

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 2 September, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	Y Motala
Mrs F Craig-Wilson	B Murray
G Dowding	R Newman-Thompson
N Hennessy	M Otter
M Iqbal	D Stansfield

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
Councillor Carolyn Evans, (West Lancashire Borough Council)
Councillor Paul Gardner, (Lancaster City Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Roy Leeming, (Preston City Council)
Councillor Liz McInnes, (Rossendale Borough Council Representative)
Councillor Asjad Mahmood, (Pendle Borough Council)
Councillor M J Titherington, (South Ribble Borough Council Representative)

County Councillors David Stansfield and Richard Newman-Thompson attended in place of County Councillors Andrea Kay and Niki Penney respectively.

1. Apologies

Apologies for absence were presented on behalf of Councillors Kerry Molineux, Hyndburn Borough Council, Julie Robinson, Wyre Borough Council and Julia Berry, Chorley Borough Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 22 July 2014

The Minutes of the Health Scrutiny Committee meeting held on the 22 July 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 22 July 2014 be confirmed and signed by the Chair.

4. Lancashire Children and Young People Plan: our starting well strategy

The Chair welcomed Richard Cooke, Children's Trust Manager from the Directorate for Children and Young People.

He explained that the Children and Young People's Plan (CYPP) 2014-17 was the key multi agency strategy for children and young people in Lancashire, which had been endorsed by the Health and Wellbeing Board and adopted as the Starting Well strand of the Health and Wellbeing Strategy. The CYPP was a three-year strategy that set out how the county council wanted to work alongside children, young people and families and in doing so, the outcomes the council wanted to achieve. It was a statement of collective ambition for how services, teams and individuals involved in improving the wellbeing of children and young people would work together in a way that provided the best support.

There was an emphasis on early intervention and working with the whole family.

The CYPP has been developed through analysis of data and information, through consultation with partners and most importantly, through talking to Lancashire's children and young people. Over 2,000 children and young people told the council what Lancashire is like now, what they would like it to be in the future, and what would help them to get there.

A short video, available via the link below, was played which explained the Plan's vision

<http://www.lancashirechildrenstrust.org.uk/CYPPPlan/?clickthr=home>

Following the video, the Chair suggested that any questions relating to this item be held over until after the presentations for the following, related item on school nursing and health visiting.

Resolved: That the report now presented be received.

5. School Nursing and Health Visiting

As part of the ongoing scrutiny of the 'Starting Well' element of the Health & Wellbeing Strategy the Committee had agreed to look at the services relating to school nursing and health visiting.

To enable an effective understanding of the whole approach to these services officers representing both commissioners and service providers had been invited to attend Committee to provide members with information relating to the different roles and responsibilities they each carry out.

A number of appendices were included with the report to provide members with additional background:

- Appendix A – Maximising the school nursing team contribution to the public health of school-aged children (guidance to support commissioning)
- Appendix B – A two-page briefing aimed at Lead Members of Children's Services on School Health Service (produced by the Department of Health and Local Government Association)
- Appendix C – The National Health Visitor Plan: progress to date and implementation 2013 onwards

The Chair welcomed the following officers:

From **NHS England, Lancashire Area Team** (service commissioners 0 – 5 years):

- Jane Cass – Head of Public Health.
- Tricia Spedding – Public Health Commissioning Manager.

From the **County Council** (service commissioners 5 -19 years):

- Sheridan Townsend, Public Health Specialist (Children, Young People & Families), Adult Services, Health and Wellbeing Directorate.

From **Lancashire Care Foundation Trust** (service providers):

- Michelle Cox – Service Line Manager, Universal Services.
- Glenda Fox - Service Integration Manager, Universal Services.

From **Blackpool Teaching Hospitals Trust** (service providers)

- Nicola Parry – Head of Universal Children's Services.
- Maureen Huddleston - Team Leader for School Nursing and Health Visiting North locality.

A PowerPoint presentation was delivered on behalf of each of the organisations represented. A copy of all four presentations is appended to these minutes.

NHS England - the presentation explained which commissioning responsibilities were to transfer to local authorities from October 2015 and which were to stay with NHS England. It set out key milestones and progress to date, and also listed

a number of 'unknowns' including contracting arrangements and how/when funding would be transferred.

LCC – the presentation briefly summarised the council's responsibilities for child health and relevant commissioned services. It set out what had been done so far in relation to school nursing services and complexities still to be addressed. It included details of health inequalities in Lancashire and relevant statistics.

The presentations from **Lancashire Care NHS Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust** each explained what services were delivered by them as provider organisations, and in which parts of Lancashire, and included an explanation of the four levels of support;

- universal;
- universal plus;
- universal partnership plus; and
- safeguarding

Following the presentations the Chair commented that the video about the CYPP had communicated very effectively how closely connected health and wellbeing were and how important it was therefore for the county council to always consider the impact on health and wellbeing in connection with all it does.

