

**Report to:** Health and Wellbeing Board

**Date:** 23 April 2014

**Report of:** Wendy Meredith  
Director of Public Health

**Report No:**

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**Report Title:** **Children and Young Peoples' Health and Wellbeing Service**

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**Non Confidential:** This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

**Purpose:** To advise the Health and Wellbeing Board of the public consultation on a proposed new model for health and wellbeing services for children and young people aged 5 to 19 years.

**Recommendations:** It is recommended that members of the Health and Wellbeing Board:

1. Receives the report and engage in the consultation;
2. Endorses the proposed implementation plan and receives further updates.

**Decision:**

**Background Doc(s):** Online consultation survey and documents at:  
[www.bolton.gov.uk/consultations](http://www.bolton.gov.uk/consultations)

## **Introduction**

On 10<sup>th</sup> March 2014 the Deputy Leader of the Council approved for public consultation a vision and proposed new model for delivering health and wellbeing services to children and young people aged 5 to 19 years.

The public consultation went live on 1<sup>st</sup> April 2014 and will close on 16<sup>th</sup> May.

The purpose of this paper is to brief the Health and Wellbeing Board on the proposed model and implementation plan and to request the full engagement of Board members in the consultation.

## **1. Background**

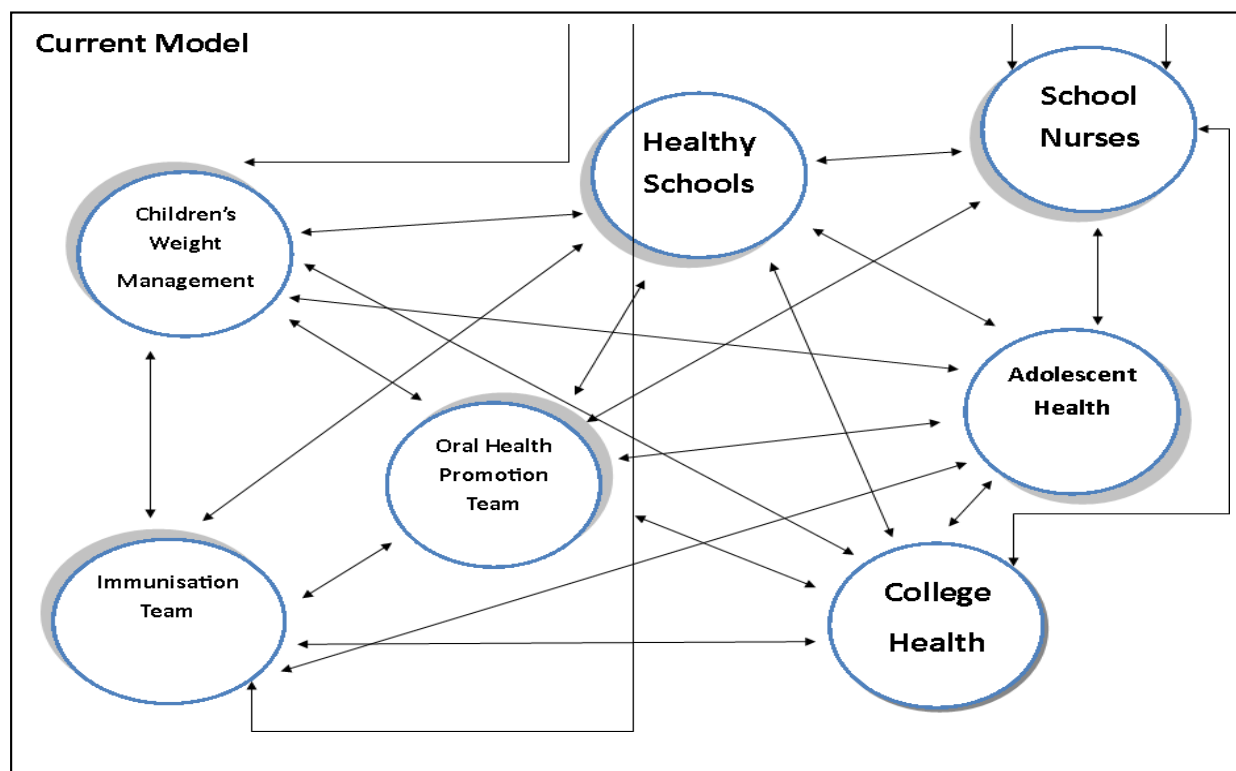
On 1<sup>st</sup> April 2013 responsibility for Public Health and Public Health commissioning transferred to Local Authorities. This includes responsibility for commissioning the Healthy Child Programme for children and young people aged 5-19 years.

The Healthy Child Programme (HCP) is the nationally prescribed, evidence based preventative health programme that should be offered to every child and young person. It includes universal provision (health checks, screening, immunisations, health promotion) and progressive elements of care and support to meet the needs of the most vulnerable children and young people. The aim of the HCP is to promote the health and wellbeing of all children and young people and reduce inequalities in outcomes and life chances.

