

<u>Committee and Date</u>
Young People's Scrutiny Committee
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11
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Health Update

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1. Health Overview

For an overview of child health in Shropshire please see Appendix 1.

2. Introduction

In April 2014, the Public Health Department took on responsibility for taking forward the Healthy Child Programme and TaMHs. Staff previously working within the Health Development Team now makes up the Public Health Children & Young People's Team. Work is underway to produce a strategy and action plan, which will contribute to the priorities of the Children's Trust and Health & Wellbeing Board, for internal discussion and with key partners. It is proposed to establish a Healthy Child Partnership Board to provide a strategic steer, reporting to The Children's Trust and Health & Wellbeing Board and linking to the Safeguarding Board and other committees as appropriate.

There are 2 Programme Leads to support the Healthy Child Programme:

- 0 – 5 (including preconception), led by Anne-Marie Speke and
- 5 – 19 (including further education, the voluntary sector and TaMHs), led by Kay Smallbone.

Developing Public Health through the PSHE curriculum is an important area of work led by Alice Cruttwell as PH Curriculum Advisor.

Encouraging young people to engage with health services has been developed through the You're Welcome initiative, led by Val Cross who is also Project Officer for working with pharmacies on the Condom Distribution scheme.

Lindsay MacHardy heads up the team.

3. School Nursing Services

The responsibility for commissioning of School Nursing services, including the national child measurement programme, was transferred from Primary Care Trusts to Public Health Departments within each local authority, effective from 1st April 2013. In Shropshire it was agreed that the contract for school nursing should be extended for an interim period, whilst we undertook a major review of the service which would then inform future commissioning priorities.

We used a variety of methods to engage with staff and stakeholders; focus groups/ interviews/ presentations were held with the leads for:

- School Nursing
- Public Health
- Health Visitors & Children's Centres
- Family Solutions
- Early Help
- Safeguarding
- Domestic Violence
- Looked after children
- Targeted Youth Support
- Youth Offending Service
- Children not in mainstream education
- Travelling communities
- Voluntary Sector
- Police.

Questionnaires were sent to children & young people, parents, staff and Primary Care and stakeholder events were held with:

- CCG
- Commissioners
- Providers
- Schools
- Healthwatch
- Looked after children lead
- NHS England
- Public Health England
- School Nurses

This extensive process was effective in engendering a shared vision across the local health economy. It was welcomed by the school nurses because it offered a real opportunity to analyse their work, their workloads, processes and systems and also to showcase some best practice. Schools and pupils participated well, with over 1,000 pupil responses and 167 responses from teaching staff and provided useful feedback.

The Shared Vision for Shropshire encompasses the following:

- **Accessibility and visibility**
 - Raise profile of the school nursing in schools
 - Improve communication with partners, parents and with children
 - Use of technology- social media, Skype, texting, apps , interpreting the service at a local level to add value
 - Ensure that support to children is provided in a timely way
 - Establish close working between school nurses and GPs
- **Services provided – Public Health leaders**
 - Health improvement – good mental and emotional well-being, physical activity, weight management, smoking and sexual health
 - Reducing self-harm and teenage pregnancy
 - Safeguarding – establish a meaningful role/prioritise a role in relation to appropriate contribution
 - Ensure that there is an equity of services across Shropshire
 - Ensure a smooth transition of services from health visitor to school nursing and from primary to secondary schools
 - Sustain those services that are going well
- **Equity of access to services across Shropshire**
 - Children not educated in mainstream school
 - SEN
 - LAC
 - Private/Independent Schools
 - Colleges
 - Sixth forms
 - 16 – 19 years olds
- **Workforce Planning**
 - Share good practice – learning from others and implementing this around the county
 - Ensure a good skill mix as a team/ training
 - Ensure data collection and understanding IT
 - Clarify roles and perception

