

**Health and Adult Social Care Policy and Scrutiny
Committee**

30 January 2017

Report of the Director of Public Health

Healthy Child Service

Summary

1. The purpose of this report is to provide the Committee with an update on the review of Healthy Child Service (health visiting and school nursing) and inform the Committee on the proposed new service. The proposed service commenced formal staff consultation on 10th January for a 45 day period. This is supported through consultation with partner organisations, the Vale of York CCG, education colleagues and York Hospitals Trust. Internal CYC processes and member involvement has been followed throughout with briefings, presentations and discussion. The trade unions have been involved as part of the initial informal discussions and are part of the formal consultation process. Children, young people and their families have been involved in the consultation process as part of the initial TUPE transfer to CYC and their involvement has and will continue through a variety of media.

The new service offer will be launched on 1st June 2017.

Background

2. The Healthy Child Programme (HCP) is a universal public health programme for improving the health and wellbeing of children and young people. It is currently delivered as two separate programmes:
 - HCP from 0 to 5 years is delivered by the health visiting service
 - HCP 5 to 19 years is delivered by the school nursing service
3. On 27 August 2015, the Council Executive approved the transfer of health visiting, school nursing and National Child Measurement Programme services from York Teaching Hospital NHS Trust to the Council.

This provides the Council with an opportunity to integrate elements of the HCP to ensure better service provision. Integration will enable the provision of a strong and comprehensive universal offer to children and young people, whilst ensuring value for money and making decisions based on the best available evidence of what works.

4. The services transferred as planned on 1 April 2016. They will form an important part of the Early Help offer to children, young people and families across the City and will be embedded in the new Local Area Teams.
5. The impact of an effective Healthy Child Service will be seen and measured through improved public health outcomes and indicators including: life expectancy, breast feeding, domestic abuse, smoking prevalence in pregnancy and at age 15, school readiness, excess weight in 4-5 and 10-11 year olds, tooth decay and self-reported wellbeing.
6. A national core dataset of indicators to measure performance in 0-5 services is in place and included in the Council's performance reporting framework. There is no dataset of indicators for performance monitoring of 5-19 services as yet but this is being developed to establish a baseline position from which targets can be set for continuous service improvement.

Transition of the Services

7. The priority for 2016/17 was to ensure a safe transfer effectively as a 'lift and shift' to maintain the stability of the services.
8. Following transfer the focus was shifted to maintaining current service provision while undertaking a service review and developing proposals for the future model of an integrated, universal 0-19 Healthy Child Service.

Risk Management Implications

9. The key risks for the Council have been identified as:

Risks	Mitigating Actions
Finance: The funding formula for the 0-19 HCP is not needs based. The budget is based on the historical financial allocation that transferred from the NHS to the Council. York is starting from a low baseline position because of historical under-	The Nurse Consultant in Public Health came into post 1 st August 2016. This enabled a service review to commence. This review has enabled a better understanding of all professional aspects of the service, including caseload management, skill mix, risk management and mandatory

<p>investment in prevention by the old PCT.</p> <p>In addition, the government's decision to cut the Public Health Grant by 6.2% in 2015/16 and a further cut of 2.6% in 2016/17 with further cuts expected inevitably creates an additional budget pressure. The services are currently wholly funded by the PH grant.</p>	<p>requirements etc.</p> <p>There has also an appraisal of opportunities for improving cost effectiveness and efficiencies e.g. through better integration. This post is responsible for the professional aspects of the HCS and will continue to provide the lead for the service in the proposed model to ensure the service develops in line with good practice guidance and clinical quality indicators.</p> <p>We commissioned an internal review of all the business support functions and records management to inform the future support requirements of the service and bring operations in line with CYC policies and procedures. It is anticipated that efficiency savings can be made by streamlining back office support functions into the Business Support Services model.</p> <p>A review of PH commissioning intentions has ensured that the cost of the service can be contained within the wider financial envelope on an annual basis whilst realising the agreed reduction in funding of £250,000</p>
<p>Legal: The staff will transfer to CYC T & Cs with the proposed new model and some redundancies are anticipated.</p> <p>This will be minimised and the CYC process for redeployment will be used to mitigate further. Some elements of the HCP are mandated in government</p>	<p>The staff transferred to the Council under TUPE regulations and will retain access to their NHS Pension Scheme.</p> <p>The change to CYC T & Cs will allow staff to be harmonised. This will involve some pay protection. We have been unable to resolve the legal requirements and clinical</p>

