.

7. High Level 0-19 year's outcomes

Age	High Level Outcome	High Level Specification Description	Lead Professional/access point
0-5	Starting well (H&WB Strategy and CYP Plan)	Full delivery of the HCP. Antenatal and Perinatal programmes. Dental health promotion in preschool settings and HCP assessments. 5 mandated universal offer Improving breast feeding rates. Healthy weight and nutrition. Speech and Language programmes. Improving immunisation rates. Early identification and brief interventions re child emotional and mental health.	Health Visiting *Partners inc:* *Primary care* *CCG Maternity* *Children Centres* *Early Years services* *Schools*
0-5 Families	Confident and competent parenting	Improved choice and confidence during pregnancy and birth (working with MWs and HVs). Maternal mental health: Prevention; early identification and intervention. Early help and parenting interventions. Improved access to early years education offer. Improved attachment and reduced social isolation. Smoking cessation and healthy lifestyle programmes.	HV *Partners inc:* *Primary care* *CCG Maternity* *Children Centres* *Early Years services* *Psychotherapy*

Appendix 1; Healthy Child Programme 0-19 years

Age	High Level Outcome	High Level Specification Description	Lead Professional/access point
		Contribute to neighbour and community plans in a meaningful way.	
5-19	Healthy and happy young people who have aspirations for their future	Improve on line resources Improving emotional wellbeing and building resilience and preventing risky behaviours. Positive transitions to adulthood. Reducing school absence and exclusions. Improving health outcomes in areas of deprivation. Improving dental health. Reducing hospital admissions due to unintentional or deliberate injuries. Contribute to neighbour and community plans in a meaningful way.	School Nursing Decipher ASSIST *Partners inc:* *Primary Care* *CCG CAMHS* *Education* *PCC* *Community Safety* *Schools*
5-19	Young people are supported to develop the confidence to protect their health	Increasing physical activity and healthy eating behaviours inc. NCMP. Improving sexual health and relationship education. De-stigmatising asking for advice. Increasing population vaccination cover, particularly for vulnerable children. Reducing smoking; alcohol and drug use. Promote positive self-image.	School Nursing Decipher ASSIST *(as above)*
5-19	Provide targeted support for vulnerable groups	Support young people with long term conditions, chronic disease and disability to maintain their independence and good health. Improve health literacy.	School Nursing *Partners inc.* *CCG- clinical nursing* *Education*
All	Social Capital: Identify and harness community assets and encourage co production activities	All community elements of the Public Health programmes. Connecting to existing and emerging community programmes. Stimulate social networks through public health programmes. Building strengths within communities. Peer led parenting	HV/SN ASSIST *All Partners.* *Community* *Wellbeing*

8. Engagement

8.1 High level summary School feedback (AW 2016)

The team had the opportunity to visit a number of schools. The school nursing service needs to encourage full participation of the school and share best practice approaches. Delivery of emotional wellbeing is a significant concern to schools who suggest that they would appreciate a better understanding and access to services. School nurses are valued and staff appreciate regular drop in's. A key area of concern was access to sexual health advice. We have opportunities to work with other partners to agree a strategy i.e. Taurus has been approached to explore joint initiatives to develop peer education. Schools would value SNs having better access to technology to enable teachers and students to refer via text and web mail.

The National Institute for Health and Clinical Excellence (NICE) guidelines for social and emotional well-being in secondary education (NICE, 2009) recommend that secondary schools 'adopt an organisation-wide approach to promoting the social and emotional well-being of young people' (p.7). Langford et al. (2014) state, 'Investment in these formative years can prevent suffering, reduce inequity, create healthy and productive adults, and deliver social and economic dividends to nations. Schools are an obvious place to facilitate this investment' (p.34).

8.2 Young people and parent's feedback (sources: PHAST 2014; Health Watch 2015; Public Health 2016)

- Access to the school nurse through the VLE and mobile texting
- Help to sign post and to understand mental health issues
- Regular drop ins
- School nurses were valued as a trusted source of confidential, expert advice on health matters, "*Making sure that the school nurse is consistent and can be able to support students on a regular basis so that when students get the courage to make contact the nurse is there otherwise they might not try again*." (Secondary school pupil).
- Parents saw a key role for school nurses in prevention and health promotion for their children, "*They should be teaching on health relating issues in schools and community centres such as drug misuse, stopping smoking, dealing with stress, parenting skills*." (Parent) and "*More support in sexual health is needed*
- Young people wanted better access to transport to improve their independence and access to services. Reduced transport charges for students would be welcomed.
- Making GP practices welcoming and confidential as some young people perceived that living in a rural area "*everyone knows everyone's business"*
- Improved transition pathways from education.

Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing (DH 2015) describes school nursing as non-stigmatising and that HVs and SNs have a key role to play in offering universal assessment of need. Young people reported that access to GPs and explaining issues was challenging in Herefordshire. The You're Welcome standards have yet to be implemented.

References

All Party Parliamentary Group (2016) Building Great Britons: Shaping New Architecture. London. The Wave Trust. http://www.1001criticaldays.co.uk/buildinggreatbritonsreport.pdf.

Allen, G. (2011) *Early Intervention: The Next Steps an Independent Report to Her Majesty's Government.* London: Cabinet Office. Available at: https://www.gov.uk/government/publications/early-intervention-the-next-steps--2

DH (2009).The Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009) https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

DH (2009) Healthy Child Programme: From 5-19 years old http://www.rcpch.ac.uk/system/files/protected/education/HCP_from-5-19-years-old.pdf

DH (2011). You're Welcome – Quality criteria for young people friendly health services. London: Department of Health.

DH (2015) Future in mind**.** Promoting, protecting and improving our children and young people's mental health and wellbeing. London: Department of Health.

Heckman, J. (2008) Schools, Skills and Synapses. *Economic* Inquiry. 46 (3), July 2008, 289-324.

Marmot, M. (2010) Fair Society, Healthy Lives: a strategic review of health inequalities in England post-2010. The Marmot Review. Available at: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Moullin et al. (2014) Baby Bonds. The Sutton Trust

NHS Improving Quality (2015) Improving Access to Perinatal Mental Health Services in England- A Review. London. NHSIQ.

PHE (2015) The Healthy Child Programme rapid review to update evidence https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence

PHE (2016) Health Matters https://publichealthmatters.blog.gov.uk/2016/05/12/health-matters-giving-every-child-the-best-start-in-life/

Royal Society for Public Health (2014) The Views of Public Health Teams Working in Local Authorities Year 1. London: RSPH.