Members then raised a number of comments and questions and the main points arising from the discussion are summarised below:

- In response to a question about how 'hard to reach' families were being engaged, the Committee was assured that families could always be found; they might not be found in the places traditionally expected, but they could be found.
- Members were referred to the 'Troubled Families Programme' launched by the government in 2011. The government was to work alongside local authorities to support them in working with families in ways the evidence showed was more effective, such as joining up local services and dealing with each family's problems as a whole rather than responding to each problem, or person, separately.
- It was explained that the approach being undertaken was to appoint a single key worker to get to grips with the family's problems and work intensively with them to change their lives for the better for the long term, and using a mix of methods that supported families and challenged poor behaviour. This one professional would work directly with the family and would co-ordinate all relevant agencies, ensuring that relevant information was shared.
- Regarding the at present 'unknowns' referred to in NHS England's presentation, the Committee was informed that there was currently a national team working on a sustainable, co-ordinated approach for the transfer of services; plans would become clearer over the coming months. In terms of funding, it was confirmed that at present funding matched the current contract values, however future funding following transfer of services was as yet

unknown; the county council should expect to receive sufficient funding to pay for the services it had to provide.

- It was confirmed that commissioning support (not staff) would transfer from NHS England.
- Regarding staffing levels, the Committee was assured that the target number of health visitors would be achieved by both provider organisations and that staffing levels were closely monitored.
- The Committee acknowledged that it was important for members to understand the back office function, but it was important also to understand how services could be accessed, for example if a youngster was showing signs of anorexia or ADHD. Speakers explained in some detail how health visitors and school nurses could signpost people to other professionals such as a community paediatrician or GP. The Committee was assured that there was currently much focus on providing health visitors and school nurses with the skills to recognise issues and opportunities to then provide and/or signpost appropriate support.
- It was confirmed that all schools had in place means of ensuring that parents knew how to access the school nurse and many schools also held drop-in sessions to enable parents/families to seek advice and support.
- Members were assured that there were many streams of support for families and/or young people who fell outside the scope of the health visiting and school nurse services under discussion, for example if the youngster was no longer attending school.
- One member referred to recent publicity about child abuse in other authorities and sought reassurance that children in Lancashire were being listened to. In response the Committee was informed that school children knew who the school nurse was and that they could see her/him if they wanted to; and each child completed a questionnaire about their needs at regular intervals throughout their school lives. The nurse would work with the school to get a perspective on the child's needs and produce an action plan. It was recognised that it was not only important that children were heard but also that their concerns were responded to and acted on as appropriate. There were many ways through which young people could be heard and safeguarding roles were in many different guises with a variety of agencies gathering intelligence and working collaboratively.
- It was emphasised that the CYPP had been informed by young people and monitoring of performance was about capturing information from young people too. There was a strong culture in Lancashire of listening to families and then responding by delivering appropriate services; this view of Lancashire was supported by Ofsted and other relevant inspectorates.
- In terms of measuring the success of the strategies in place, it was explained that there were 39 measures behind the CYPP some of which were looked at monthly and some quarterly; these were shared with the Health and Wellbeing Board and the Children's Trust who were responsible for delivering the strategy. There would be pockets and pinch points that would present challenges, and a need to target resources at certain parts of the county where there were particularly vulnerable families. Many services were being brought together under one umbrella for commissioning purposes and to

strengthen pathways. It was agreed that information about the 39 measures would be provided to the Committee (via Wendy Broadley).

- In response to a question about what training was being provided to staff to protect children from exploitation, it was explained that a newly qualified practitioner would have a dedicated specialist (preceptor) and mentor during an intense period of support, and all staff had access to dedicated supervision. It was agreed that more detail about this aspect of training would be provided to the Steering Group to consider who would report back to the Committee as appropriate.
- It was suggested that the majority of health visitors and school nurses were likely to be female and that, in light of the increasing number of lone parent families without a male role model, there was a need for more men in these roles. This was recognised and much was already being done to involve fathers from the outset; it was important also to consider all relevant services and various 'touch points' and how more men, not just fathers, could be encouraged to get involved. It was confirmed that there were some male health visitors with an additional one starting this September. It was agreed that statistics relating to male school nurses and health visitors would be provided to the Committee (via Wendy Broadley).
- In response to a question how quality of service would be maintained when services were transferred from NHS England to the County Council, the Committee was assured that much work was ongoing to achieve a fully integrated approach and to ensure that there was a connected pathway for 0-19 year olds.
- It was confirmed that the Director for Public Health would be the accountable officer responsible for commissioning and delivery; plans for procurement of services had not yet begun, however there would be an opportunity for private sector providers to tender. The Chair made the point that it was important that providers hoping to tender had a 'level playing field' and be given the opportunity to provide the best service possible.

Resolved: That,

- The report be noted; and
- Further information as set out in the minutes above be provided to the Committee, via the Steering Group or the Scrutiny Officer, as appropriate.

