

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	14 JULY 2017	AGENDA ITEM:	13
TITLE:	0-19 (25) PUBLIC HEALTH NURSING SERVICE - UPDATE		
LEAD COUNCILLORS:	COUNCILLOR GAVIN COUNCILLOR HOSKIN	PORTFOLIO:	CHILDREN AND FAMILIES HEALTH
SERVICE:	PUBLIC HEALTH EARLY HELP	WARDS:	All
LEAD OFFICERS:	JO HAWTHORNE ANDY FITTON	TEL:	0118 937 3623 0118 937 4688
JOB TITLES:	HEAD OF WELLBEING, COMMISSIONING AND IMPROVEMENT HEAD OF EARLY HELP	E-MAIL:	jo.hawthorne@reading.gov.uk andy.fitton@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an information update to the Reading Health and Wellbeing Board on progress towards implementation of the integrated Public Health Nursing Service 0-19 (25).

2. RECOMMENDED ACTION

- 2.1 That progress with regard to the development of an integrated 0-19 (25) Public Health Nursing Service be noted.

3. POLICY CONTEXT

- 3.1 The Healthy Child Programme (HCP) provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:
- Help parents develop and sustain a strong bond with children;
 - Encourage care that keeps children healthy and safe;
 - Protect children from serious disease, through screening and immunisation;
 - Reduce childhood obesity by promoting healthy eating and physical activity;
 - Identify health issues early, so support can be provided in a timely manner; and
 - Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five.
- 3.2 The Health and Social Care Act 2012 transferred Public Health functions from the NHS to Local Authorities, commencing on 1 April 2013. The transfer of the

commissioning responsibility for the Health Visiting, School Nurses and Family Nurse Partnership Service took effect from the 1 October 2015.

3.3 Statutory provisions in respect of Health Visitor Services came into effect conterminously, and mandated particular elements of the Healthy Child Programme. The mandated elements define that all families receive 5 key child development visits from the health visitor, which take place at Antenatal, New Baby, 6 - 8 weeks, 9 - 12 months and 2 - 2½ years. The mandated component has been reviewed by Public Health England and remains the same.

3.4 Additionally, Local Authorities took on the Public Health Duty of commissioning School Nursing to local delivery of the National Child Measurement Programme (NCMP) from the 1st April 2013. The NCMP involves the annual measurement of the height and weight of children in Reception Year and Year 6, and the return of the data to the Health and Social Care Information Centre (HSCIC).

4. CURRENT POSITION

4.1 Adults', Children's and Education Committee approved the procurement of an integrated Public Health Nursing Service on 13 December 2016.

4.2 The new integrated Public Health Nursing Service 0-19 (25) will commence on 1 October 2017. The project is currently progressing well against the project plan and the team anticipate completion on time. The project is being managed by a cross-directorate team, including officers from Public Health/Wellbeing, Early Help Services and Corporate Procurement.

4.5 A full procurement has been undertaken, which commenced on 13 March 2017 and closed on 18 April 2017. Following contract selection, internal approval to award the contract to Berkshire Healthcare Foundation Trust (BHFT) has been secured and BHFT have acknowledged the formal award of the Reading 0-19(25) contract letter issued to them.

4.6 The project team are currently making the necessary arrangements with Legal Services to process the contract between Reading Borough Council (RBC) and BHFT. The contract will start on 1 October 2017 for a period of two years, with the option to extend for a further 12 months.

4.7 Mobilisation meetings have been arranged with representatives from RBC and BHFT to discuss implementation of the new contract arrangements.

4.8 Service integration has been key to the approach around 0-19s service development. National policy has long emphasised the importance of integrated support coordinated around the needs of the child and family. Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Special Educational Need and Disability (SEND) Green Paper (DfE, 2011) have all made the case for a holistic, integrated service for children and young people. In addition, every part of the country is required to have a locally led plan for Health and Social Care integration in place by 2017 which should be implemented by 2020.

4.9 The Reading 0-19s service will be integrated with early intervention children's service. This will develop coherent, effective, life course services for children and young people. The model will maximise opportunities for health visitors and school

nurses to be a part of the RBC priorities for keeping children safe, achieving their maximum potential and staying healthy.