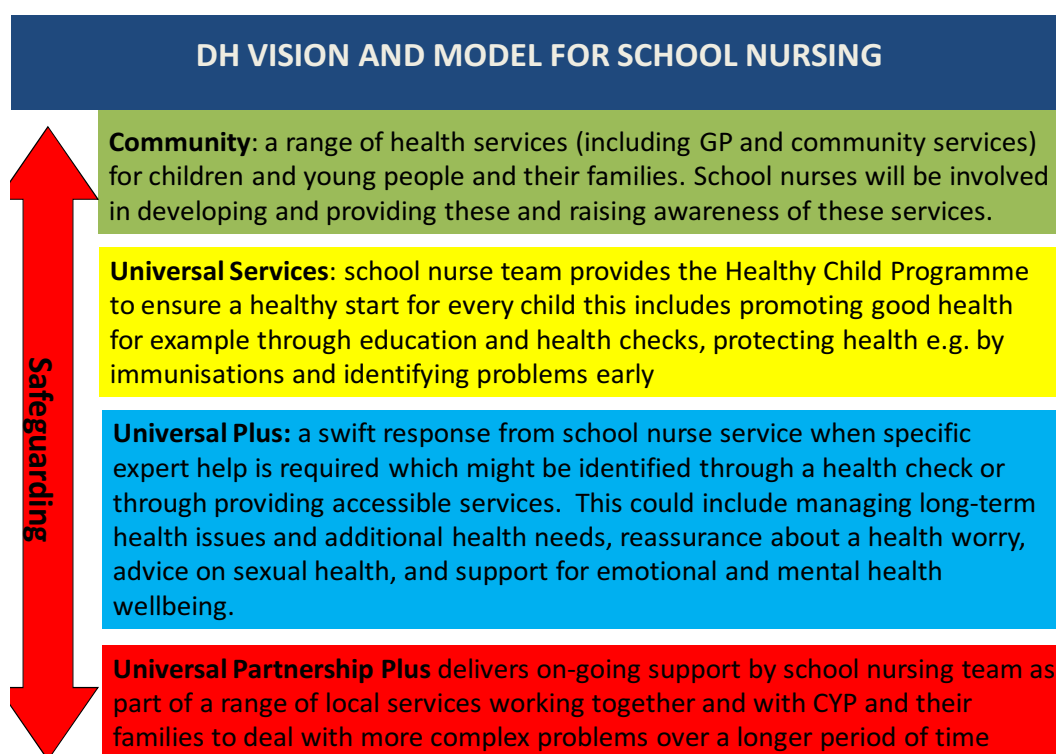
The shared vision has been formalised as recommendations and the school nursing service has developed an action plan to take these forward. They have also identified 3 key areas to pilot as a new approach:

- Increase in LAC/ not in mainstream education capacity
- Providing a community drop in
- Offering a comprehensive school entry medical including NCMP (the national child measurement programme)

Public Health is currently engaged in developing a new school nursing contract specification, taking into account the findings from the review and in line with national guidance, and the tendering process will begin in June/July 2014 for implementation from January 2015.

The Contract value for 2013/14 = £762,506

During the course of this process, the Department of Health (DH) has signalled the important role that school nurses have in promoting health and demonstrating public health leadership locally. The DH vision and model for School Nursing encompasses a range of health services to be provided to all school age children:



The desired outcomes of school nurse activity should both lead and contribute to:

- Improved health and wellbeing and a reduction in health inequalities.
- Promoted healthy lifestyles and social cohesion by reaching and influencing the wider community,
- Improved planning of local services to reduce health inequalities.

4. Health Visiting Services

In 2011, The Department of Health produced a Health Visitor Implementation Plan to put in place a new health visiting service across the country, by 2015, to increase health visitor numbers and ensure that all families can expect access to:

Universal Services

The Health Visitor (HV) and team provide the Healthy Child Programme to ensure a healthy Start for children and families (for example immunisations, health and development checks), support for parents and access to a range of community services/resources

Universal Plus

Rapid response from HV team providing specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

Universal Partnership Plus

Ongoing support from the HV team plus a range of local services working together to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities, and, where appropriate the Family Nurse Partnership

The service must be available in convenient local settings, including Sure Start Children's Centres, GP practices and health centres, as well as through home visits.

From 1st April 2015, additional health visitors will be in post in the Community Trust, taking HV numbers to 105.6 staff working across Telford & Wrekin and Shropshire. In addition to this, Shropshire will be provided with extra recurrent funding (£258K) for establishing Family Nurse Partnership (FNP) nurses who will work with first time parents under the age of 20 and provide support during the first 2 years after the birth. 4 WTE nurses plus a supervisor will be in post by October 2014 and based in Shrewsbury as the majority of teenage mothers are in the Shrewsbury area. However, it is recognised that there are teenage parents across the county and we will monitor to see whether additional FNP staff may be required elsewhere.

We are also looking at other models of support, including Homestart, and whether alternative models of support which work with and complement existing and statutory services could be appropriately developed for Shropshire. Despite the increase in HV numbers, the size of the County means that HV services will still be stretched. We are investigating a model of 'community parenting' which has been developed elsewhere in the country providing pre-birth support, to see if it could be adapted to support rural and relatively isolated communities. If we can take forward this mix of services for families with children under 5 and provide appropriate ante-natal support too, it would be anticipated that we could increase access to support and have an impact on inequalities.