6. Report of the Health Scrutiny Committee Steering Group

It was reported that on 4 July the Steering Group had met with:

- Tony Pounder, Head of Care Act Implementation - Adult Services, Health and Well Being Directorate
- Khadija Saeed, Senior Business Partner - County Treasurer's Directorate
- County Councillor Tony Martin, Cabinet Member for Adult and Community Services

The Steering Group had received an update on the implications of the Care Act, Home Care Procurement and Telecare.

The Steering Group had also met with a number of officers from Lancashire Teaching Hospitals Trust (LTHT):

- Carole Spencer, Strategy & Development Director
- Steve O'Brien, Assistant Director - Quality
- Paul Howard, Trust Secretary

They attended Steering Group to discuss a presentation to be provided to the Care Quality Commission at the start of the inspection process and receive feedback on a draft bulletin for scrutiny members. A summary of the meeting was at Appendix A to the report now presented.

On 25 July the Steering Group had met with Mark Youlton, Director of Finance - East Lancashire Clinical Commissioning Group and David Rogers, Communications & Engagement – Commissioning Support Unit, to discuss Clinical Commissioning Group's commissioning of services from Calderstones NHS Trust. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report be received.

7. Work Plan 2014/15

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

Resolved: That the work plan be noted.

8. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

Resolved: That the report be received.

9. Urgent Business

No urgent business was reported.

10. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 7 October 2014 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Transfer of 0 – 5 Commissioning Responsibilities

Jane Cass – Head of
Public Health

2nd September 2014

Minute Annex

Scope of transfer of Children's services

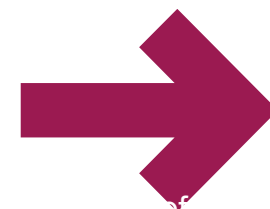
Currently falling under Section 7A agreement:

Agreed commissioning responsibilities to move from NHS England to Local Authorities:

- The 0-5 Healthy Child Programme (Universal/universal plus) which includes:
- Health visiting services (universal and targeted services)
- Family Nurse Partnership services (targeted service for teenage mothers)

Commissioning responsibilities to remain with NHS England:

- Child Health Information Systems
- 6-8 week GP check (child health surveillance service)
- Childhood immunisation programmes



Key Milestones

June

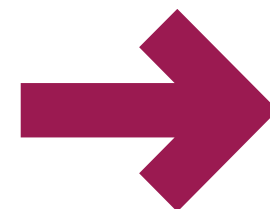
- Letter to Local Authorities and Area teams w/c 16 June
- Response from NHS England area teams re spend and contracting piece

July

- Possible updates re potential for mandation
- NHS England area teams requested to work with Local Authorities to break down spend by Local Authority.
- Regional events run by LGA in partnership with NHS England and PHE planned – North West Region (13th October).

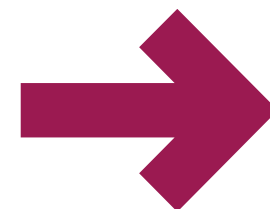
September

- Potential Local Authority baselines published



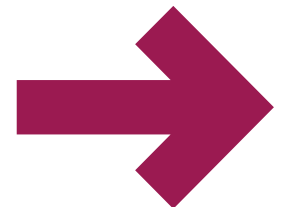
Key Milestones

- **November** - Mandate and section 7a agreed
- **December** - Announcement of Local Authority Allocations
- **January 2015** - Self assessment by each area for transfer
- **April 2015** - Target date for expansion of Health visitor numbers and FNP
- **October 2015** - Transfer of commissioning responsibilities



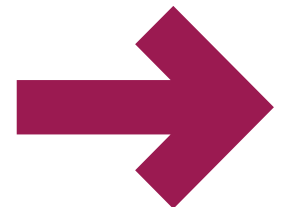
Progress To Date

- Transfer management groups formed at NHS England level and at Local Authority level.
- NHS England and Lancashire County Council working together to agree the principles of transfer.
- Agreeing the contract value for transfer and the number of health visitors this equates to.
- The Mandate for 0 – 5 transfer has been released.



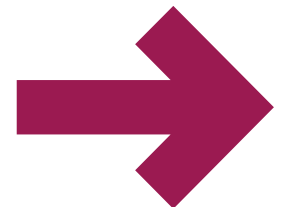
Unknowns

- Contracting arrangements
- How will the funding be transferred and at what point
- What mandation parameters will be included in the transfer
- How will any potential disagreements with contract value transfer be managed



Contact Points

- Jane Cass – Head of Public Health (NHS England)-
jane.cass@nhs.net
- Tricia Spedding – Public Health Commissioning
Manager (NHS England) – t.spedding@nhs.net
- Mike Leaf – Director of Health Improvement
(Lancashire County Council) –
mike.leaf@lancashire.gov.uk



Commissioning public health services for children and young people aged 5-19.

LA's key responsibilities for child health

April 2013, LA's - statutorily responsible for delivering and commissioning public health services for children and young people aged 5-19.