Public health programmes and commissioning in Bolton include a range of historically disparate services that contribute to the Healthy Child Programme pathway, including:

- School nursing and school nursing in special schools
- Adolescent and sexual health provision for young people (The Parallel and Brook)
- National Child Measurement programme (NCMP)
- Oral health promotion
- Children's Weight Management
- Healthy Schools Programme
- Partnership initiatives including the Farnworth Project, Aspirations Project and Party Hard Party Safe.

## Current service delivery



Important elements of the Healthy Child Programme – or elements essential to seamless care pathways - are commissioned or delivered out with the responsibilities of the Local Authority, as outlined below:

	<b>Commissioner</b>
Immunisations	Public Health England
Primary care	NHS England
Child health (administrative) systems	NHS England
Child and Adolescent Mental Health Services	Clinical Commissioning Groups (CCGs)
Children's community nursing and disability services	Clinical Commissioning Groups (CCGs)
Health support for Looked after Children and Youth Offending Team	Clinical Commissioning Groups (CCGs)

## **2. Drivers for change**

A number of key drivers have informed the proposal to consult on and commission a new model for delivering health and wellbeing services to children and young people (5-19 years), these include:

- Transfer of commissioning responsibilities to the Local Authority (above) and the need to improve quality and returns on investment;
- Increasing and unmet needs and the imperative to reduce current and future demand, influenced by:
  - Increasing birth rates (25% increase in last decade);
  - Changing population profile: higher birth rates in deprived areas and minority ethnic communities e.g. increasing Hungarian Roma and Eastern European population;
- Areas of concern or persistently poor outcomes, including:
  - Social and emotional health and wellbeing;
  - Overweight and obesity;
  - Oral health
  - Looked after children.
- Publication of a new national vision and model for School Nursing (2012) and national service specification guidance (2014).
- Recognition that resources are limited, including the specialist public health (School Nursing) workforce.
- Opportunities for increased efficiency and innovation.

## **3. The vision and proposed service model**

The overall vision is to focus investment on prevention and early help in order to best meet the needs of children, young people and their families at the most appropriate level for them.

This will be achieved through commissioning a holistic, integrated service, with clearly set out pathways into associated services.

The service will cover a range of health and wellbeing provision including health checks, health promotion, immunisations, social and emotional wellbeing, help for children and young people with problems and help for a range of health topics.

## The Vision

To commission an effective, high quality, children and family-centred, integrated preventative public health service.

To provide a service offer to individual school aged children and young people, families, schools and communities to improve the health and tackle inequalities in children and young people in Bolton.

To ensure that children and young people are assessed, supported and where additional needs are identified, receive early, responsive services and signposting or referral to other agencies.

The service model is built on the framework of the national models for Health Visiting, School Nursing and the wider Healthy Child Programme (figure 1), and designed to provide a service offer to individual children and young people, families, school and partners (appendix 1 summary of levels within the model; appendix 2: detailed model).

