

Commissioning 0-19 Public Health Nursing Services

Additional Background Information

1. The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years. The Best Start for Life (2021) government guidance sets out how the council can improve public health outcomes for children, young people and families, with 6 key action areas identified:
 - Seamless support for families
 - a coherent joined up Start for Life offer available to all families
 - A welcoming hub for families
 - Family Hubs as a place for families to access Start for Life services.
 - The information families need when they need it - designing digital, virtual and telephone offers around the needs of the family
 - Developing a modern skilled workforce to meet the changing needs of families
 - Continually improving the Start for Life offer - improving data, evaluation, outcomes and proportionate inspection
 - Leadership for change - ensuring local and national accountability and building the economic case.
2. The 0-19 years public health nursing service delivers the Healthy Child Programme which aims to bring together health, education and other key partners to deliver an effective programme for prevention and support. Whilst recognising the contribution of other partners, there are some elements of the programme which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce, for example, health visiting.
3. The early years (0-5 years element) has regulations which require all families with babies to be offered 5 mandated health visitor reviews before their child reaches 2 and a half years old. The core public health offer for all children includes:
 - child health surveillance (including infant physical examination) and development reviews
 - child health protection and screening
 - information, advice and support for children, young people and families or carers
 - early intervention and targeted support for families with additional needs
 - health promotion and prevention by the multi-disciplinary team
 - defined support in early years and education settings for children with additional and complex health needs

- additional or targeted public health nursing support as identified in the Joint Strategic Needs Assessment, for example, support for children in care, young carers, or children of military families.
4. The public health nursing services provide universal and targeted support. Due to their close relationships with families or carers and community settings, including early years and education settings, the service is key in supporting Herefordshire's early help and prevention system. The Healthy Child Programme offers every family an evidence-based intervention programme consisting of screening tests, immunisations, developmental reviews and information and guidance to support parenting and making healthy choices. The programme aims to deliver important health checks and information that children and families need to receive if they are to achieve their optimum health and wellbeing.
 5. The Healthy Child Programme is universal in reach. It sets out a range of public health inputs in local places to build healthy communities for families and children and to reduce inequalities. It includes a schedule of interventions which range from services for all through extra help to intensive support. A core part of the service is the early year's high impact areas which are:
 - supporting transition to parenthood and the early weeks
 - supporting maternal and infant mental health
 - supporting breastfeeding (initiation and duration)
 - supporting healthy weight and healthy nutrition
 - improving health literacy
 - reducing accidents and minor illnesses
 - supporting health, wellbeing and development.
 6. The 5-19 years high impact areas build on early identification of children in need of support and focus on key priority areas, including:
 - supporting resilience and wellbeing
 - improving health behaviours and reducing risk taking
 - supporting healthy lifestyles
 - supporting vulnerable young people and improving health inequalities
 - supporting complex and additional health and wellbeing needs
 - supporting self-care and improving health literacy.

How these are delivered on the ground should reflect local needs and can be adapted to best meet the needs of the population it serves.

7. The current service was commissioned 5 years ago as a 0-19 years Integrated Public Health Nursing Service. However, this has effectively been delivered as two services through separate teams - health visiting and school nursing. This service model is being reviewed.
8. Currently, the council is in a position where children's services are going through a transformation programme of work and the public health nursing service is an integral part of this work and needs to be aligned across children's early help, early years and social care to ensure the best possible outcomes for families.

This needs to be a collaborative approach, which makes the best possible use of resources, budget and pathways across the system to ensure children and family's needs are met with the right support and intervention at the right time and ensure there is no overlap or duplication, eliminating risk factors and ensuring greater fusion between service deliverables.

9. Since the covid pandemic of 2019, the service has seen a significant increase in safeguarding cases which has resulted in staff being taken away from delivering some core work and prevention, though commissioners have worked with the service to minimise this. There has been no additional budget to support this increase.
10. Market testing carried out in November 2021 attracted four potential providers who expressed interest in the service.
11. The current service contract has already been extended by a further 12 month period to allow time for the children's transformation programme to be embedded.
12. By recommissioning the service, it allows opportunities to make service changes following consultation with service users and undertaking the assessment of needs. The pandemic has changed the way services are delivered and opened up opportunities for new innovative ways of meeting needs. The 2022 children and young people in Herefordshire needs analysis shows that the impact of the pandemic on children and families reflects increased anxieties and mental health issues in children & young people and children not being "school ready" at 4-5 years as well as a widening of the gap in relation to health inequalities. There is an opportunity through the recommissioning process to better improve outcomes for children and young people as part of a more integrated approach.

Consultation Feedback

1. Consultation with service users took place in the autumn 2021 through a variety of methods including an online survey and face to face consultations in children centres and a community group in Herefordshire. 60 people completed the on line questionnaire and a further 56 people were consulted face to face about the service. The face to face consultation took place with parents of children under 3 years. The consultation process took place after the Covid 19 pandemic and lockdowns, so many of the consultees that were interviewed had a very different experience of the service due to the effects of the pandemic on NHS services and some had delivered babies during the pandemic.
2. Families were generally not happy with the service that they had received. Feedback reported difficulties in getting hold of the service, calls not being returned, visits not being done on time, inconsistent advice and guidance given, not being aware who their health visitor or school nurse was. Some reported having very good experiences with the service and reported that staff were very supportive, helpful and were in regular contact with them. The school nursing service feedback showed that many primary schools were not aware there was a school nursing service or who their school nurse was. They also reported that when they had had contact with the service it was very good but they were very aware that the service was under resourced and not enough school nurses to support all schools so they didn't tend to use them.

3. Further consultation took place through The Prevention and Early Help in Communities project (early 2022), to inform the longer-term strategy of “preventing escalation of need by intervening early to help with over 1,000 consultees consulted.
4. Consultee’s feedback was taken on board and the service was put on a service improvement plan. The service has now actioned all the areas of improvement highlighted in the plan. The results have demonstrated that despite the service meeting the majority of its targets in relation to national performance indicators, the service was not aware of service user feedback or what the experience of the service was for the users. The new service specification will ensure that the provider consults at least twice a year with its service users on performance.
5. Further consultation with schools is due to take place in January 2023 to understand more fully the experiences of schools in relation to the service offer and the needs of schools in supporting health prevention and wellbeing of their pupils in this regard.
6. Two stakeholder events have taken place (one on line in Autumn 2021 with 25 partners in attendance) and one in October 2023 (online and in person) with 26 stakeholders. Stakeholders included representation from early help, children centre services, Healthwatch, early years settings and leads, mental health services, Homestart, schools, maternity services, primary care networks and other colleagues from within the council.
7. Consultation with Political Groups is planned for January 2023.