<p>regulations. There are legal requirements relating to other elements of the service e.g. nurse prescribing, issuing of emergency contraception under a Patient Group Direction.</p> <p>The Council does not currently have adequate systems in place for clinical governance.</p> <p>It is unclear whether the Council is required to be registered with the Care Quality Commission as a provider of health visiting and school nursing services.</p> <p>The Council will need to develop a relationship with the Nursing and Midwifery Council as the Regulator for qualified nurses.</p>	<p>governance issues relating to nurse prescribing and the issuing of emergency contraception under a Patient Group Direction. Staff ceased this activity on the 31 March 2016 prior to transfer. Alternative pathways have been put in place for emergency contraception with the Sexual Health Community Outreach Team and GP Practices.</p> <p>We are in conversation with the CQC as registration is still not clarified. In the meantime CQC standards will be used as the benchmark for quality services and as a framework for quality standards within the service.</p> <p>The Council has registered with the NMC as an employer of registered nurses to enable access to employer's support and guidance. Systems are being established to assure the Council that all staff who require effective registration from 1 April 2016 have this in place. The Director of Public Health who is a NMC registered nurse and health visitor has taken on the additional responsibilities for professional leadership and supervision of the nursing staff and is supported in this role through the Nurse Consultant in Public Health role.</p>
<p>Information Governance: The service will be required to undertake appropriate training directed by the HSCIC. The health visiting service uses SystmOne – an electronic records management system, and following options appraisal the decision was made to retain this system and enable the</p>	<p>The Council has robust systems in place for information governance and have supported this service to update their knowledge through the required training modules. There is currently 10 remaining staff that has not completed this full training and remedial action is underway to address this by end January 2017.</p>

<p>whole 1-19 service to move towards electronic records by end Q2 2017/18.</p> <p>Records need to be kept until a child reaches 25th birthday which poses a challenge for safe and secure storage.</p> <p>There are potential safeguarding concerns if child health records are not easily accessible.</p> <p>All information needs to be managed in accordance with the Data Protection Act.</p>	<p>There have been a number of incidents involving information governance, however action plans are in place to address these.</p> <p>There is a programme of work ongoing to scan the remaining 0-5 records on to SystmOne, this will enable a single record system. The 5-19 records have been prioritised into active and non active caseloads. Non active records are now archived at YorCraft with easy access as required. The remaining active caseload files will be transferred with the service into the LAT bases once the space becomes available for both to be located together. We anticipate this will be in the Spring (2017).</p> <p>A managed support agreement is in place between YTHT and the Council for the continued use of SystmOne for health visiting service and we are moving to towards the whole service on SystmOne by Spring 2017.</p>
<p>Workforce: The workforce will realise significant changes to the service to enable a more responsive early help offer to be delivered to those most vulnerable groups.</p> <p>There will be renewed attention to the methods of delivery required to achieve the mandated offer.</p>	<p>The Council was granted a Pensions Direction Order as part of the TUPE transfer, this enables staff who transferred to retain their entitlement to the NHS Pension Scheme. Staff consultation has been ongoing up to the formal review commencement. This has enabled them to be involved in planning for and development of the new service. Working groups are being established through expressions of interest to develop the delivery framework, clinical quality standards, pathways, SystmOne governance and policy development.</p>

