

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board

Date: 21st January 2022

Report for: Information

Report of: Helen Gollins, Acting Director of Public Health

Report Title: Health Visiting and School Nursing review

Summary.

The report provides a summary of the outcome of a recent review of the Health Visiting (HV) and School Nurse (SN) Service. The review has been completed to support a new service specification for the 3 year contract which will commence April 2022.

Recommendation.

Members of the Health and Wellbeing Board are asked to note and accept the outcome of the review.

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1. **Background**

1.1. Under legislation, upper tier local authorities are responsible for improving the health of their local population. Trafford Council has a statutory responsibility for commissioning public health services for children and young people aged 0-19 years. These services form part of a whole system approach of support for children and young people's health and wellbeing. NHSE mandation of universal health visiting services was made under section 6c of the NHS Act 2006 and reviewed in 2016.

1.2. This paper provides Health and Wellbeing Board members with the outcomes of the Health Visiting and School Nursing review and highlights revised areas which are likely to be included in the service specification.

2. **Contract Status.**

2.1. The existing contract for these services through Trafford CCG will cease on 30 June 2022.

2.2. The DPH wrote to Sir Mike Deegan on 30 September 2021 informing MFT of Trafford Council's high level commissioning intentions for our health visiting and school nursing services from the year commencing 1st April 2022. It noted that completion of a comprehensive review of the health visiting and school nursing services in collaboration with the local care organisation, school and children's services, NHS Trafford CCG, service users and wider stakeholders. The letter concluded with a notification of a planned variation to the delivery model from 1st April 2022.

2.3. Trafford Council and MFT are currently discussing the future delivery of these public health services through TLCO. A paper is due to go to Trafford Council's Executive in March 2022 requesting approval of the future arrangements. This will include a recommendation to delegate authority to Corporate Director of Adult Services in consultation with the Corporate Director of Governance and Community Strategy to agree the terms and conditions for service delivery. The Health Visiting and School Nursing as mandated Public health commissioned services, would be included in these future arrangements if approved.

2.4. The new arrangements will require a detailed service specification which is currently being finalised.

3 **Introduction to the Review.**

Health visiting and school nursing services are integral to the local delivery of the national Healthy Child Programme (HCP). In Trafford, the health visiting service delivers the HCP programme for 0-5 year olds, beginning in pregnancy and continuing until the child begins school and is transferred to the care of the school nursing service. The school nursing service then leads and delivers the HCP for 5-19 year olds.

The school nursing service was extensively reviewed in 2013 and the service specification was updated as a result. The health visiting service has not been reviewed for some time.

Commissioning guidance indicates that best practice is to have an overarching specification for the 0-19 offer which Trafford does not currently have.

This review was initiated in 2019 but was paused while the services transferred from PCFT to MFT. The review was then paused for a second time in March 2020 as the local system responded to the emerging Covid-19 pandemic. Work on the review restarted in September 2020 and is due to be completed in March 2022. Both services will be reviewed in tandem although the focus will initially be on the health visiting service. The review will also be informed by the parallel development of Trafford Team Together, a new Early Help model that is being designed for implementation from April 2021 onwards.

The health visiting and school nursing services in Trafford are delivered by Manchester University Foundation Trust (MFT) having transitioned from Pennine Care Foundation Trust (PCFT) in October 2019.

4 Aims and Objectives of the Review.

The primary aim of the review was to ensure that the health visiting and school nursing services in Trafford are meeting the needs of the populations that they serve and are delivered in line with national guidance and best practice. The review evaluates Trafford's offer to families against the HCP model and how community public health services for 0-19 year olds operate overall.

The objectives of the review were to:

- Evaluate the delivery of the health visiting service against the current service specification, national and regional standards, and clinical best practice guidelines;
- Evaluate the delivery of the school nursing service against the current service specification, national and regional standards, and clinical best practice guidelines;
- Review the cost-effectiveness of current and future models of service delivery for health visiting and school nursing;
- Review and appraise alternative models of delivery for health visiting and school nursing services using examples of best practice in other localities;
- Propose options for the future delivery model for health visiting and school nursing in terms of staffing, skill mix and core activity;
- Describe the role of health visiting and school nursing within the wider system of public services in Trafford, particularly with regards to the new early help model that is under development;
- Update the service specifications for health visiting and school nursing and, if required, develop an overarching specification for children and young people's community public health services;
- Develop a reporting framework of key performance indicators for activity, safety and quality;
- Establish future governance arrangements for routine service monitoring and assurance.

The review has been overseen by a multiagency Programme Board.

4. Methods

The review has 3 core strands:

- A literature review of the current evidence base for health visiting and school nursing, including national and regional commissioning standards and best practice guidelines

- Analysis of population and service-level data including budget and finance information
- Consultation with key stakeholders

5. Evidence Review

The review team has evaluated evidence from a range of sources including

- Public Health England (PHE), NHS England (NHSE) and Department of Health and Social Care (DHSC) policies and commissioning guidance;
- Royal College of Nursing;
- Institute of Health Visiting;
- National Institute for Health and Care Excellence (NICE) guidance and quality standards;
- Case studies from similar localities in the UK

