

**Decision Maker:** **EXECUTIVE**  
**For pre-decision scrutiny by the Executive, Resources and Contracts Policy Development and Scrutiny Committee**

**Date:** **2<sup>nd</sup> August 2019**

**Decision Type:** Non-Urgent Executive Key

**Title:** **0-19 PUBLIC HEALTH NURSING**

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**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** All wards

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## 1. REASON FOR REPORT

- 1.1 This report sets out the options for the future of the Health Visiting and School Nursing service in terms of funding and commissioning options.
  - 1.2 Both the 0-4 years Health Visiting Service incorporating Family Nurse Partnership (HV) and the Health Support to Schools (HSS) contracts expire at the end of September 2020. The HV contract is held by Public Health, funded through the Public Health grant at £3,288k per annum. The HSS contract is currently held by the Bromley Clinical Commissioning Group (CCG), funded through Public Health reserves at £603k per annum. The Executive agreed in November 2018 to fund this contract to September 2020 to align it with the expiry of the HV contract and commission a combined 0-19 service.
  - 1.3 A small contract for Primary screening (vision screening and national child measurement programme in primary schools) also expires at the end of September 2020. This contract is held by Public Health, funded through the Public Health grant at £165k per annum. It is proposed to also include this contract in the 0-19 Public Health Nursing contract from 1<sup>st</sup> October 2020.
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## 2. RECOMMENDATION(S)

- 2.1 Adult Care & Health PDS Committee to note and comment on the funding and commissioning options set out in this report.

### **Executive is asked to:**

- 2.2 Agree to tender a new 0-19 Public Health Nursing service from 1<sup>st</sup> October 2020 for a period of 5 years plus an optional 2 year extension at an estimated cost of £4 million per annum.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: This service has a key role in the health contribution to safeguarding children aged 0-19 in Bromley. Targeted services for vulnerable children in the service include children on a child protection plan, Children in Need, young people in contact with the YOS, pupils in the PRU, Home Educated Children, Young Carers and young people in the Gypsy and Traveller Community.
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## Corporate Policy

1. Policy Status: Existing Policy: This service supports the delivery of the Bromley Children and Young People's Plan 2018 to 2021.
  2. BBB Priority: Children and Young People Healthy Bromley:
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## Financial

1. Cost of proposal: Estimated Cost: £4,000k p.a.
  2. Ongoing costs: Recurring Cost: £4,000k p.a
  3. Budget head/performance centre: Public Health
  4. Total current budget for this head: £4,056k p.a.
  5. Source of funding: Public Health grant
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## Personnel

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: N/A
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## Legal

1. Legal Requirement: Statutory Requirement:
  2. Call-in: Applicable:
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## Procurement

1. Summary of Procurement Implications: In terms of procurement, this should be straightforward as the service has properly developed service specifications available and there are organisations available to tender.
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 78,000 children and young people in Bromley schools and Bromley residents aged 0-19 years.
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## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

### 3. COMMENTARY

3.1 This report follows a Gateway Review in November 2018 (CS18184) as a result of which the Executive agreed to fund the extension of the Health Support to School service to 30<sup>th</sup> September 2020 so that it could be integrated with the Health Visiting and Family Nurse Partnership service. It is noted that a further small contract commissioned by Public Health, the Primary Screening service, also ends 30<sup>th</sup> September 2020 and it is proposed to include this in the new 0-19 Public Health Nursing service.

3.2 It is proposed to merge these three existing contracts.

<b>Contract</b>	<b>Current budget</b>	<b>Contract owner</b>	<b>Current provider</b>
0-4 years Health Visiting Service incorporating FNP	£3,288k	LBB	Oxleas NHS Foundation Trust
Health Support to Schools	£603k	Bromley CCG	Bromley Healthcare Community Interest Company
Primary Screening service	£165k	LBB	
<b>Total</b>	<b>4,056k</b>		

#### HEALTH VISITING

3.3 This service is currently delivered by Oxleas NHS Foundation Trust and has an annual budget of £3,288k.

3.4 Health Visiting is a mandated universal service from pregnancy to age 4 years. The Health Visiting team meet with pregnant women after 28 weeks of pregnancy, assess the mother and baby 10 days after the birth, at 6 weeks after the birth, when the child is aged 1 and again when the child is aged 2-2½ years. These reviews are important in building a relationship between the Health Visiting team and the mother and in making an expert assessment of medical and social risk for that family.

