

**Children, Education and Communities Policy and
Scrutiny Committee and Health and Adult Social
Care Policy and Scrutiny Committee -
Commissioned Joint Committee**

27 September 2022

Report of the Jodie Farquharson – Head of Public Health Healthy Child Services

Healthy Child Service

Summary

1. This paper provides an overview of the Healthy Child Service (HCS) in York for information.

Background

2. In April 2016, Health Visiting and School Nursing services in York were transferred from York NHS Foundation Trust to City of York Council (CYC) for ongoing provision of services. The services were combined in 2017 and the Healthy Child Service (0-19) was launched. The service, led by Specialist Community Public Health Nurses (Health Visitors and School Nurses), has been provided by York Public Health directorate since 2019. Prior to this the service sat within Children, Education and Communities.
3. The Healthy Child Service is responsible for delivery of the Healthy Child Programme which draws from evidence to improve children and young people's public health. The programme supports delivery towards the council plan's ambition to improve outcomes especially for those currently experiencing or most at risk of poor health, educational and economic outcomes. The programme has a strong health protection element, including screening and immunisations for example. Fundamental to the Healthy Child Programme for the Healthy Child Service are:
 - Universal offer to support prevention and early identification of need

- Targeted offer to ensure the right support is provided by the right people/ services
 - Strong collaborative partnerships with the child, family/ carers, and all partners in health, local authority, early years and voluntary sector services.
4. The Healthy Child Programme sets out the universal offer which consists of five mandated contacts.
- Antenatal contact from 28 weeks pregnant
 - New birth visit 10-14 days
 - 6-8 week review
 - 1 year review
 - 2 year review
5. Good uptake of these mandated contacts is essential to prevent poor health and development outcomes and provide early help. Despite the challenges of the Covid19 pandemic and staffing, the service has good uptake of the universal offer (Annexe 1 for latest performance data). Uptake of all contacts are in line with national and regional averages. The 2-year review which has been below national and regional averages for some time has shown an increase to above averages in the last year owing to a focussed programme of work to improve uptake.
6. In addition to good performance data with the mandated offer, the service is currently providing the following services:
- Infant feeding support
 - Child health and development clinics
 - Targeted support for speech, language and communication, parenting, sleep, diet, toileting, perinatal mental health
 - Targeted Healthy Families parenting programme (Henry) in partnership with the Health Trainer service.
 - National Childhood measurement programme (NCMP) (reception and year 6)
 - Hearing and vision screening (reception aged children)

- Bowel and bladder tier one 5-19 years
 - Targeted support for emotional wellbeing, sexual health, healthy lifestyles support 5-19 years
 - 0-19 years Review Health Assessments for children in care.
7. Safeguarding children is a thread throughout the full service offer and Health Visitors and School Nurses are key partners in multi-agency safeguarding arrangements. There are several statutory and regulatory documents which lay out the safeguarding children requirements of health providers including:
- Section 11 Children Act 2004. This requires that arrangements are in place to safeguard and promote the welfare of children
 - Working Together to Safeguard Children 2018.
 - Safeguarding Children and Young People: Roles and competencies for Health Care staff. 2019
 - Safeguarding accountability and assurance framework. 2022
8. The Healthy Child Service has in place a Safeguarding Children Team which consists of 0.6 WTE Lead Nurse for Safeguarding Children who manages a team of 3 WTE Safeguarding Children and MASH practitioners. This has been increased in the last year from 2.2WTE. There are two main streams of work for the safeguarding team the Multiagency Safeguarding Hub and direct work with the HCS.
9. The HCS Safeguarding team provide:
- Advice and support to HCS practitioners in relation to individual children or families where there are safeguarding or potential safeguarding concerns. Additionally, the team provide a single point of contact for practitioners from other agencies/ organisations where there are queries about the service provided by the HCS.
 - Safeguarding supervision. All practitioners who would be involved in providing care and support to families where there are safeguarding concerns and would be part of multiagency safeguarding processes are provided with 1:1 safeguarding supervision by a member of the safeguarding team on a minimum of quarterly basis. Additionally. Child Development Workers

(practitioners who provide services under the oversight of Health Visitors/ School Nurses) are provided with group supervision on a quarterly basis.

- Training. The safeguarding team provide and monitor safeguarding children training for all members of the HCS.
- Audit. Audit of safeguarding processes such as reports for case conference, and record keeping are undertaken as needed.
- Engagement with multiagency safeguarding meetings in particular Multiagency Risk Assessment Conferences (MARAC – Domestic Abuse) and Multiagency Child Exploitation meetings (MACEM – child sexual or criminal exploitation).
- Engagement with Subgroups of the York Safeguarding Children Partnership.