- Improving the health and wellbeing of school-aged children and young people;
- Bringing together holistic approaches to health and wellbeing across the full range of their responsibilities;
- Optimising the ring-fenced public health budget to improve outcomes for children and young people;
- Leading commissioning of public health services, for example, health improvement, drugs, and sexual health;
- Responding to emergency planning, including outbreak response in schools.

Specific functions

- Ensure delivery of Local Authority functions;
- Assure health protection plans;
- Work with partners to enable effective delivery of screening and immunisation programmes;
- Provide the core offer as outlined in the Healthy Child programme.

Core public health offer for school-aged children the Healthy Child Programme (5-19)

- Public health;
- Health promotion and prevention by the multi-disciplinary team;
- Defined support for children with additional and complex health needs;
- Additional or targeted school nursing support as identified in the Joint Strategic Needs Assessment.

The Children and Young People's Public Health Commissioned services.

- School Nursing, Health services -2 providers.
- Infant Feeding peer support services – 3 providers,
- 7 Home start programmes
- Healthy weight, exercise referral programme – North Lancs,
- Children & Families Health Improvement Service - East Lancs
- Accident prevention ACAP- East Lancs,
- Emotional health and well-being – East Lancs

School Nursing Services

What have we done so far

- Review of School Nursing services - Mapping of Universal /Core offer Pan Lancashire
- Reviewing existing specifications, KPI's and performance information
- Gathering data to identify the level of health need and where we need to focus
- Gain evidence to shape commissioning for outcomes
- Consultations and engagement with providers and stakeholders
- Consultation with Children & Young people

Complexities to be addressed

- 5 PCT commissioned community services transitioned into 2 providers LCFT & BTH
- Unitary Authorities x2 – 2 Tier LCC -different commissions and levels of investment
- Boundary issues - services provided by external LA's
- Differences in services offered across Lancs (need vs demand) - Gaps in consistency , skill mix, capacity, universal core offer, term time working
- Pressures of changing educational landscape

The picture of Children's and Young People's Health and Health Inequalities in Lancashire.

Hospital admissions for Childhood asthma significantly worse than England average.

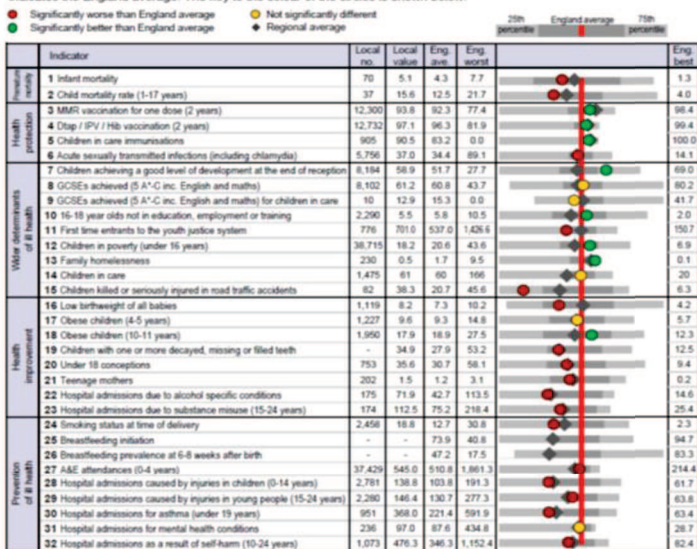
3.8% (8,063) 0-15 year olds have a long term health problem or disability which limits their daily activity⁽¹⁾

Child Poverty 18.2%
1 in 5 children

Under 18's alcohol specific admissions significantly worse than the England average.

Lancashire Child Health Profile March 2014

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.



1 in 10 children in reception are classified as obese.

Rates of hospital admissions for self-harm significantly worse than England average.

30% of children are overweight or obese by year 6

The rate of Childhood decayed or missing teeth significantly worse than the England average.

approx. 115 5-19 year olds with severe disability in Lancashire

16% of young people are smoking, 17% are drinking regularly.

Scale of the challenge in Lancashire 14

	No of children aged 5 to 19	Black or Minority Ethnic Group	Children in poverty	Schools
Blackburn with Darwen	31,273	44%	25.3%	84
Blackpool	23,832	7%	31.3%	42
Lancashire 12	205,403	14%	18.2%	686
Lancashire 14	260,508	17%	20.3%	812

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Local and National policy

- Maximising the school nursing team contribution to the public health of school-aged children (2014)
- The Marmot Review 2010
- The Allen Report 2011 & CMO report 2012
- The Children and Families Act 2014
- DfE, Supporting pupils at school with medical conditions, 2014
- The Health Visiting Programme - A Call to Action. Department of Health, 2011
- Improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016.
- Locally- the Lancashire Children's trust and Health and Well-being boards.