3.5 This expert assessment of risk is used to identify whether support in addition to routine support is required in order to avoid poor outcomes. Additional support could be in the form of referral to health services, children's social care or other support services, or it could be provided directly by the Health Visiting team. Where safeguarding issues are identified the HV will initiate appropriate processes and, importantly, maintain contact and support to the family throughout the processes, thus providing step-down support as well as escalation. This long term support to vulnerable families is an important part of keeping children safe in Bromley.

3.6 The Health Visiting service, by avoiding delays in identification of need, are able to reduce risk and cost by addressing many needs before they escalate.

3.7 There are around 4,000 births a year in Bromley. The vast majority of these families will not require additional support and receive only the five reviews and infant immunisations (which are the responsibility of primary care).

## **FAMILY NURSE PARTNERSHIP**

- 3.8 This service is currently delivered by Oxleas NHS Foundation Trust and is part of the HV contract which has an annual budget of £3,288k.
- 3.9 Family Nurses provide intensive support to the most vulnerable mothers using evidence-based interventions. This is a licensed programme and supports the mothers from pregnancy until their child is 2 years old, when the care of the family passes to Health Visiting services. This service is based on good evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child and poor education outcomes. Vulnerable and first time young mothers often struggle significantly in their role as a parent. Almost sixty per cent of mothers involved in serious case reviews were under 21 when they had their first child. Bromley's current FNP caseload illustrates that vulnerable first time mothers have increasingly complex needs.
- 3.10 Where involvement of Children's Social Care is necessary it is possible for cases to be escalated and de-escalated in a safe and timely manner due to the level of intervention FNP provides. For example in the last quarter three infants were stepped down from Children In Need (CIN) and Child Protection Plan (CP) and nine infants/unborn were put on CIN. CIN plans are multiagency plans put in place for a child who needs extra support for his/her safety, health and/or development. CP plans are put in place when a child may be at risk of significant harm.
- 3.11 In line with Bromley's commitment, set out in Transforming Bromley Roadmap, to help Bromley children and young people at the earliest point of need, FNP functions both as an early intervention and as a prevention programme. Within the current caseload, eleven of the mothers were previously Children Looked After, 97% of FNP babies and toddlers are up to date with their immunisations and 100% of them have completed Ages and Stages Questionnaire (ASQ) developmental reviews.
- 3.12 Bromley currently has three Family Nurses (FNs) who provide support to up to 75 vulnerable mothers, including young mothers who are care leavers or known to Children's Social Care.

## **HEALTH SUPPORT TO SCHOOLS**

- 3.13 This service is currently delivered by Bromley Healthcare and has an annual budget of £603k.
- 3.14 The Health Support to Schools (HSS) service covers two specialist nursing functions: safeguarding vulnerable groups, and strategic health support to schools to minimise the risks of children with health conditions in schools.
- a) Safeguarding Nursing support  
As well as providing nursing expertise to general safeguarding processes in Bromley, this service is commissioned to provide nursing support to some of the most vulnerable groups in Bromley as identified by the Needs Assessment, including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. In addition, this service is commissioned to support identification and assessment and provide appropriate support to young people who have suffered Child Sexual Abuse or Exploitation (CSA/CSE).
- b) Supporting pupils with medical needs in schools

The service is commissioned to provide nursing support to maintained schools and academies in Bromley in order to reduce the risks to schools of looking after pupils with medical conditions. This model of working involves each school clearly leading this work, with appropriate strategic nursing support to minimise risks to the school and the young people. Individual Health Care Plans for children with medical conditions are a key mechanism to manage this risk in schools.

## **NATIONAL CHILD MEASUREMENT PROGRAMME**

- 3.15 This service is currently delivered by Bromley Healthcare and has an annual budget of £165k.
- 3.16 The National Child Measurement Programme (NCMP) is a mandated programme which measures height and weight in reception year and year 6 in all children in Bromley in maintained schools and academies. The measurements are fed into a national NCMP programme.
- 3.17 After piloting new ways of delivering this programme in 2016, it was combined with the Vision Screening programme in reception year (which is part of the Healthy Child Programme), in order to minimise the number of visits to primary schools. This model is preferred by schools and brings efficiencies in the administration of both programmes.
- 3.18 These two screening programmes were commissioned as the Primary Screening service in April 2017.