From 1st October 2015, the commissioning responsibility for HV services will transfer from NHS England to Public Health Departments within local

authorities – the budget for this has not yet been identified. During the last year, work has been ongoing with NHS England to ensure the smooth transfer of arrangements and commissioning responsibilities. Public Health staff have also been working closely with the Community Trust to ensure a shared understanding of workforce plans, services, processes and relationships with other services particularly Children's Centres, School Nurses and maternity services.

5. Children's Emotional Health and Wellbeing: Think Good Feel Good (TaMHS)

The Young People's Scrutiny Committee recently received an update on the progress in relation to mental health programmes for children and young people across Shropshire together with an update on the COMPASS and the CaMHS tier 3 service.

The core aim of the Think Good Feel Good programme is to develop a whole school approach on emotional health and well-being through the delivery of an evidence based training programme across all Shropshire schools. There are 130 primary schools, 20 secondary schools, 2 special schools and Tuition Medical Behaviour and Support Service units (TMBSS). To date the programme has been aimed at school age children 5-16 years as well as their families and the whole range of school based staff. All of the training programmes that are delivered are evidence based, either nationally or internationally.

A PHSE curriculum resource is also being developed and further work on the analysis of data is being done with colleagues from public health and local schools on the data within schools. There are also future plans for the evaluation of the model and rigorous collection and analysis of data.

From April 2013 the programme extended its reach to cover 0-19 year olds with a renewed vision for the future based on a sustainable model. Work has started with FE colleges to identify what training can be implemented. Plans are also underway to work more closely with the Health Champions and to train them on Emotional Health and Wellbeing as this has been identified as one of their main priorities for 2014.

6. Self Harm

Adopting a self-harm pathway, producing guidance and a risk assessment framework was identified as a need following a reported increase in the prevalence of self-harm across the county.

It was identified that there are currently no standardised guidelines to support practice in managing the needs of these young people, and inconsistencies in confidentiality and approaches to support were found. The self-harm pathway was developed in consultation with parents and young people who self-harm:

evidence tells us that young people seek support from their peers before family members or professionals.

The information, advice and guidance leaflets were seen as particularly valuable for young people who are supporting their friends who self-harm. The feedback has ensured the information reflects what they say would be helpful to know and has in the process, increased practitioners' understanding of what their thoughts and needs are.

A self-harm toolkit and training package has been developed through an Early Help Advisory Group – this covers three key elements:

- information to dispel the myths on self-harm
- information for parents
- a risk assessment tool for school staff for referrals - schools do not have to do a separate EHAF.

A self-harm, peer support, targeted intervention 10 week programme 'Signature Strengths' has been developed. Professionals and school staff are being trained to deliver the programme at Tier 2 level, to prevent needs escalating and requiring support from Tier 3 specialist services. In addition an Emotional and Mental Health PHSE curriculum resource is in development from KS1- KS4; whole class lesson plans will include helpful and unhelpful coping strategies and self-harm will be included within this.

This work has been endorsed through the Safeguarding Board and with the advisory sub group consisting of local head-teachers. The training programme is being trialled at the moment with schools and will continue to be rolled out across the next six months. The package has been developed by a primary mental health worker with guidance and input from the advisory group.

Three briefing sessions took place for multi agency staff. Information on the self harm pathway can be found on the LSCB website.

The overall programme has now become part of the Public Health Children & Young People's Team and since April 2014 Kay Smallbone has taken over the co-ordination and management of the programme with support from Renee Lee the project officer at TaMHS.

7. Childhood Obesity - Task & Finish Group

The Young People's Scrutiny Committee recently agreed to establish a specialised Task and Finish Group to focus on childhood obesity in the county.

Nationally, obesity is occurring at a younger age and this is reflected locally with more than 8% of Shropshire children obese by the time they enter reception class at school, rising to over 19% by the time they reach Year 6 (10-11 years old). Overweight and obesity can have a detrimental effect on the physical health and psychological well-being of children and young people. It puts children at greater risk of developing diseases such as cancer,

type 2 diabetes and heart disease and can often lead to teasing and discrimination by peers, low self-esteem, anxiety and depression.

Children who are a healthy weight are more likely to grow into healthy adults. Local public health programmes, designed to tackle inequalities in health and encourage positive lifestyle changes, aim to provide support to children and families as early as possible.

The Childhood Obesity Task & Finish Group, which is chaired by Cllr Joyce Barrow, has begun work, identifying weight in pregnancy and early years' life-stage as their primary area of focus. The group will use findings from local social marketing insights to develop a formal work-plan for implementation over the coming months.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
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Cllr Karen Calder, Portfolio Holder for Health
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Local Member

All Members

Appendices

Appendix 1. Child Health Profile 2014