Opportunities

- Lead, promote and create opportunities for co-operation with partners to improve the wellbeing of young people;
- Joining up commissioning plans for clinical and public health services with social care, education to address identified local health and wellbeing needs
- Support robust approach for improving outcomes for young people across both health and local authority led services
- Ensure close working arrangements between the Local Authority commissioner, NHS England commissioner and provider services
- Explore co-commissioning arrangements with key partners, including school and education providers, to extend service provision where local and/ or school population health and wellbeing needs are identified.

Lancashire Care NHS Foundation Trust Universal Services



Children & Families Network

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Specialist Services

Secure Services

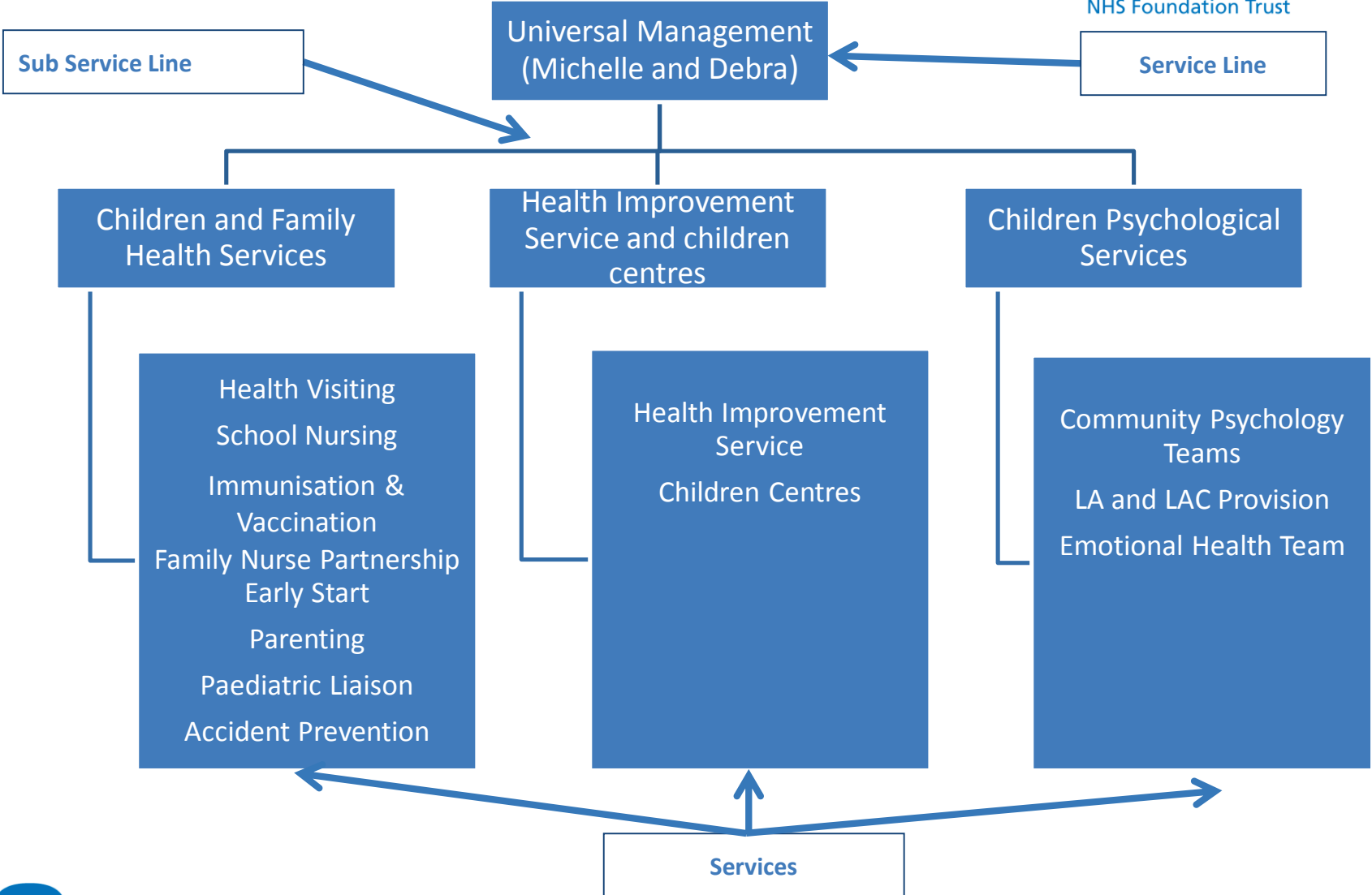
Mental Health

Community Services

Children and Families



Universal Service Line



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Universal Services Vision