## **SAFEGUARDING**

- 3.19 It is a statutory duty of the local authority to safeguard children. The Health Visitor, FNP Nurse or School Nurse brings the health perspective to form part of a full oversight of a child's needs, especially if a child has disabilities. Ofsted inspections of SEND provision regularly refer to Health Visiting and school nursing (Appendix 2). The SEND framework does not distinguish between maintained schools and academies.

## **4.1 OPTIONS APPRAISAL**

4.1.1 The options for the future delivery of 0-19 Public Health Nursing services in Bromley are:

- Option 1 – Commission a joint 0-19 service.
- Option 2 – Bring in-house a joint 0-19 service.

## **4.2 PREFERRED OPTION**

### **Option1. Commission a joint 0-19 service**

<b>Pros</b>	<b>Cons</b>
The clinical risks sit largely with the provider.	No potential savings in management costs
All staffing concerns sit with the provider	
All clinical governance concerns sit with the provider	
Safeguarding structures and processes are already in place in providers	
IT and GDPR risks sit with the provider	

## Option 2. Bring in-house a joint 0-19 service

Pros	Cons
There are potential savings in management costs, after setting up a broad range of structures to support the service, but these cannot be guaranteed given the infrastructure that would be required as outlined in the "Cons" column.	Significant clinical risks attached to these services could risk reputational damage and incur significant financial liabilities such as increased insurance costs to the council.
	There are currently no clinical governance processes in place in the Council. Public Health currently use CCG processes but these may not be available to cover such a large level of risk. If Option 2 was agreed work would be needed to scope out what clinical governance processes would be required.
	Safeguarding structures and processes for health services are not currently in place in the Council and these would need to be set up.
	An impact assessment on any GDPR risks to the Council would need to be undertaken;
	Additional support services resources would be required, e.g. HR, Finance, Payroll, Pensions, Legal, IT
	Pension liabilities/risk
	It is likely that TUPE would apply to the existing workforce. There could be significant on-costs associated with the TUPE process of bringing approximately 65 staff from both Bromley Healthcare and Oxleas

4.3 Option 1 is the preferred option as this would minimise the clinical, staffing and GDPR risks to the council.

4.4 By merging the three teams (Health Visiting, School Nursing and Primary Screening service) there will be some savings in management costs, estate costs and reduced duplication and records monitoring relating to safeguarding.

## 5. MARKET CONSIDERATIONS

5.1 There is a limited market of approximately 3 suppliers who are likely to submit a bid for the 0-19 service in the future provided that the funding is at the current level of around £4m.

5.2 The current spend per head on HSS in Bromley is approximately £11. This is the lowest spend in London, with the next lowest spending borough (Havering) at £14 per head. The highest spending borough in London is Camden which spends £43 per head.

5.3 The current spend on HV and FNP is below the level that transferred to the council in 2015. The original budget for this service was £3,634k p.a. (£10.9m over three years). The current budget is £3,288k p.a. (£9.9m over three years).

## 6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS.

6.1 **Estimated Contract Value** – £20m over 5 years (£4m per annum)

6.2 **Other Associated Costs** – None

6.3 **Proposed Contract Period** – 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2025, with the option to extend the Contract for a period of 2 years

6.4 Tender evaluation weightings will be 60% cost and 40% quality.

6.5 If it is agreed to commission the 0-19 service, the tender will start summer 2019. An indicative timeline is detailed below:

Market Engagement Events	June 2019
Finalise Tender Documents and KPIs	July 2019
Issue Tender Documents	Late July 2019
Return of completed Tender	End of September 2019
Potential Clarification Interviews	Mid October 2019
Internal Authorisation meetings and Members' 'call-in' period.	November 2019
Anticipated date to advise Tenderers	Early December 2019
Contract Mobilisation	January 2020
Contract Commencement Date	<b>1<sup>st</sup> October 2020</b>

6.6 The procurement will be led by Public Health and use the national 0-19 Public Health Nursing service specification with local amendments. This is a well-defined specification with appropriate monitoring and Key Performance Indicators included to assist the Council to properly monitor the Service from the Service Transfer Date. It is intended to include as much detail as possible of the services required in the service specification in order to minimise possible disputes with the future provider.