4.10 The overarching aims of the Reading Public Health Nursing Service for children and young people aged 0-19 (25) are to:

- Lead and deliver a universal HCP 0-19 (25) through assessment of need by appropriately qualified staff, using the specific or relevant 4-5-6 models, including focusing on the 6 High Impact Areas to support delivery;
- Provide an integrated Public Health Nursing Service linked to primary and secondary care, Early Years, childcare and educational settings, through ensuring nominated leads are known to the stakeholders, including a named Health Visiting team or School Nursing team for every setting;
- Deliver an evidence-based service that will provide public health interventions and health care support to school age children and their families to enable children to make the most of their education and wider social opportunities, to improve health and health outcomes for children and families and reduce health inequalities. The 5-19 (25) element of the HCP will be adapted to suit local need and capacity, however all young people, schools and other partner agencies working with children and young people will have access to signposting and advice;
- Undertake health and development reviews to assess family strengths, needs and risks and deliver public health interventions support to all children and young people and to keep children and families safe and well;
- Work to ensure that local public health and wellbeing strategies are integrated with health visiting and school nursing teams and clear care pathways exist between the service and other key services that families, children and young people access, such as children's centres, substance misuse, mental health, sexual health, family support and midwifery services. The service will promote parent and infant mental health and secure attachment, via the use of [Neonatal Behavioural Observation and Neonatal Behavioural Assessment Scale](#);
- Identify children with possible SEND. Bring any child who may have SEND to the attention of the Local Authority, especially when they think that an EHC needs assessment may be necessary;
- To provide initial advice and support in relation to paediatric incontinence;
- Support parenting using evidence based programmes, for example the [Solihull approach](#), and help parents to know what to do when their child is ill;
- Provide evidence-based advice and support to children with additional needs - via early identification, diagnosis, signposting and tailored help;
- Champion and advocate culturally sensitive and non-discriminatory services that promote social inclusion, dignity and respect;
- Demonstrate the impact and improvement of the service provided through improved outcome information, including evidence that the experience and involvement of families, carers, children and young people has taken into account;
- Ensure delivery of the health visiting aspects of the newborn screening programmes, for example, ensuring results are recorded and acted upon in line with [UK NSC Programme Standards](#);
- Respond to childhood communicable disease outbreaks and health protection incidents as directed by PHE or other;
- Enable the prescribing of medication - as an independent/supplementary prescriber in accordance with current legislation (See Appendix A for additional information). Where Health Visitors have not undertaken this module in training, it is a requirement of Continuing Personal Development for completion within the first 2 years of practice.

- Child protection and safeguarding children are essential components of the service. Safeguarding children, which includes child protection and prevention of harm to babies and children is a public health priority. This will include working collaboratively with other agencies to intervene effectively with families where there are concerns about parenting capacity, adult mental health, alcohol or substance misuse, domestic abuse leading to levels of abuse of children. The service will implement child protection measures when required.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The integration of Public Health Nursing Services for children and young people aged 0-19 (25) will support the Council's Corporate Plan objective to provide the best start in life through education, early help and healthy living.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 The remodelling of Reading Children's Centre offer has now been approved at ACE committee on 6th June 2017 following a 90 day public consultation. The approved actions to be implemented from October 2017 are:

- To establish four fully integrated Children's centre hubs with satellite delivery points.
- To fully integrate the Health Visiting Service into the Children's Centre offer to maintain universal contacts with young children.
- To strengthen the partnership with RBH Maternity Community services and support vulnerable pregnant women and unborn children.
- To provide a targeted support offer to young children and their families in the town that ensures key outcomes for young children and their families are met.
- To build on the partnerships with Reading's voluntary Sector to provide a wide range of universal activities and support for young children with undiagnosed/emerging needs.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 An Equality Impact Assessment has been completed. This established that there were unlikely to be any disproportionate impacts on any groups or individuals with protected characteristics.

8. LEGAL IMPLICATIONS

- 8.1 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 of different services being staged. The relevant statutory provisions in respect of Health Visitor Services came into effect on 1 October 2015, including the mandated visits/reviews as outlined earlier in this report. The mandated reviews are currently subject to review by Public Health England.

9. FINANCIAL IMPLICATIONS

- 9.1 Health visiting and school nursing services have been funded according to modelled need through the Public Health Grant. However, the Reading Public Health grant has been cut by 6.2% in 15/16 and is to be subject to further cuts. The Government

announced that the 2015/16 grant funding reduction will be recurrent and confirmed further overall reductions.

9.2 The draft budget for the integrated 0-19 (25) Public Health Nursing was agreed as £3,275,247 "in the region of £3M" at ACE Committee on 12 December 2016.

10. BACKGROUND PAPERS

10.1 Children's centre offer consultation response and final proposal

A report providing an outline of the consultation response from service users, partners, voluntary sector and the general public to the Children's Centre Offer proposal and detailing the Children's Centre Offer going forward

[http://www.reading.gov.uk/media/7253/Item08-4/pdf/Item08_\(4\).pdf](http://www.reading.gov.uk/media/7253/Item08-4/pdf/Item08_(4).pdf)