*‘Enable health and well-being throughout a
life course and across communities’*



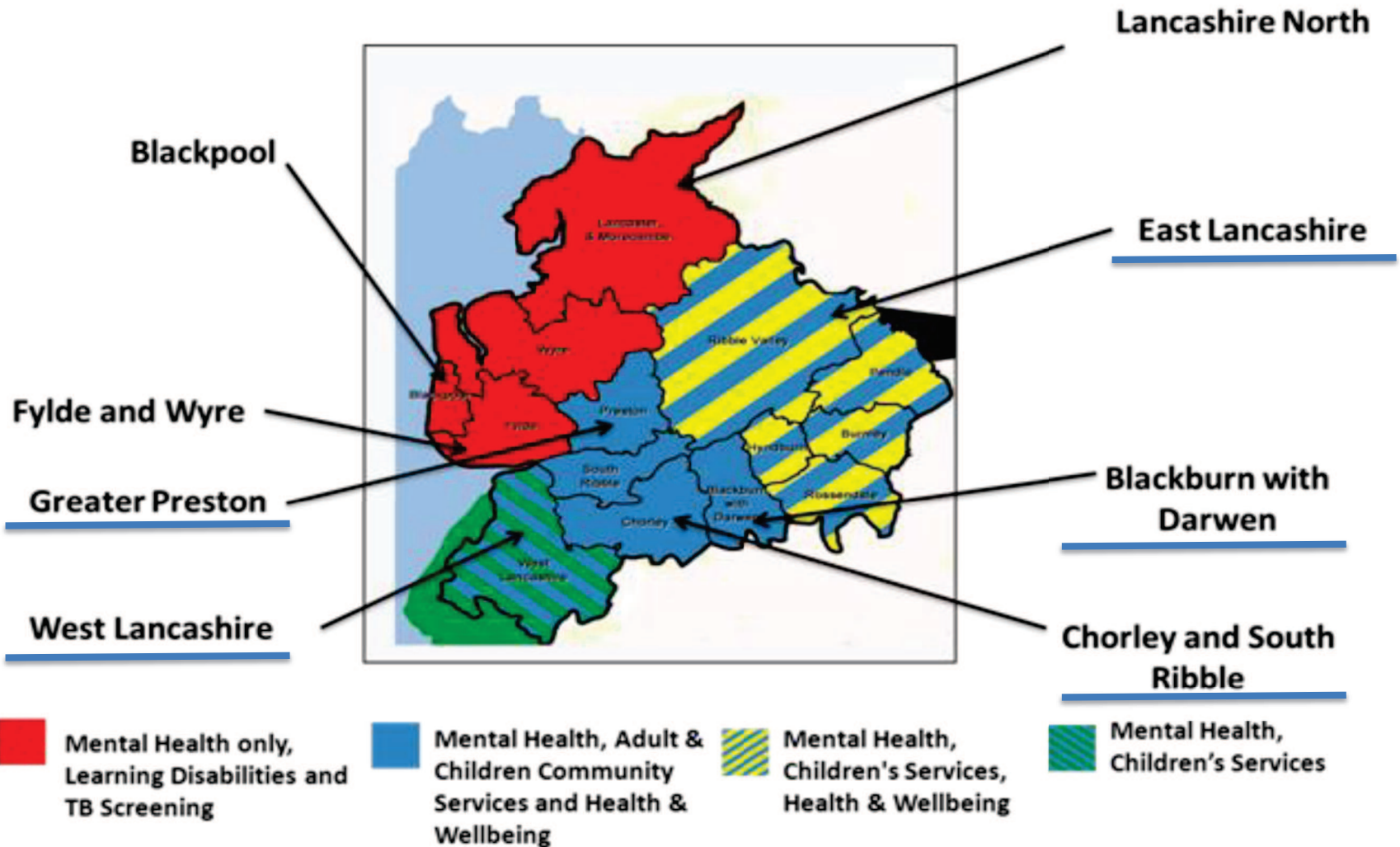
Universal Services Aims

- Holistic assessment and identification of need by highly trained professionals
- Working in partnership to promote prevention and early intervention, building community capacity
- Developing and delivering quality evidence based interventions
- Delivering services shaped by service users, staff and partners

Celebrating Success

- The 'Early Start' Team was awarded the Nursing Times Award .
- The National 5 year old dental health survey 2011/2012 was published during Quarter 3 of 2013 /2014. Results showed a reduction of dental cavities amongst 5 years old children since the 2007/2008 survey.
- Community Placement of the Year – Nursing Times Award
- Student shortlisted for post grad student of the year
- Awarded 5 out of 8 available awards at the LCFT 2014 Staff Awards

LCFT Geography



Healthy Child Programme
focussing on prevention,
early identification
through:

- Antenatal Contact
- New Birth Visits
- 4-6 week contact
- 3-4 month contact
- 8-12 month contact
- 2 to 2 ½ year contact