## 7. IMPACT ON VULNERABLE ADULTS AND CHILDREN

7.1 The HSS service has a key role in the health contribution to safeguarding children aged 5-19 in Bromley. Targeted services for vulnerable children in the service include health support to the YOS, to pupils in the PRU, to Home Educated Children and Young Carers.

## 8 POLICY IMPLICATIONS

8.1 The 0-19 service will support the delivery of the Bromley Children and Young People's Plan 2018 to 2021. In particular it will support Priority area 1 (Early help and intervention), Priority area 2 (safeguarding children and young people), Priority area 4 (Children with special educational needs and disabilities), and Priority area 6 (Enabling communities).

## 9. FINANCIAL IMPLICATIONS

9.1 The table below outlines the budget and spend over the last three years and current 2019/20 budget.

Service	2016/17		2017/18		2018/19		2019/20
	Budget	Actual	Budget	Actual	Budget	Actual	Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Visiting and FNP	3,802	3,634	3,579	3,461	3,288	3,288	3,288
Health Support to Schools	698	698	303	303	663	663	603
Primary Screening service	120	120	170	140	165	160	165
	4,620	4,452	4,052	3,904	4,116	4,111	4,056
<b>Variation</b>		<b>-168</b>		<b>-148</b>		<b>-5</b>	

- 9.2 There may be some savings and/or synergies realised by combining the three contracts. However, at this stage this cannot be quantified.
- 9.3 Significant savings were made in the 2017-2020 commissioning round in the Health Visiting and FNP contract, reducing from £3,634k p.a. (£10.9m over three years) to £3,288k p.a. currently (£9.9m over three years).
- 9.4 The Health Support to Schools service is currently being funded from the Public Health reserve, which stands at £1,779k as at 31<sup>st</sup> March 2019. It is therefore likely that the reserve will have been exhausted by the end of 2021/22. Although this budget has been included as a growth item in the Council's four year financial forecast, the budget gap is projected to have increased to around £32m by 2022/23, so these growth items are currently unfunded. The final funding arrangements for this service will be determined once the final outcome of the tendering is known.
- 9.5 Given uncertainties in the future funding of Public Health in general, and the Health Support to Schools element in particular, the new contract will need to include flexible arrangements that allow service changes to match any reductions in funding levels. This will be subject to giving sufficient notice period for any changes within the contract.

## 10. LEGAL IMPLICATIONS

- 10.1 This report seeks the approval of the Executive to commission a 0-19 Public Health Nursing service.
- 10.2 Under Section 17 of the Children Act 1989 the local authority has a statutory duty to safeguard and promote the welfare of children in their area who are in need.
- 10.3 Under Section 10 of the Children Act 2004 the local authority has a statutory duty to make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children in its area so far as relating to physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by them to society, social and economic well-being.
- 10.4 The Health and Social Care Act 2012 transferred Public Health functions from the NHS to Local Authorities commencing on 1 April 2013 with the transfer for the Health Visiting, School Nurses and Family Nurse Partnership Service taking effect from the 1 October 2015. Additionally, Local Authorities including Bromley took on the Public Health Duty of commissioning School Nursing to local delivery of the National Child Measurement Programme from the 1st April 2013.

- 10.5 If Option 2 is supported, officers should ensure proper consideration and planning is taken in respect of any potential TUPE issues.
- 10.6 The procurement comments within this report provide sufficient detail as to the application of the Public Contracts Regulations 2015 Under the Council's Contract procedure Rules (CPR 5.4 and Guidance) where the estimated value exceeds£1M the Executive is authorised to decide the Commissioning Strategy and Proceeding to Procurement as sought by the recommendations to this report.