	<p>A Memorandum of Understanding is in place with Health Education England to plan the future workforce strategy including future training commissions for health visitor and school nurse student placements and enable the Council to act as a training location.</p> <p>The mandatory training requirements for health visiting and school nursing workforce have been embedded in the Council's learning and development offer.</p>
<p>Safeguarding: The service transferred with distant safeguarding arrangements through which health visitors received safeguarding training and supervision from Harrogate and District NHS Foundation Trust and school nurses from York Teaching Hospital NHS Foundation Trust. Harrogate Trust served notice to terminate this on this from 30th September 2016. This enabled a new model to be developed in house.</p>	<p>Development of the new safeguarding model was undertaken through consultation and included input from the Designated Safeguarding Professional Lead team for North Yorkshire and York.</p> <p>The new arrangements commenced on an interim basis on 1st October 2016 during which we were able to successfully recruit to the new Lead Nurse for safeguarding post. This is a dedicated post for the HCS embedded within the Advice and Referral team (Children's Front Door) and supported through dedicated administration support. The safeguarding arrangements are working well and improved governance around training and supervision will be developed and implemented throughout early 2017. The Lead Nurse is professionally supported through the Nurse Consultant in Public Health and through the statutory provision associated with Children's social care services.</p>

Planned service delivery changes:
All children currently receive hearing and vision screening in the term they turn five. This is undertaken by the Technical Support Staff in school health. The new model will not contain these roles. There is no intention to continue with either screening programme.
The mandated elements of the service will be retained and strengthened.

The 5-19's will receive a targeted delivery offer regardless of their location.

All the universal hearing screening of all children is based on a traditional approach. Since 2009 all newborns have received audiology screening through the NHS newborn screening programme (NHSP) to detect hearing loss through use of electronic testing. This is undertaken as soon as possible after birth, usually in the maternity hospital. Those children who fail the test or are discharged prior to testing are managed through

the community audiology service to ensure 100% coverage. A targeted approach to detecting hearing concerns will be adopted through use of appropriate screening tools and referral pathways through the mandated contact offer at 1 year, 2.5 years and the additional 3.5/4 year review point.

The UK Association of Optometrists recommends all children are seen every 2 years; all children are entitled to an NHS funded sight test every year. The UK National Screening Committee Guidance states screening should be an orthoptic led service, the Royal College of Ophthalmologists endorses this view. It is therefore most appropriate to utilise the NHS funded services locally offered to ensure those identified at risk through screening are seen by the most appropriate service. Screening will be included in the mandated offer at 1 year, 2.5 years and the additional 3.5/4 year contact review.

	<p>The service will move to a research based, quality focused offer based on the Healthy Child programme (2009). This will be delivered under an overarching framework underpinned by pathways, policies and processes to enable a unified service offer. The mandated elements will continue to be delivered with the addition of elements to support the early help offer and a progressive universal approach.</p> <p>The move to an Outreach Worker model of delivery for the 5-19 element of the service will enable all children in the City of York to receive a needs led offer.</p> <p>This includes those NEET, ALP, missing from education, home educated, 16-19 years olds, Children Looked After. There will also be a strengthened approach through the Local Area Team delivery to address the needs of those hard to reach groups and difficult to engage.</p>
<p>Reputational: The Council has inherited an underperforming service and may be held to account on performance of delivery of mandated 0-5 HCP checks.</p>	<p>There is a lack of performance data on the school nursing service in York and nationally so it is not possible to benchmark. It has not been possible to improve data collection whilst the service is dependant upon paper records. SystmOne development will ensure delivery of the proposed new service is accurately captured and measured. This will be set against the mandated offer and a set of Key Performance Indicators (KPI's) currently in development. These KPI's are being developed to ensure there is synergy with the data collection within the wider LAT model.</p>

	<p>Performance data for health visiting shows poorer performance in York when benchmarked against regional and national data. Through staff development session we have been able to raise awareness of the reporting needs and begin to look at ways of improving delivery to meet these mandated reporting requirements. The new proposed model of delivery will establish clear guidance for staff to ensure targets are met.</p> <p>The government public health regulations do make it clear that Local Authorities will only be expected to take reasonable and practicable steps to delivering mandated 0-5 checks and continuous service improvement over time.</p>
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Consultation on the new proposed Healthy Child Service