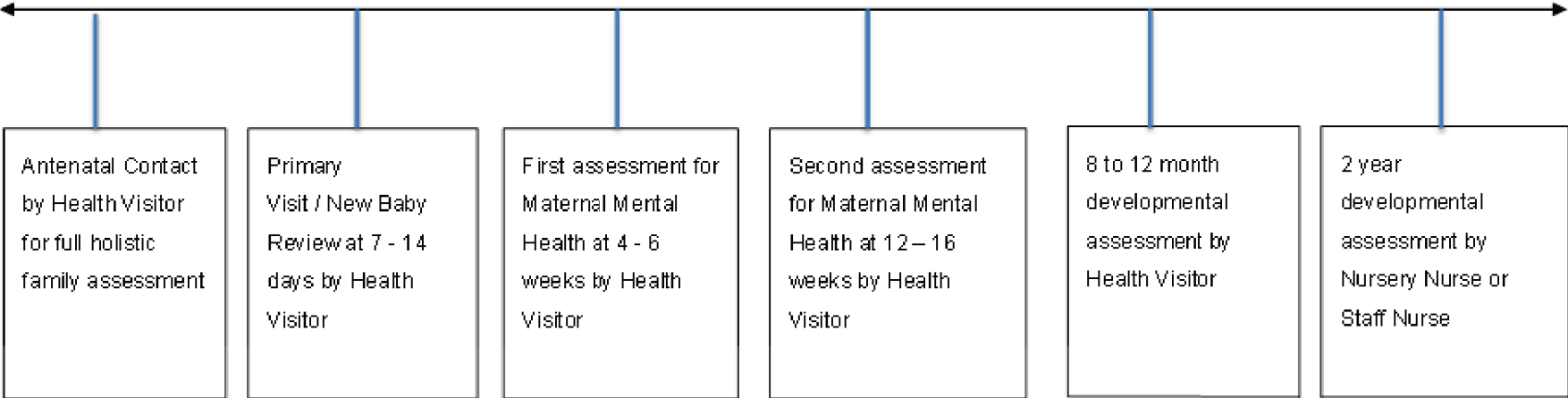
Building Community
Capacity

Promote Integrated
working between health &
other agencies

Deliver packages of care
through clear pathways
reducing duplication and
eliminating gaps e.g.

- Safeguarding
- Infant feeding
- Domestic Violence

Core Service Time Line for Health Visiting Service 0-5 years



Safeguarding & CAF

All families are offered the core visits above, and the service reaches 95% of families for many visits. Additional visits are offered if families are highlighted as additional need, and requiring further levels of support. There are 4 levels of support: community, universal, universal plus and partnership plus. Partnership plus often involve more complex cases.

School Nursing

Public health priorities

School health needs assessment

*National child measurement
programme*

*Support for ongoing health
issues*

Emotional health

Healthy weight

Continence

Sexual health

Drugs, alcohol and smoking

Drop – in sessions

‘Getting it right for children, young people and families’



School Nursing Service Description

Level	The national model for school nursing	Examples of the local offer
Community	Your Community has a range of health services (including GP and community services) for children, young people and their families. School nurses develop and provide some of these and make sure you know about them.	<ul style="list-style-type: none"> • School health needs assessment offered in every school at reception, year 6 and year 9 – this identifies needs within the school leading to the development of an annual school action plan • Work with the 0-19 team to build community capacity within local and school communities • Supporting schools in delivery of PSHE around key public health priorities
Universal	Universal services ensure that every child, young person and family can access the Healthy Child programme to ensure a healthy start for every child	<ul style="list-style-type: none"> • National child measurement programme at reception and year 6 • Individual questionnaires at reception, year 6 and year 9 as part of school health needs assessment process which identify needs for individual children • Drop in sessions within local high schools • Childhood vaccination programme offered by the vaccination team

School Nursing Service Description

<p>Universal plus</p>	<p>Universal plus delivers a swift response from your team when you need specific expert help</p>	<ul style="list-style-type: none"> • Work with families and schools to develop care plans and training requirements for children with additional and complex health needs • Support for continence issues • Support for a range needs such as sexual health, drugs and alcohol, emotional health and wellbeing, healthy eating and smoking • Review of A&E forms and follow up as required
<p>Universal partnership plus</p>	<p>Universal partnership plus delivers ongoing support from your team and other local services working together with you to deal with more complex issues over a period of time (e.g. with voluntary and community organisations and your local authority).</p>	<ul style="list-style-type: none"> • Robust individual health needs assessment completed for all children who require multiagency support • Identification and support for domestic abuse • Full participation in statutory safeguarding processes and CAF where there is an identified health need which can be met by our service

Unique Selling Point

- LCFT is one of largest children and family networks in the country. School nurses work within integrated 0-19 teams, which means that there is a family based approach across the ages which provides a seamless service.
- LCFT school nursing service has an innovative approach to school health needs assessment which pulls together information from children and young people, parents, schools and local public health data
- LCFT School Nurses provide a visible, accessible, confidential evidence based progressive universal service to school-aged children/ young people within our geographical boundary ensuring that relevant support is made available at a time that the children, young people and their families need.
- Health visitors provide visible, accessible, confidential evidence based progressive universal service to preschool children and their families within our geographical boundary ensuring that relevant support is made available when needed.

What do our users say?

- School nurses are trusted and valued by children and young people.
- 96% of young people surveyed said they would recommend our service to someone they care about
- 99% of young people surveyed said they were treated with dignity and respect.