## **11. PROCUREMENT IMPLICATIONS**

- 11.1 The Tender process will be undertaken in accordance with the Council's Financial Regulations and Contract Procedure Rules, and in compliance with the requirements of the Public Contract Regulations 2015.
- 11.2 Health, Social Care and related services are covered by Schedule 3 of the Public Contract Regulations 2015, and thus the tender would be subject to the application of the 'Light Touch' Regime (LTR) under those Regulations.
- 11.3 As the estimated value of the tender is above the EU threshold for LTR and the classification of the Contract as a Service Contract, the procurement process shall comply with the Public Contracts Regulations 2015 for an OJEU procurement process. These obligations include the following:
- i) the tender must be advertised in OJEU or equivalent
  - ii) the relevant contract award notices must subsequently be published
  - iii) the procurement must comply with EU Treaty principles of transparency and equal treatment.
  - iv) the procurement must conform with the information provided in the OJEU advert regarding any conditions for participation, time limits for contacting / responding to the authority, and the award procedure must be applied.
  - v) Time limits imposed, such as responding to adverts and tenders, must be reasonable and proportionate.
- 11.4 Due to the limited available market for this service, it is proposed to use a one stage open procedure.
- 11.5 In compliance with the Council's Contract Procedure Rule 3.6.1, this procurement must be carried out using the Council's e-procurement system.
- 11.6 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

## **12. PERSONNEL IMPLICATIONS**

- 12.1 If Option 1 is supported, there will be no personnel implications.
- 12.2. In event that Members agree to support Option 2 any staffing implications arising from bringing the service in house would need to be carefully planned for and managed in accordance with the Council policies and procedures and with due regard for the existing framework of employment law. Discussions with the current providers would inform the process as to which posts would be in scope for transfer under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) as amended (2014).

- 12.3. Where there are staff who fall within scope of TUPE regulations there would be a period of formal consultation on the detailed transfer proposals, which would take place with staff, trade unions and other staff representatives in accordance with employment legislation and the Council's managing change procedures.
- 12.4. Until further details of the numbers of clinicians and other support staff are known it is difficult to predict the impact a transfer of this nature will have on the Council's existing support services. It is likely however that additional resources would need to be brought in to HR, Finance, Legal and IT. particularly as the transferring staff would not be on LBB terms and conditions, but would come over on their existing contracts of employment. If the majority are in the NHS pension scheme it would also mean that there would likely be a cost involved with Payroll/Pensions in administering the additional pension work. This would all need to be factored in to the costs.

<b>Non-Applicable Sections:</b>	
Background Documents: (Access via Contact Officer)	<ol style="list-style-type: none"> <li>1. Health Support to School Age Children. Executive 28<sup>th</sup> November 2018. Report No. CS18184</li> <li>2. Health support to school age children. Care PDS 9<sup>th</sup> January 2018, Executive 10<sup>th</sup> January 2018 CS18114</li> <li>4. Gateway report. Health support to school age children. Care PDS 15<sup>th</sup> November 2016, Executive 30<sup>th</sup> November 2016 CS17065</li> <li>4. Commissioning strategy – Health Visiting and Family Nurse Partnership. Executive 20<sup>th</sup> July 2016. Report No. CS17019</li> </ol>

## **Appendix 1. Summary of Service Specification for new 0-19 Public Health Nursing service (0-19 PHN)**

This contract will include all children and young people aged 0-19 years and their families who are resident in London Borough of Bromley or attending a Bromley school

The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The national Programme (0 – 19) aims to:

- Help parents develop and sustain a strong bond with children
- Encourage care that keeps children healthy and safe
- Reduce childhood obesity by promoting healthy eating and physical activity
- Identify health issues early
- Make sure children are prepared for and supported in all child care, early years and education settings to be 'ready to learn at two and ready for school by five'.

### **SERVICE MODEL**

#### **1. 0-4 (Health visiting) services**

The service includes child health surveillance, health promotion; health protection and health improvement and support as outlined in the Healthy Child Programme 0-5 and includes the role of the health visitor in:

- leading and delivering the five mandated health reviews
- transiting of family public healthcare from maternity to health visiting services
- contributing to safeguarding
- supporting vulnerable children and families
- contributing to the Children and Family Centres (CFCs), Bromley Children Project, IASS, CAF and Tackling Troubled Families programmes.

#### **2. Family Nurse Partnership (FNP)**

The service improve pregnancy outcomes, child health and development and economic self-sufficiency for vulnerable first-time young mothers and their children and families. The FNP team will provide expertise, advice and training across the system to enhance skills to engage vulnerable clients.