10. We have high ambitions to ensure delivery of an effective, integrated 0-19 Healthy Child Service. The service will have the child and family at its centre and a strong public health focus, underpinned by a robust evidence base. All mandated requirements will be met; there will be safe clinical practices and strong information governance. Safeguarding will be at the core of all work. There will be robust monitoring systems that evidence the scale of reach and the impact the service is having on the lives of children and young people.
11. The new service will have contact with all children and young people in the City of York at key points through childhood and adolescence. The service will build on the 6 high impact areas for early years and will use innovative methods to engage children and young people, including those in vulnerable and excluded groups, in accessing health advice, in taking control of their health, preparing them for adulthood and supporting them to make healthier choices for themselves.
12. The service will deliver strong universal provision through a variety of media, including web based information and signposting to relevant national guidelines. This will ensure early identification of problems and appropriate support is offered. Children will move seamlessly through the 0-19 service ensuring children, young people and their families get the right support, from the right person, in the right way and at the right

time, every time. This will require strong partnerships with NHS agencies, community and voluntary sector, education settings, other Council services etc.

13. Key contact points throughout the universal 0-19 Healthy Child Service to offer health review and screening will be:

- Antenatal review
- New baby review
- 6- 8 week assessment
- 1 year assessment
- 2 to 2.5 year review
- 3.5 to 4 year
- School entry staged contact (at 4-5 years)
- 5-19 will be through a needs led delivery model in association with schools, LAT colleagues and partner agencies. Designed to meet the needs of those most vulnerable regardless of setting.

All of the above will be supported by evidence based care pathways to ensure quality and consistency of the offer and onward referral as appropriate. Progress will be overseen by the YorOK Board reporting to the Health and Wellbeing Board.

14. The service will be responsible for working closely with specialist Children in Care health provision and undertaking review health assessments in accordance with statutory guidelines and best practice.

Options

15. The report is intended to be an update following the transfer of the service. Members are asked to note the proposed changes to the service.

Analysis

16. The service review has enabled a comprehensive analysis of the current service delivery, and has highlighted the need for a substantial change to the current delivery model and service configuration. To enable a progressive universal offer focussing on a targeted early help offer the service requires modernisation. The new delivery model will be led by a Specialist Public Health Nurse (SCPHN) service with health visitor qualification. This renewed public health focused offer will be supported through a skill mix to be delivered in a seamless 0-19 offer.

Council Plan

17. The Healthy Child Service specifically relates to the priorities within the Council Plan:
- **A Prosperous City for All** - the new 0-19 Healthy Child Service will be aimed at ensuring that every child and young person in York has the best start in life and is supported to achieve their full potential
 - **A Focus on Frontline Services** – by ensuring that all York’s younger residents live and thrive in a city which allows them to contribute fully to their communities and neighbourhoods and where every child has the opportunity to get the best start in life and are encouraged to live healthily.
 - **A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations** – by ensuring that the new service delivers the mandated elements of the Healthy Child Programme and contributes to the Council’s statutory duties for improving health and reducing health inequalities in our residents.

Implications

18. There are no direct implications arising from this report.

Recommendation

As the report is for information only there are no specific recommendations.

Reason:

To provide an update on development and proposed changes in the Healthy Child Service.

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**Report
Approved**

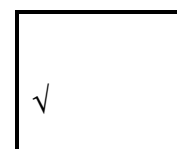


Date 20/01/17

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Background Papers

<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publication/sandstatistics/publications/publicationspolicyandguidance/dh_107566

Abbreviations

ALP – Alternative Learning Provision
CCG – Clinical Commissioning Group
CQC – Care Quality Commission
CYC – City of York Council
GP – General Practitioner
HSCIC- Health and Social Care Information Centre
HCP – Healthy Child Programme
HCS – Healthy Child Service
KPI – Key Performance Indicator
LAT – Local Area Team
NEET – Not in Education, Employment or Training
NMC – Nursing and Midwifery Council
NSP- Newborn Screening Programme
PCT – Primary Care Trust
PH – Public Health
SCPHN – Specialist Public Health Nurse

T&C – Terms and Conditions

TUPE- Transfer of Undertakings (Protection of Employment)