

**Healthy Child Service**

**Summary**

1. The purpose of this report is to provide the Committee with an update on the transfer of health visiting, school nursing and the National Child Measurement Programme from York Teaching Hospital NHS Trust to City of York Council and progress with the development of a new Healthy Child Service.

**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 is to ensure a safe transfer effectively as a 'lift and shift' to maintain the stability of the services.
8. A project group has been meeting to implement the transition of the health visiting, school nursing and National Child Measurement Programme services from York Teaching Hospital NHS Trust to the Council. There are eight workstreams – ICT, information governance, human resources, workforce development, legal, finance, facilities and communications.
9. The first phase of the project has been completed with the safe transfer of 0-5 and 5-19 services to the Council on 1 April.
10. For the remainder of 2016/17 the focus has 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**

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

<b>Risks</b>	<b>Mitigating Actions</b>
<p>Finance:</p> <p>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-</p>	<p>We have commissioned an independent public health nurse consultant to undertake a review of the services to better understand caseload management, skill mix, risk management and mandatory requirements etc. and exploring</p>

<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>opportunities for improving cost effectiveness and efficiencies e.g. through better integration.</p> <p>We have 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.</p> <p>The annual review of PH commissioning intentions will seek to ensure that the cost of the service can be contained within the wider financial envelope on an annual basis. However it should be noted that the cuts to the PH grant impacts on the ability to achieve the Council's Medium Term Financial Strategy</p>
<p>Legal:</p> <p>There are employment law issues relating to the TUPE of staff.</p> <p>Some elements of the HCP are mandated in government regulations.</p> <p>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>The staff have transferred to the Council under TUPE regulations and have retained access to their NHS Pension Scheme and Terms and Conditions.</p> <p>Preparation for the transfer has included input from Public Health England to better understand the requirements for mandatory reporting of HCP activity. We are compliant with mandated reporting.</p> <p>We have been unable to resolve the legal requirements and clinical 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</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>Community Outreach Team and GP Practices.</p> <p>Initial discussions have indicated that CQC registration may not be required since these are local authority public health services. Further clarification will be sought on the requirement for CQC registration. 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 National Midwifery Council (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 will be supported in this role by a newly created Nurse Consultant in Public Health role which is in the process of being established.</p>
<p>Information Governance:</p> <p>The Council needs to prepare for the transfer of responsibility for Child Health Records. Health visiting service currently uses SystmOne – an electronic records management system. School nursing still uses paper records.</p> <p>Records need to be kept until a child reaches 25<sup>th</sup> birthday which poses a</p>	<p>The Council already has robust systems in place for information governance and there is involvement of the information governance team to ensure that there is a safe transfer and that effective integration takes place with CYC policies and procedures. There has been one incident involving access to records that has been reported and an action plan is being developed to put in place measures to avoid this happening</p>

<p>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>again.</p> <p>Contingency plan is for staff to remain based in current office accommodation post 1 April 2016 until we are confident that an effective solution has been put in place for records storage that provides adequate access and meets IG requirements.</p> <p>A managed support agreement is in place between York Teaching Hospital Trust (YTHT) and the Council for the continued use of SystmOne for health visiting service and we are exploring the rollout to school nursing. This agreement is to be in place while the Council explores options for the longer term.</p>
<p>Workforce:</p> <p>There is a possibility that the Council may inherit a workforce with insufficient capacity to deliver the mandated elements of the HCP</p>	<p>Staff have retained their NHS terms and conditions under TUPE. The Council was granted a Pensions Direction Order to allow all staff who transferred to retain their entitlement to the NHS Pension Scheme.</p> <p>Staff consultation and engagement is taking place to involve them in planning for and development of the new service.</p> <p>Joint recruitment took place by YTHT and the Council to fill frontline vacancies during transition. A vacancy freeze is now in place to allow for the service review to be completed and inform appropriate numbers of staff and skill mix required in the new integrated service post April 2017.</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</p>

	<p>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><b>Safeguarding:</b></p> <p>The Council will inherit a position in which health visitors receive safeguarding training and supervision from Harrogate and District NHS Foundation Trust and school nurses from York Teaching Hospital NHS Foundation Trust.</p> <p>There is a lack of clarity around funding arrangements.</p>	<p>Preparation for the transfer includes input from the Designated Safeguarding Professional Lead team for North Yorkshire and York.</p> <p>The existing arrangements for training and supervision prior to transfer on 1 April 2016 continue to be in place until 30 September 2016. The independent public health nurse consultant is commissioned to undertake a review of these arrangements and present proposals for how this can be provided in the future, including consideration on an in-house model integrated with children's social care.</p> <p>We anticipate receiving a small amount of funding in the region of £24,000 per annum from the CCG for safeguarding but the remaining costs will have to be met from the public health budget allocated to the Healthy Child Service.</p>
<p><b>Reputational:</b></p> <p>The Council will inherit 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. Arrangements are being put in place to establish a better system of data collection and reporting of performance against key indicators following the transfer and this is in progress.</p>

	<p>Performance data for health visiting shows poorer performance in York when benchmarked against regional and national data. However we know that there are issues around data quality and so this may not reflect true position. Performance monitoring has been strengthened against key performance indicators following the transfer and early indications are that this is beginning to improve.</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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### **Development of new Integrated Healthy Child Service**

12. 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.
13. 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.

14. The service will deliver strong universal provision and early identification of problems to ensure 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.
15. 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
  - School entry staged contact (at 4-5 years)
  - Year 6 staged contact (10 to 11 years)
  - Mid teens staged contact (16-19 years)
16. 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.
17. 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**

18. There are no options for the Committee to consider. The report is intended to be an update on the transfer of the service.

### **Analysis**

19. The project has delivered a safe transfer of the health visiting, school nursing and National Child Measurement Programme services to the Council on 1 April 2016 and is on track to complete the service review and develop proposals for the future model of an integrated 0-19 Healthy Child Service by 31 March 2017.



## **Council Plan**

20. 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.

## **Direct Implications**

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

## **Recommendation**

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

## **Reason:**

To provide an update on the transfer of health visiting, school nursing and National Child Measurement Programme and progress with the development of a new Healthy Child Service.

## Contact Details

**Author:**

**Sharon Stoltz**

Director of Public Health

Tel No. 01904 553224

**Chief Officers Responsible for the report:**

**Sharon Stoltz**

Director of Public Health

**Jon Stonehouse**

Director of Children's Services, Education  
and Skills

**Report  
Approved**

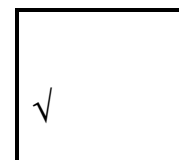


**Date** 07/07/16

**Specialist Implications Officer(s)** None

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

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