10. The MASH is the front door for children, young people and their families who are referred into the local authority for support and/or safeguarding. The MASH is staffed by practitioners from children's social care, police and the HCS safeguarding team. 1.2 WTE of the safeguarding team capacity is allocated to the MASH practitioner role. This provides for one individual 5 days a week 52 weeks a year. The increase in overall capacity has allowed the team to respond beyond this to recent increases in workload in MASH. This role is jointly funded by public health and by the Integrated Care Board (formerly known as the CCG). The MASH practitioner discharges three main functions in this role

- Provide health advice and expertise at the twice daily screening meeting
- Manages requests for information sharing from partners across the health economy, analysing the returns and recommending a suitable course of action based on the information shared.
- Attend Child Protection strategy meetings held within the MASH, sharing information from the HCS, and representing primary care at those meetings. A pilot project of the MASH practitioners gathering and sharing information from primary care at strategy meetings is currently underway.

Care Quality Commission Inspection

11. The service is regulated under the Health and Social care act 2008 (Regulated Activities) by the Care Quality Commission (CQC). The service received its first full inspection in September 2021 and was rated 'good' overall. Two areas were identified that 'required improvement':
 - I. Capacity within the 5-19 years element of the service was insufficient to deliver all activities outlined in the standard operating procedure.
 - II. Mandatory training compliance did not meet the service target.
 - III. Outcomes monitoring did not take place for all aspects of the service (this was an area for improvement but not a breach of regulations).

Progress following inspection has been good.

12. CQC visited the service in June 2022 to review improvements since the inspection and were satisfied at that time.

5-19 capacity

13. In view of the national challenges in School nurse recruitment, the service had already commenced a programme of in house training at the time of the inspection. Following successful completion of training by two nurses and successful conversion of one health visitor to dual school nurse qualification the service is now just 0.6 FTE under establishment (2.2 FTE under establishment at time of inspection). The service is moving towards a 0-11 years and 11-19 years model (currently 0-5/5-19) which will enable the School Nurses the capacity to deliver preventative public health activity with secondary school age population and Health Visitors will be able to provide continuity of support beyond 5 years old.
14. In addition to increasing School Nurse specialist capacity, the establishment of Child Health and Development workers has increased from 6FTE to 8FTE plus 1FTE Team Leader. The remit of this staff group is 0-11 years to increase School Nurse capacity.
15. However, retention and recruitment of experienced Health Visitors has been challenging over the last 18 months. The vacancy rate currently is 7% and due to rise to 13% in October. Further compounding the capacity issues is the recent appointment of newly qualified and return to practice

health visitors which means that health visitor capacity for more complex caseloads is reduced to 15-20% over the next 6 months during preceptorship periods of those new staff. This will delay plans for the 0-11/ 11-19 model to increase the service offer for 11-19 year olds and undoubtedly put staff under additional workload pressure.

Mandatory Training

16. Staff are now 90%+ compliant with mandatory training apart from one training offer which has been unavailable to date. CQC recognise this course (Graded Care Profile) is not corporately mandated but is aspirational of the service and low compliance currently does not constitute a breach.

Outcomes monitoring

17. Currently data is limited to performance of the mandated offer only however the service aspires to monitor outcomes against the full offer. Progress in this area has been delayed due to challenges into recruiting to a specialist SystmOne/ Business Intelligence Officer role. In addition to outcomes monitoring, this role will support overall resilience in ICT for the service.
18. The new CQC framework for inspection of regulated services is currently being renewed. The new approach is of ongoing monitoring and inspection and more time sensitive and dynamic inspection ratings. Healthy Child Service receives monitoring visits quarterly under this new framework.
19. Successful recruitment and retention is key to achieving the transformation required in 5-19 years offer and in the ongoing delivery of an effective 0-19 years offer. The pay gap and differences in terms and conditions compared with NHS Health Visitors and School Nurses may be a contributing factor and anecdotal reports from students and staff leaving CYC suggest this may be the case.

Terms and conditions

20. Health Visitors and School Nurses employed by CYC are currently in a worse position than if they were employed in the same role by the NHS. The gap is more predominant for experienced staff than newly qualified:

Comparison table of Terms and Conditions

	NHS	CYC
Salary	<p>NHS AfC Band 6 (from April 22)</p> <p>Less than 2 years' experience £33,706</p> <p>2- 5 years £35,572</p> <p>5 years plus £40,588</p>	<p>CYC Grade 9 from April 21 (pay award pending for 22)</p> <p>29 (L1) £31,887 (£33,872)</p> <p>30 (L2) £33,001 (£34,986)</p> <p>31 (L3) £34,692 (£36,677)</p> <p>32 (L4) £36,380 (£38,365)</p>
Mileage	<p>The current nationally agreed NHS business mileage allowance rates are:</p> <ul style="list-style-type: none"> • 56p for the first 3,500 miles • 20p for each mile after the threshold of 3,500 miles 	<p>The UK Government HMRC Approved Business Mileage Allowance Payments approved (tax free) rates:</p> <ul style="list-style-type: none"> • 45p for the first 10,000 miles • 25p for each business mile after the threshold of 10,000 miles.
Annual leave	<p>This entitlement is for a full- time employee (37. 5 hrs) Part-time staff receive a pro rata amount of annual leave and public holiday days.</p> <ul style="list-style-type: none"> • on appointment: 27 days leave + 8 bank holiday days • after five years' service: 29 days leave + 8 bank holiday days • after 10 years' service: 33 days leave + eight days bank holiday days. 	<p>This entitlement is for a full- time worker. Part-time staff receive a pro rata amount of annual leave and public holiday days.</p> <ul style="list-style-type: none"> • the basic paid leave entitlement for a full-time employee (37 hours per week) is 24 days per year + 8 days bank holidays • after 5 years continuous local government service, your entitlement will increase to 29 days on the anniversary of your start date + 8 days bank holidays.

21. Harrogate District Foundation NHS Trust (HDFT) deliver 0-19 services for North Yorkshire and have several vacancies being advertised currently offering the terms and conditions set out for NHS above. In addition, there are a number of vacancies currently being advertised by local authorities who match NHS agenda for change terms and conditions or a career progression Job Description. Four experienced

Health Visitors have left CYC to join HDFT in the last 12 months. There is a rolling recruitment advert for health visitors currently and no applications have been received that could be shortlisted in the last 6 months.

22. As with the HCS as a whole the pay scales for both the Lead Nurse Safeguarding Children and the Safeguarding Children and MASH practitioners are not comparable with NHS pay scales. In the medium to longer term this is likely to present a considerable recruitment and retention challenge for the service.

Priorities

23. Retention and recruitment are a significant priority and consideration is being given to career progression options however, financial limitations will make this challenging.
24. Developing methods of co-producing the service offer with families and young people is essential to improving uptake of the offer and improving health outcomes. Healthy Child Service will be a core service within the new Family Hubs model and co-production is an important element of the Family Hubs transformation programme.
25. Speech, language and communication continues to be a high priority area for the service. The new Early Language Measure and Interventions framework will begin in October following an extensive period of staff training and will be completed at the 2-year review. This work programme will sit under the umbrella of Early Talk for York moving forward in recognition of the importance of both early years settings and the home learning environment to improve speech and language.
26. Continued focus on the healthy weight agenda will continue with a strong infant feeding offer, parenting support, Henry healthy families programme and NCMP.
27. A children and young people communications strategy for the Healthy Child Service is now underway and will be a platform to raise awareness of the service, as well as other public health messaging for children and families. An important feature is reaching under-served community groups and young people.
28. 0-19 years outcomes monitoring to inform service delivery.

Consultation

29. Not applicable, as the report is for reference purposes only.

Options

30. Members are asked to consider and note the content of this paper.

Analysis

31. The service is now well embedded within CYC and the Public Health directorate and strong links exist with primary and secondary care and local authority partners. Further work is in progress to strengthen links with early years providers across the city and develop outcomes monitoring for children and young people.

Implications

32. There are no risk implications, as the report is for reference purposes only.

- **Financial** *None in this report*
- **Human Resources (HR)** *None in this report*
- **Equalities** *None in this report*
- **Legal** *None in this report*
- **Crime and Disorder** *None in this report*
- **Information Technology (IT)** *None in this report*
- **Property** *None in this report*
- **Other** *None in this report*

Risk Management

33. HCS has its own internal risk register which is reviewed regularly as part of the Public Health Governance processes. Retention and recruitment are a key risk that options are being explored to mitigate. This includes the SystemOne/ Business Intelligence specialist role which is required to provide system resilience for the service and the ability to monitor outcomes. An emerging risk is staff compliance to Clinical Supervision which is a regulatory requirement. Work is well underway to consult with staff about how the supervision offer can be improved to enable attendance and improve compliance.

Recommendations

34. Members are asked to note the content of the report.

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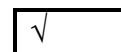
Report
Approved



Date 12 /09/2022

Wards Affected: *List wards or tick box to indicate all*

All



For further information please contact the author of the report.

Annexes

Annex 1 - HCS Scorecard 201-2022

Abbreviations

CYC = City of York Council

NCMP = National Childhood measurement programme

HCS = Healthy Child Services

MASH = Multiagency Safeguarding Hub

WTE = The number of whole-time equivalents

MARAC = Multiagency Risk Assessment Conferences - Domestic Abuse

MACEM = Multiagency Child Exploitation meetings – child sexual or criminal exploitation

CQC = Care Quality Commission

FTE = Full-time equivalent

HDFT = Harrogate District Foundation NHS Trust