#### **3. 5-19 (Health Support to Schools) services**

The service supports maintained schools and academies, and includes child health surveillance, health promotion, health protection and health improvement and support outlined in the Healthy Child Programme 5-19, and includes the role of school nurses in:

- supporting vulnerable children and those not in school, for example, children in care, young carers or young offenders
- supporting children who are home educated children
- providing the support offered as part of the Bromley Children Project and the Troubled Families programme
- contributing to safeguarding
- supporting transition for school-aged children (between health visiting and school nursing, between schools, and into adult services)

This service supports schools on two key areas:

- a) Strategic support to schools to manage medical conditions
- b) Safeguarding support to provide pro-active targeted support to children and young people aged 5-19 in Bromley. This includes support to front line teaching staff who have concerns about a child or young person.

#### **4. Primary Screening service**

This service entails measurement of height and weight and vision screening of children in state-maintained schools, including academies, in Bromley.

## **Interdependencies**

The key partner in this work is the Early Intervention and Family Support service in LBB. The 0-19 Public Health Nursing service will be expected to work closely with this service for all children aged 0-19 in Bromley using locally-developed care pathways. Information sharing agreements, in line with GDPR, should be in place for all services as required.

School Nurses to be alert to and actively promoting Information Advice and Support Service with the children and young people that they see, along with referrals to Bromley Children Project for the wider family

The new 0-19 PHN service will be expected to bid for additional services via the annual commissioning process for early intervention health related activities delivered in the Children and Family Centres.

The service will also:

- Promote collaboration for community-based self-help support groups e.g. Mindful Mums, mother and toddler support groups and local virtual communities
- Support the early identification of children with speech and language needs and refer to support groups in CFCs and specialist support as necessary
- Work in schools with the new Mental Health Support teams
- Identify early signs of developmental and health needs and signpost and/or refer for investigation, diagnosis, treatment, care and support
- engagement of the 0-19 PHN service in multi-agency services e.g. MASH, Bromley Children Project and MARAC

## **Digital Offer**

It is recognised that the digital element of the service is essential and is invested in and developed in line with the NHS Long Term Plan.

There is the expectation that the following will be offered;

- A fit for purpose website that is easy to access with relevant information and advice that is kept up to date
- The website should be integrated with local services
- Clients should have access to virtual services e.g. telephone consultations
- Improving accessibility using appropriate technology e.g. health promoting apps, secure text messaging with clients, secure email facilities with clients and other agencies
- Frontline staff should have digital technology to be able to work away from the office using devices such as tablets, laptops etc.
- The Provider must invest in digital development during the life of the contract

## **Location of services**

Currently, two of the larger Children and Family Centres in the borough rent space to accommodate Health Visiting Teams. It is expected that this arrangement would continue in the next contract.

## **Service the Provider may charge for**

The Provider is able to charge for services provided in schools that sit outside of the specification. These include:

- Some aspects of health training for staff
- Delivery of Personal Social Health Education sessions e.g. puberty & hand hygiene
- Delivery of school-nurse drop-ins

## **Appendix 2. Outcomes Measures**

The Public Health and NHS Outcomes Frameworks clearly define a range of measures relevant to children and young people. Effective delivery of the HCP will contribute to the achievement of many of these outcomes:

- a) Improving life expectancy and healthy life expectancy
- b) Reducing infant mortality
- c) Reducing low birth weight of babies
- d) Reducing smoking at delivery
- e) Improving breastfeeding initiation
- f) Improving breastfeeding prevalence at 6 – 8 weeks
- g) Improving child development at 2-2.5 years
- h) Reducing the number of children in poverty
- i) Improving school readiness
- j) Reducing under 18 conceptions
- k) Reducing excess weight in 4 – 5 and 10 – 11 year olds
- l) Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0 – 14 years
- m) Improving population vaccination coverage
- n) Disease prevention through screening and immunisations programmes
- o) Reducing tooth decay in children aged 5 years
- p) Improving school readiness
- q) Reducing pupil absence
- r) Reducing first time entrants to the youth justice system
- s) Reducing the number of 16 - 18 year olds not in education, employment or training
- t) Reducing smoking prevalence – 15 year olds
- u) Reducing self-harm
- v) Chlamydia diagnoses (15 – 24 year olds)

### Appendix 3. Ofsted and SEND inspection

Recent Ofsted SEND inspections have repeatedly highlighted the role of Health Visiting, School Nursing, and sometimes primary screening. The table below presents some of the recent feedback to statistical neighbours or other London boroughs, which reflects this focus.