**Figure 1: new delivery model for School Nursing**

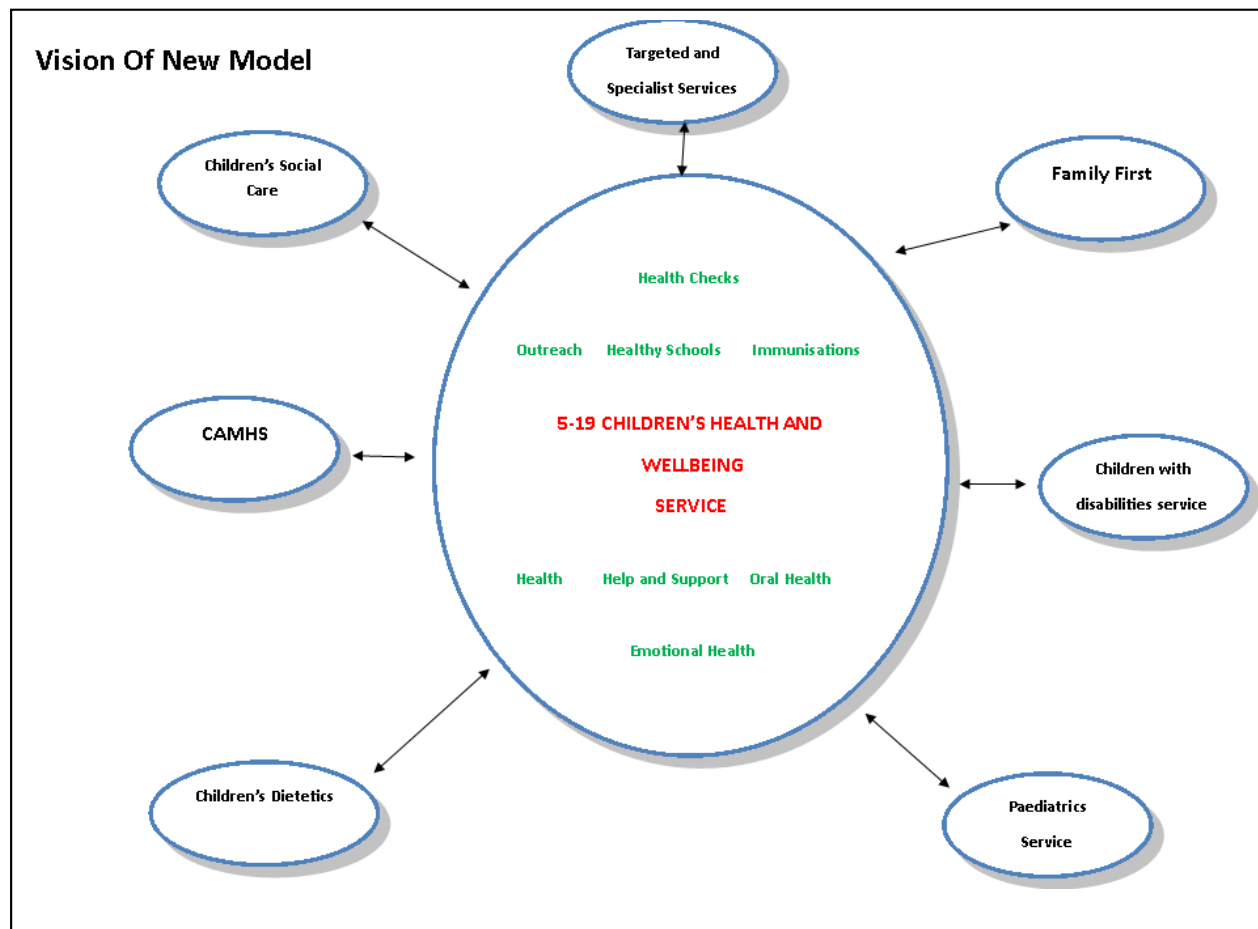


#### 4. What's different

The key differences in moving to the proposed model would be:

- A 5-19 offer in line with national guidance and extending support to young people of college age;
- All year round service;
- Holistic delivery: focused on the child and family;

- An offer based on age and entitlement not setting (i.e. main delivery in school and college settings but assertive outreach to children and young people not in school);
- Case co-ordination of support for vulnerable children and young people at higher levels of need;
- Integrated, multi-disciplinary working and clear pathways to associated or specialist services.



## 5. Commissioning of 5-19 health and wellbeing services and Public Sector Reform

Commissioning of the proposed model, subject to consultation, would support many of the key principles under-pinning Public Sector Reform:

- Integration;
- Multi-disciplinary working;
- Increased efficiencies;
- Innovation.

## **6. Expected benefits**

Expected benefits of introducing the new model

- Improvement in key outcomes, including attainment
- Improvement in interim/process outcomes (e.g. coverage of health checks, screening, immunisation; improved support at transition)
- Reduction in demand
- Reduction in inequalities

## **7. Challenges and opportunities**

There are a number of anticipated challenges in moving to the new model, including:

- the need for information systems and information sharing agreements that support integrated working;
- the need to negotiate collaborative commissioning arrangements;
- lack of current, local data on the health and wellbeing of children and young people;
- transition to the new offer.

Opportunities include the potential for innovation and the use of digital technology to support the service model.

## **8. Implementation Plan**

Public consultation on the proposed model will close on 16<sup>th</sup> May 2014. It is intended that feedback on the consultation and a final model will be recommended to Council committee in June 2014. This will include an options appraisal and detailed proposals for implementation.

Stakeholders will be kept briefed on the implementation plan through key partnership groups including the Health and Wellbeing Board, Children's Trust Board and Developing Well Partnership Group (sub-group of the Children's Trust Board).

Transition to the new model is expected to commence in April 2015.

## **9. Recommendations**

It is recommended that the Health and Wellbeing Board:

1. Receives the report and encourages Board members to engage fully in the consultation;
2. Receives further updates.

**Levels set out in the national model for School Nursing**

These levels of delivery are mirrored in the national model for Health Visiting and the Healthy Child Programme (maternity to 19 years).

**Community Level**

School nurses have an important public health leadership role in the school and wider community for example contributing to health needs assessment, designing services to reach young people wherever they are, providing services in community environments and working with young people and school staff to promote health and wellbeing within the school setting. In particular school nurses work with others to increase community participation in promoting and protecting health thus building local capacity to improve health outcomes.

**Universal Level**

School nurses lead, coordinate and provide services to deliver the Healthy Child Programme (HCP) for 5–19 year olds within a population. They provide certain universal services for all children and young people as set out in the Healthy Child Programme, working with their own teams and others including health visitors, general practitioners and schools.

**Universal Plus Level**

School nurses are a key part of ensuring children, young people and families get extra help and support when they need it. They offer 'early help' (for example through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice) through providing care and/or by referral or signposting to other services. Early help can prevent problems developing or worsening.

**Universal Partnership Plus Level**

School nurses are part of a multi-agency approach to providing ongoing additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance misuse problems and risk taking behaviours. School nursing services also form part of the high intensity multi-agency services for children, young people and families where there are child protection or safeguarding concerns.

Safeguarding is a core part of each level right through from universal services to universal partnership plus and the services at all levels should work effectively with multi-agency partners to achieve the best outcomes for children and young people.