

Children's Public Health Nursing

The Healthy Child Programme 0-19 Service Review Workshop

May 2016

Background to today's meeting

- Children's public health nursing consists of health visiting, school nursing and the family nurse partnership programme
- As part of their public health responsibilities, local authorities are now responsible for the commissioning of children's public health nursing (school nursing since April 2013; health visiting and family nurse partnership since October 2015)

Proposal

- **The transfer of the commissioning responsibilities has provided an opportunity to reshape current provision to form an integrated 0-19 Healthy Child Programme service**

Context

- Local authority review of family services in 2014, which resulted in the restructuring of early help and family support services current procurement of elements of the Community Family Hub in progress with anticipated contract award Nov 16
- Health and social care integration agenda
- Proof of concept
- Changes to the public health budget allocations

European procurement regs

- Public sector bodies are mandated to follow the EU Public Contracts Regulations when commissioning and procuring all goods, works and services
- Services classified as 'Social and Other Specific Services' in the new EU regulations means that the threshold for competitively procuring services is £589,000
- In order to comply with European regulations on public contracts, we are duty bound to review the service and undertake a competitive procurement process, in order to ensure that contracts are awarded transparently and without any discrimination

What's in scope

0-5's Service includes

- Health visiting, universal service for children aged 0-5 years and their families
- Family nurse partnership, intensive home visiting programme for first time young mothers aged 19 and under
- School Nursing – universal service for children and young people aged 5-19

Best start in life and beyond: Improving public health outcomes for children, young people and families

Transformed health visiting service model

4
Levels of the health
visiting service

Your Community
Universal
Universal Plus
Universal
Partnership Plus

5
Universal health
visitor reviews*

Antenatal health
promoting visits
New baby review
6-8 week assessment
1 year assessment
2-2 1/2 year review

*Mandated for the first 18
months, for review after 12
months from 1st October

6
High Impact Areas

Transition to parenthood,
early weeks
Maternal (perinatal) mental
health
Breastfeeding
Healthy weight
Managing minor illnesses and
reducing incidents
Health, wellbeing and
development of child aged 2
Support to 'be ready for
school'

- Improved access
- Improved experience
- Improved outcomes
- Reduced health inequalities

Best start in life and beyond: Improving public health outcomes for children, young people and families

School nursing services

4

Levels of the school nursing service

Community
Universal
Universal Plus
Universal Partnership
Plus

5

Health reviews

4-5 year old health needs assessment
10-11 year old health needs Assessment
12-13 year old health needs Assessment
School leavers – post 16
Transition to adult services

6

High Impact Areas

1. Building resilience and supporting emotional wellbeing
2. Keeping safe – managing risk and reducing harm
3. Improving lifestyles
4. Maximising learning and achievement
5. Supporting additional health and wellbeing needs
6. Seamless transition and preparing for adulthood

Visible

Accessible

Confidential

Principles

- To commission and deliver an integrated range of interventions that meet individual and family need
- A focus on prevention from the earliest stage
- Soundly based on national guidance, but developed locally to deliver on key outcomes
- Enables staff to utilise skills more effectively under a multi disciplinary model

Key Facts

- Children and young people make up 24% of the population in the city
- 27% of school children are from a minority ethnic group
- 27% of Newcastle's children live in poverty compared to 19% nationally
- Breast feeding rates at 6-8 weeks are increasing: 49%

Key Facts

- 10% of children aged 4-5 years and 24% of children aged 10-11 years are classified as obese
- Teenage conception rates are decreasing, although the under 18 conception rate in 2014 was 35 per 1000 which is still higher than the England average

Key Facts

- In the self reported Health Related Behaviour Questionnaire 23% of children in primary and 15% in secondary stated they were bullied at or near school
- In secondary schools, 21% stated they were offered cannabis, and 9% stated they had tried it. 10% stated they were offered NPS; 3% stated they had tried them

Key Facts

- Of those that had tried a drug, 51% stated they first tried drugs at age 14, 19% had taken two drugs at the same time, and 51% had taken a drug together with alcohol
- A&E attendance and admission to hospital due to injuries are all higher than the England average

Next Steps

- Period of consultation workshops and surveys until 17 June 2016
- Review of all the feedback to inform the development of a new service model
- Further consultation on new service model prior to commencing competitive tendering process in the summer
- Information and support relating to the procurement process