Local Authority	Date	Areas of strength or for development
Bedford	Feb 18	The integrated two-and-a-half-year assessment for all children is effectively enabling collaborative working between the families and professionals to support early identification of needs. Professionals build positive relationships with families and understand their needs well.
		There are examples of strong practice by individual healthcare professionals and services working directly with families. For example, the school nurse provision is well developed and highly thought of by practitioners in schools, as well as parents and carers. This service is held in high esteem by special schools and mainstream providers alike.
Havering	Feb 18	All children who attend schools in Havering are offered an auditory and sight test by the school nursing service. These tests help to ensure the early identification of visual and auditory conditions. Opticians across Havering report an increase in the number of children and young people who have attended follow-up ophthalmic appointments and of those being prescribed glasses.
		Not all infants receive the integrated two-and-a-half-year check. This has been identified by the local area as an area for development but progress continues to be hindered by the lack of capacity within the health visiting service.
		The ante-natal visit and the six-week baby health checks, a part of the Healthy Child Programme, are only available to those families where vulnerability has been identified. This means that the checks are not available to all families and may result in a delay in identifying the needs of some children.
Lewisham	Oct 17	Following the new-born bloodspot screening process health visitors offer joint home visits with a specialist nurse to discuss the results and ongoing needs, if appropriate. These joint home visits enable health professionals to support families when problems are identified early in a child's life.
		The health visiting service supports pupils who are moving from nursery provision to early years classes effectively through the targeted three-and-a-half year reviews. As a result, pupils' needs are identified before they transfer into Reception classes.
		Links between health visitors and GPs are strong. This supports the prompt identification of needs and appropriate referral where necessary. It also supports the 'tell it once' principle.
		Health visitors, children's centres and midwives have developed an information 'pathway' that helps parents understand the universal 0 to 5 services. This is a welcome development and exemplifies the emphasis on joint working.
		Where services have been recently recommissioned, local area partners are not always clear about what is included. For example, the current lack of clarity about the school health service means that there is a gap in the way some children's needs are identified in primary schools. This is because schools, school nurses and other partners do not have a common understanding of the recommissioned arrangements
		The one-year and two- to two-and-a-half-year reviews cover between 70% and 75% of children. Around a quarter of all children do not attend. This limits the opportunity for the early identification of needs.
		The two-year reviews for children are not integrated with those carried out in early years settings. This lack of coordination limits the opportunity for joint working and the 'tell it once' approach.
Oxfordshire	Sept 17	Children's needs are picked up suitably early through antenatal visits, early health checks and health screening programmes. Health visitors make good use of a standardised developmental assessment process.
		The midwifery and health visiting teams communicate effectively with each other. Health visitors have the information they need to be able to identify children's possible additional needs at birth and initiate early help.
		Leaders have made a considerable investment in the school nurse service, which has resulted in a comprehensive offer for all schools. The specialist community public health nurses are well trained and able to identify needs, offer suitable support and initiate referrals to other services when appropriate. Secondary school leaders value the expertise they have to hand on site. Primary schools also benefit from the services provided by an assigned school nurse.