The best thing is I am listened to. What I say matters.

Being able to say what I was really feeling and it was confidential.

What do our users say?

- 99% of respondents are either likely or very likely to recommend our Health Visiting service to someone they care about
- 99% of respondents reported that they were involved as much as they wanted either most of the time or at all times in the delivery of Health Visiting services
- 96% of respondents reported that they were treated with dignity and respect all of the time rising to 99.5% to include most of the time.
- 98% of respondents reported that they could contact the Health Visiting service when needed either most or all of the time. 87% reported this was all the time

I was really helped by my HV when suffering from depression.

It's a service that you can access at all times.



Thank you

Any Questions

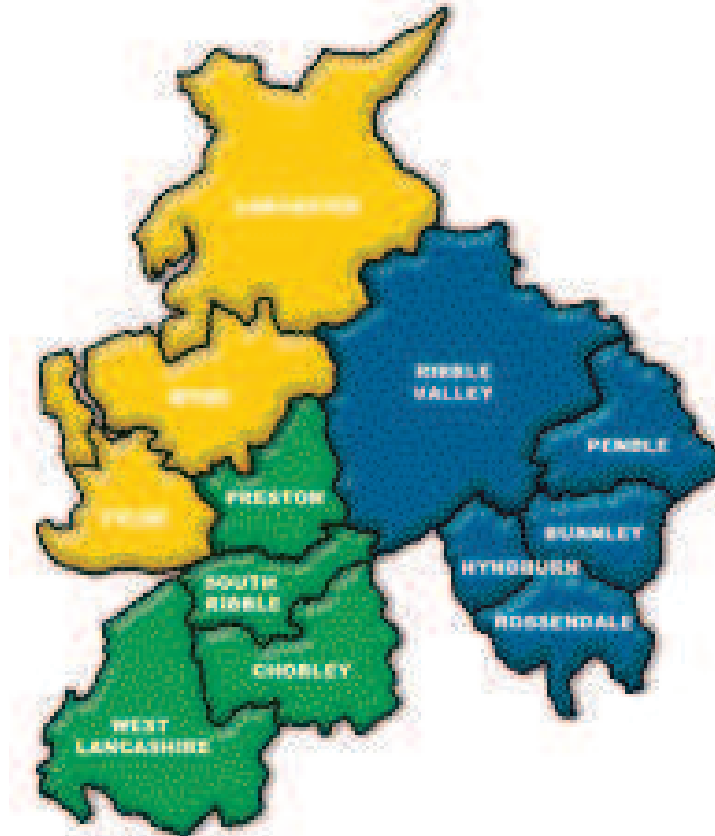


Together we care

Blackpool Teaching Hospitals
NHS Foundation Trust



Health Visiting/School Nursing Service



North Lancashire, Fylde and Wyre



Blackpool Teaching Hospitals Strategy

- To improve the health and well being of the population through partnership working
- Management of long term conditions and timely access to treatment
- Our care will be safe, high quality and managed within available resources
- Our highly skilled and motivated workforce will be patient-centred, caring and compassionate



Families Division

- From Preconception to 25 years of age
- Acute and community based services. Unique in the North West (and UK)
- Integrated working – within Health and beyond
 - MASH; SEND; Children’s social care; Education

North Lancashire





- All disciplines of Families Division's staff located where the Families need us
- Reflecting and integrating with GP neighbourhoods
- Better Care agenda – spread the learning throughout the workforce and beyond



Partnership working

- Partnership working with health and social care, focusing on ill-health prevention, management of long term conditions and timely access to treatment.

Voluntary services; Local Authority; Lottery
Children's Social Care; Early Years; Education;
Police; CDOP; SUDI/C; Primary Care.



Levels of Support

Universal –

Health visiting/school nursing teams deliver the Healthy Child programme to all families to ensure a healthy start for all children, young people and families.

Universal Plus –

Targeted service offered according to assessed or expressed need. Universal Plus gives a rapid response from the health visiting/school nursing teams when families need specific expert help.



Universal Partnership Plus –

Targeted service according to identified need. Provides ongoing support from the health visiting/school nursing team with a range of local services working together with children, young people and families to deal with more complex needs over a period of time.

Safeguarding –

Is a core element of all levels of work within the health visiting/school nursing service. Safeguarding is based on a continuum of needs approach which requires the skill, knowledge and training of a health visitor/school nursing.



Present Picture

- Staffing trajectory met :
- HV – met and will exceed – a progressive workforce plan, produced with and supported by NHS England
- S/N – Robust recruitment process
- Partnership working – excellent links with community paediatricians
- Hub working
- Transition – primary to secondary
- TEAM DEVELOPMENT



How Do?

- We give assurance to our commissioners/
partners that we are delivering safe, effective
and a make a difference service
 - KPI's
 - IT
 - Relationships



Patient Story

- HV story
- SN story.....



Thank you & Discussion