

**REPORT FOR CHILDREN AND YOUNG PEOPLE'S STRATEGIC  
PARTNERSHIP  
1<sup>ST</sup> DECEMBER 2014**

**SUBJECT: 0-19 Public Health Service**

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**Is the report confidential? No**

**Is the report commercially sensitive or presents  
a potential conflict of interest? No**

**Impact of Recommendations on Budget: No**

**Impact on Equality and Diversity: No**

<b>1.</b>	<b>Purpose</b>
1.1	To update CYPSP regarding the process of transferring the Public Health commissioning responsibilities for a 0-5 Healthy Child Programme, provided by Lincolnshire Community Health Services' health visiting service and family nurse partnership team, from NHS England to Lincolnshire County Council from the 1 <sup>st</sup> October 2015.
1.2	To inform CYPSP about our proposed direction of travel in terms of delivering a comprehensive 0-19 service in the longer term, in order to ensure the benefits to children and families are maximised and the risks to the Authority are minimised.
<b>2.</b>	<b>Context</b>
2.1	<p><b>School Nursing Service</b></p> <p>The commissioning responsibilities for a school nursing service transferred to the Authority in April 2013. A comprehensive service review was carried out in 2013/14 and the recommendations were for Lincolnshire Community Health Service (LCHS) to maintain the Healthy Child Programme service model and to continue with their workforce plans in order to refocus their universal core offer capacity, whilst reviewing engagement in safeguarding work to ensure proper proportionate cover in active cases.</p>

2.2	School Nurses have an active role in safeguarding children and young people and are involved in child protection, children in need, team around the child and early support coordination work. This takes precedence over the core offer work.
2.3	The school nursing service includes skill mix of Specialist Public Health Community Nurses (qualified School Nurses), Staff Nurses and admin staff. Each school has an identified School Nurse who leads a skill mixed team.
<b>Health Visiting and Family Nurse Partnership (FNP) service</b>	
2.4	Health visiting services are currently commissioned by NHS England to a national specification, based on the Healthy Child Programme. There is also an existing requirement to increase the number of Health Visitors to nationally defined targets by April 2015. The Government have confirmed their intention to mandate some elements of the 0-5 public health service thereby limiting local discretion on how these services are provided, for at least a year post transfer. These include a health promotion antenatal visit, a new baby review, a 6-8 week assessment, a 1 year assessment and a 2-2½ year review. A 2015/16 national specification is now available reflecting the above and in the context of the transition of commissioning responsibility for 0-5 services transferring to the Authority from October 2015.
2.5	In February the Government announced that: “from 1 October 2015, Local Authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme”. <a href="https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life">https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life</a>
2.6	LCC and NHS England are working in partnership to ensure a smooth transfer of the 0-5 service on the 1 <sup>st</sup> October 2015. Joint negotiation of the 2015/16 contract with LCHS has been agreed. The transition is being overseen by a Transition Board, chaired by NHS England with representation from Children's Services and Public Health.
2.7	Health visiting and school nursing services are currently delivered by LCHS. A Family Nurse Partnership service was recently established in Boston and Skegness. Health visiting numbers are on trajectory to meet required numbers by April 2015.
2.8	The Healthy Child Programme is a prevention and early intervention model and covers the 0-19 age range. It is a universal service and includes a targeted element in order to respond to identified health needs. It also includes working with parents and agencies in the provision of intensive multi-agency targeted packages where there are identified complex health or safeguarding needs.
2.9	The Family Nurse Partnership is an evidence-based, preventative programme offered to young mothers having their first baby. It begins in early pregnancy and is orientated to the future health and well-being of the child, as well as the future economic self-sufficiency of the parents.
3.	<b>Opportunities</b>
3.1	Health visiting is already part of a comprehensive range of services delivering integrated early help at both a universal and targeted level. This transfer presents

	<p>an opportunity to build on this approach to further improve outcomes. It is also consistent with the development of neighbourhood teams as part of the Lincolnshire Health and Care (LHAC) programme. Working as part of a wider neighbourhood team provides opportunities for Health Visitors to use their knowledge and prescribing abilities to deliver minor ailment and minor injury services in order to avoid unnecessary hospital admissions.</p>
3.2	<p>There is an opportunity to commission an outcomes focused, single public health service for 0-19 year olds by incorporating existing health visiting, school nursing, family nurse partnership, infant feeding support and antenatal weight management services, achieving a balance between universal coverage and targeting the most vulnerable children and families. In this way the service could also include meeting the needs of vulnerable young people beyond the age of 19, for example those with a special educational need and or disability and care leavers.</p>
3.3	<p>The above can be achieved by integrated delivery with other services for example primary care, social care, children's community nursing, schools and by the greater use of skill mix within both health visiting and school nursing. There is also an opportunity to make significant improvements in the links with maternity services, especially in relation to antenatal contacts within the 0-5 Healthy Child Programme and joint working with vulnerable women.</p>
3.4	<p>There is an opportunity to use the first Family Nurse Partnership service in the county to evaluate its success and consider roll out to other areas of need. The potential synergies between this programme and the extension of the national "troubled families" programme to include health outcomes should be explored.</p>
<b>4.</b>	<b>Challenges</b>
4.1	<p>The school nursing service has struggled in terms of employing enough Specialist Community Public Health Nurses (SCPHNs) over the past few years which has led to a reduction in the ability to provide the universal core offer. In 2012 a workforce mapping exercise concluded the service needed twenty whole time equivalent (wte) SCPHNs but was under staffed by nine across the county. A workforce plan is now in place resulting in an increase in numbers, the latest count showing a deficit of 2 wte SCPHNs. Therefore in some schools there is a prioritisation of interventions. There are a number of students in training and due to qualify in September 2015.</p>
4.2	<p>The present service specification for health visiting includes a number of indicators which are process focused. The challenge is to ensure the future specification is outcome focused, in line with the expectation set out in the Public Health Outcomes Framework.</p>
<b>5.</b>	<b>Recommendation</b>
5.1	<p>We recommend working towards commissioning a 0-19 Public Health service in the longer term, in order to maximise the benefits of a prevention and early intervention programme for the children and families of Lincolnshire.</p>