<b>Redbridge</b>	<b>June 18</b>	A specialist school nurse is provided with monthly updates about the number of children home educated or missing from education. This means that, where possible, children and young people are offered care and support and have their needs identified outside of the usual school environment. This is particularly important where SEN and/or disabilities is indicated, so that additional support can be offered to parents and carers.
		A specialist school nurse maintains a bi-weekly presence in the Redbridge YOS. Drop-in and appointed clinics are undertaken at the YOS to identify health needs and refer on accordingly. This is a strength in meeting the needs of young people with previously unidentified additional health issues that can lead to them undertaking offending behaviours
		More needs to be done to ensure that the healthy child programme is implemented consistently at all stages of the programme. For example, the most recent information shows that only around one in five of six- to eight-week reviews and one in three of two- to two-and-a-half-year reviews were undertaken. This means that the needs of vulnerable children are not being identified at the earliest stage.
<b>Trafford</b>	<b>Jan 17</b>	Clear procedures and assessment systems ensure that the identification of needs is strong in the early years. Agencies work closely together to identify needs and then provide the required support for young children and their families.
		Joint commissioning between healthcare services and the local authority is well established. This has a positive impact on the provision of services in Trafford, such as the provision of health visiting and school nursing.
		Agencies across Trafford work closely together to identify children in the early years who have special educational needs and/or disabilities. Delivery of the healthy child programme is strong. This national programme is enhanced by integration with the 'Greater Manchester 8-stage assessment model', which helps to identify and respond to any emerging developmental or healthcare needs from pre-birth to age five.
		All early years settings have a named health visitor. This helps in providing effective communication and support for children and families and is well received by settings. Health visiting teams work flexibly across Trafford to meet the needs of their communities. For example, in some parts of the borough, teams have increased their offer of home visits to ensure that more families take up the offer of the development check for two-year-olds.
		School nurses are a valuable resource for school-age children and schools benefit from their support. Such support includes drop-ins for children and young people and more formal input into care planning and the training of staff in educational settings. An increasing number of children, young people and their families are now accessing this service because of increased confidence in the service.
		Trafford has a well-established history of joint commissioning between healthcare services and the local authority, including the use of shared budgets. This has a positive impact on the range of services offered, for example through an expanded offer of health visiting and school nursing. Recent commissioning decisions demonstrate close collaborative working between education, health and social care services to improve the lives of families living in the borough. SEND is an integral part of the five key priorities of the health and well-being board. Governance around commissioning and the delivery of services is monitored through appropriate structures.
		Families with young children are able to access an appropriate range of effective early years support in children's centres or other early years settings. For example, health visitors and parents can refer to programmes that help to support the early development of speech, communication and parenting.
		Health visitors, school nurses and community nurses are not currently planning and recording their work in an outcome focused way. This means that it is often difficult to evidence the impact of their work. This is a recognised area for development across all three services.
<b>Sutton</b>	<b>Jan 18</b>	The well-established arrangement for health visitors to be based at children's centres supports partnership working to identify, assess and meet the needs of young children.
		Health visitors and school nurses are positive about the local offer. They use it to promote, inform and signpost parents to information and support available to them.
<b>Solihull</b>	<b>Oct 17</b>	Health practitioners and public health nurses identify needs well through antenatal and neonatal screening. Regular analysis of information and the effective delivery of the healthy child programme ensures that professionals identify a child's emerging needs effectively
		Public health nurses are not using robust outcome measures to record progress in most families they are working with. There is an over-reliance on recording activities rather than assessing their impact.

## **Appendix 4. Case Study**

### **How was the young person/family identified?**

School Nurse (SN) advised by the YOS of the young person who was due for release. He was coming to live in a semi independent living placement. The young person has a young child, age 2, who he was keen to build his relationship with and his partner who both live with her family. SN attended the young offenders institute with the YOS Case worker to speak to him about his health needs on leaving custody. A discussion was held on how he might feel emotionally as well as any physical needs he would like support with.

As young males are less likely to access health support, introducing him to health information and local support at this transition point of independence in his life was aimed at not only supporting him now but to improve his chances of engaging with health for the future. It was also important to support the young man, as a father, to understand how he can have a positive impact on his child's life

### **What was the support required or identified need?**

As a result of the SN seeing the young man in custody a plan was developed to put in to place for when he was released which was specific to him.

### **Areas of support identified were**

- Diet
- Sexual health
- Parenting
- Self-care routine
- Continuity of professional

### **What were the interventions required?**

- Details of local health services were provided for him and he was reminded to sign up to a GP and Dentist local to him.
- A timetable was drawn up with him to look at how he planned his week to ensure he had time set aside for cleaning his clothes and looking at down time for him
- Healthy eating was discussed and what foods he could cook to maximise his dietary needs as well as the role that exercise could play in his daily activity.
- He was offered information and support around sexual health services including providing him with a C card and condoms
- For his relationship with his daughter the SN discussed the needs of his child and spoke about attachment. The positive parenting discussed was in some areas a change to his own upbringing.

### **What was the outcome?**

The young person was seen at his new home when he was released. He was settling well in to his new home. The information as above was provided. The young man was very polite and appeared grateful for the support (Thanked the SN and shook her hand). The SN continues to be available to support him for any health needs he may have.