Agenda item 9

Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

Health and Wellbeing Board
8th May 2013

Healthy Child Programme: Discussion Paper

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1. Summary

1.1 The Healthy Child Programme (HCP) is the key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes. The current programme for 0-5 year-olds is based on the evidence available at the time of the last update of the HCP 0-5 years in 2009. As local authorities take on the commissioning of the HCP 0-5 years and its delivery via the universal health visiting service, it is important that it is underpinned by the latest evidence.

1.2 However, research recommendations suggest that further research is needed for all outcome areas, so we need to make decisions based on the best available evidence and what we understand to be important for our communities. (Please see Appendix A for the ChildHealthProfile2014-Shropshire)

1.3 Whilst acknowledging that we still have a long way to go in understanding how best to ensure the best possible start for our children, this paper sets out a strategic approach to commissioning services for 0 – 19 yr olds in Shropshire.

2. Recommendations

2.1 Whilst the Public Health Children &Young People Team is still developing and setting up governance structures through the newly established Healthy Child Programme Partnership Board reporting to the Health & Wellbeing Board and Children's Trust, there is scope to confirm priorities and new ways of working and map out a vision for the future of our children in Shropshire.

Key areas for discussion with the Health & Wellbeing Board include:

- Co-ordination of child-focused services within the Council and Shropshire CCG
- Delivering a child-centred approach across the County
- Ensuring the best start for every child in Shropshire.

REPORT

3.2 In April 2014, the Public Health Department took on responsibility for taking forward the Healthy Child Programme and TaMHs (Targeting Mental Health services for children and young people). Staff previously working within the Council's 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.

> 3.2.1 A Healthy Child Partnership Board has been set up, 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 (draft Terms of Reference for the Healthy Child Programme Partnership Board are attached in Appendix B - for information).

3.3 The original structure for the C&YP Team included two Programme Leads taking forward the Healthy Child Programme:

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

3.4 Since the 1st April this year, however, the 5 – 19's Programme Lead has been recruited to a new position within the Council, to lead the Troubled Families Programme, so we are currently reconfiguring the C&YP Team and re-assessing priorities.

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

3.6 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 working with pharmacies on the Condom Distribution scheme.

3.7 Lindsay MacHardy heads up the team.

3.8 The responsibility for commissioning of School Nursing services, including the National Child Measurement Programme (NCMP), 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.
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.

3.9 The shared vision has been formalised as contractual 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

3.10 Public Health is currently engaged in developing a new school nursing contract specification, including a "core contract" for schools, taking into account the findings from the review and which is in line with national guidance.

Health Visiting Services

3.11 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 c hecks), 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 servicesfrom Sure Start Children's C entres, other community services including charities and, where appropriate, the Family Nurse Partnership (FNP).

3.12 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.

3.13 From 1st April 2015, additional health visitors are now in post in the Community Trust, taking HV numbers to 105.6 staff working across Telford & Wrekin and Shropshire. In addition to this, Shropshire has also been provided with extra recurrent funding (£258K) for the establishment of Family Nurse Partnership (FNP) nurses who 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 have been in post since October 2014, based in Shrewsbury (Crowmore Children's Centre), 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.

3.14 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 Health Visitor (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.

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

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

3.16 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.

3.17 A PHSE curriculum resource has also been 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. Plans are in place for the evaluation of this model and analysis of the data.

3.18 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. Close working with the Health Champions has been established.

Self Harm

3.20 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.

3.21 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 (Education and Health Assessment Framework).

3.22 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.

Public Health outcomes for Children & Young People

Children & Young People make up 20% of the population

- Breastfeeding – initiation/at 6-8 weeks
- Children killed or seriously injured on roads
- Children in poverty (both dependent children under age 20 and all under 16's)
- Chlamydia prevalence in 15-24 year olds
- Domestic abuse
- Emotional wellbeing in Looked After Children (LAC)
- Excess weight in 4-5 year olds and 10-11 year olds
- First time admissions to youth justice
- HIV pregnant women
- Hospital admissions
- Immunisations
- Infant mortality
- Low Birth Weight (LBW) babies
- NEETs
- Neonatal screening (CCG commissioned)
- Outdoor space/exercise
- Percentage of children achieving expected level of development at the end of Year 1
- Percentage of children achieving good level of development at the end of reception
- Pupil absence
- School readiness levels
- Self-reported wellbeing and the number of people with increased anxiety
- Smoking – in pregnancy, at delivery and in 15 year olds (both regular and occasional)
- Teenager conceptions under 16 and under 18
- Tooth decay at age 5

3.23 The C&YP Team will be working towards achieving all of these Public Health outcomes. Recent communication with Public Health England indicates that 'school readiness' should be a particular focus of effort, because those children who 'lag' behind from the start of school, are likely to always struggle to make up this difference.

A Strategic Approach

3.24 Achieving the best start in life for our children can only be realised by taking a strategic approach to commissioning and we have been working with colleagues across the Council and with the CCG to identify how best we can co-ordinate, streamline and integrate services, intelligence and contracts. There is still a way to go, but by working together we aim to ensure

that we can co-ordinate and complement activity, avoid duplication and provide the best quality services to communities, where and when they need them.

3.25 We already offer services in relation to parenting, breastfeeding, mental health, smoking, weight reduction and obesity, attachment, child development and physical activity, but more needs to be done to address social and economic inequalities and the bringing together of services dedicated to supporting children and families in Shropshire.

3.26 Whilst the Public Health C&YP Team is still developing and setting up governance structures through the newly established Healthy Child Programme Partnership Board reporting to the Health & Wellbeing Board and Children's Trust, there is scope to confirm priorities and new ways of working and map out a vision for the future of our children in Shropshire.

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Conclusion

3.27 A discussion session has been planned for June 2015 to consider further some of the issues raised in this paper.

4. **Risk Assessment and Opportunities Appraisal**
   (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

   To be ensured through commissioning and performance monitoring of contracts for School Nursing, Health Visiting, Family Nurse Partnership service etc..

5. **Financial Implications**
   Resource allocations for Health Visiting are based on national guidance and School Nursing on historic local allocation. Additional funding is provided for FNP.

6. **Background**
   Incorporated in paper

7. **Additional Information**
   Child Health Profile for Shropshire 2014
   Draft Terms of Reference for Healthy Child Programme Partnership Board

8. **Conclusions**

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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) **Cllr Karen Calder**
Local Member
Appendices Appendix A: ChildHealthProfile2014-Shropshire Appendix B: Shropshire HCP Partnership Board TOR (3)