6 Data analysis to support the review

6.1 Key Demographics

- An estimated 60,956 children and young people (CYP) aged 0-19 years live in Trafford, making up around 1 in 4 (25.7%) of the total population (ONS, 2019).
- Recent data on the ethnic group breakdown of Trafford children is available from the school census. In the January 2018, almost a third (30.6%) of children in state-funded primary schools reported belonging to a BME group, predominantly Asian (14.2%), mixed/multiple (8.3%) and Black (3.6%) (Trafford, 2018).
- Between the years 2021 to 2031, the estimated number of children aged 0-4 year old living in Trafford is projected to shrink slightly (-0.5%), lower than the projection for England (-2.9%). The number of 5 to 9 year olds and 10-14 year olds are also projected to shrink slightly (-7.9% and -5.0% respectively), compared to strong growth in 15-19 (15.2%) year olds (ONS, 2020).
- Based on the definition used in the 2019 Indices of Deprivation, 11.7% of Trafford under 16s are living in poverty, but this reaches 44% in one small area of Trafford (IMD, 2019).
- Educational achievement in Trafford is better than average for England; however some groups within Trafford fare worse. For instance, 74.7% of children have reached a good level of development by the end of Reception (statistically better than England average of 71.8% and highest in the north-west), but the equivalent figure for children on free school meals is 56% (significantly similar to the England average of 56.5%) (Child and Maternal Health Profile, 2019).

6.2 Indicators of health and wellbeing

- Indicators of population health and wellbeing among CYP in Trafford are generally better or similar to the England average.
- Infant mortality rate (number of deaths in infants before their first birthday per 1000 live births) is an indicator of the general health of an entire population and reflects the relationship between causes of infant mortality macro-level determinants of health such as economic, social and environmental factors. The infant mortality rate for Trafford is 3.6 per 1000 live births and is statistically similar to England average of 3.9 per 1000 live births (Child and Maternal Health Profile, 2019).
- Neonatal mortality and still birth rate (number of still births and deaths under 28 days per 1000 still births and live births) is 4.9 per 1000 for Trafford similar

to England average of 6.8 per 1000 still births and live births (Public Health Profile, 2018).

- Child mortality rate (deaths due to all causes aged 1-17 years per 100,000 population) for Trafford (14 per 100,000 population) is similar to England average (11 per 100,000 population) (Child and Maternal Health Profile, 2019).
- However, there are some issues in particular, where similar or better than England does not mean 'good'. For instance, in 2019, one in five (19.9%) Reception children and almost a third (31.6%) of Year 6 children living in Trafford were overweight or obese. Prevalence of obesity doubles between Reception (7.7%) and Year 6 (17.7%). There is a strong association between deprivation and the prevalence of obesity in Reception and Year 6 with obesity prevalence increasing as the level of deprivation increases (i.e. higher prevalence of obesity in deprived areas compared with least deprived areas) (Child and Maternal Health Profile, 2019).
- The rate of children in care (74 per 10,000 population under 18 years of age) in Trafford is significantly higher than the England average (74 per 10,000 population under 18 years of age). Recent trend shows no significant change (Child and Maternal Health Profile, 2019).
- Rates of hospital admissions in certain age groups (e.g. emergency admissions in under 5s) are significantly high relative to England. Local analysis suggests that this is likely to reflect patterns of health seeking behaviour and/or access to community services as opposed to a higher level of underlying illness in the population (Public Health Profile, 2019).

6.3. Additional data which has supported this review includes:

- The full needs assessment for Children and Young People in Trafford <http://www.traffordjsna.org.uk/docs/Life-Course/Start-Well/Needs-assessment-for-CYP-aged-0-to-19.pdf>
- Improving health outcomes for vulnerable children and young people. <http://www.traffordjsna.org.uk/docs/Life-Course/Start-Well/Improving-health-outcomes-for-vulnerable-children-and-young-people-Report-for-Traffor.pdf>

7. Consultation to inform the review.

7.1. In May 2021, a health visiting and school nursing service survey was launched at all stakeholders including; children and young people, parents/carers, and professionals in Trafford. The survey was promoted through various children's organisations, including Health, Social Care, Early Help, GPs, Trafford Parent/Carer Forum, Trafford schools bulletin and various Trafford social media channels and websites. A total of 202 responses were received. 55% were parents and carers, Trafford professionals provided 66 responses. A full report is being collated. Summary key themes included.

7.2. Professional responses (Health Visitor and School Nursing)

- Services were identified as being very responsive and supportive when they are working with other teams. They are valued for their expertise and partnership working.
- A number of professionals highlighted that they think the services are understaffed. They highlight the quality of the staff working in the service but

feel existing resources do not meet existing demand. This was noted in relation to availability at wider meetings (safeguarding, partnerships etc.)

- Professionals indicated the service needs more visibility in Trafford – “who, where and how to contact”.
- Covid-19 – a small number of responses commented on the impact of pandemic in terms of service accessibility
- GPs mentioned the positives of the baby clinics which used to take place in their local practices. There were comments on how these improved relationships between Primary Care and the service.
- Poor IT and no joint electronic records impacted on service delivery.
- A number of professionals praised the SN service in regards to their social media presence.

7.3. Responses from parents and carers on the Health Visiting service

- The responders provided some positive feedback about the quality of care provided and the value of the advice given.
- However many of the responders felt that their access to HV was limited and restricted to initial 6 week visits (acknowledged by some to be Covid related), with a request for more longer term relationships.
- There was a clear call for drop in weigh in clinics to be reintroduced and the need for support and advice via drop in clinics.
- Some responses provided suggestions on how to improve the service, which were more support to families with small children between 2-5 not just babies.

7.4. Responses from parents and young people to School Nursing services.

- Whilst those who had worked with a School Nurse were positive about the interaction the majority of the respondents did not have knowledge about the role of a School Nurses.
- Visibility was heightened in terms of immunisations and the weight management programme.

8. Findings from the review

8.1. The initial scoping phase of the review (September-December 2020) identified a number of organisational barriers to optimal service delivery. These issues encompassed a range of functions including IT; finance; and performance, quality and improvement (PQ&I). In light of this, stakeholders requested that a multi-agency Programme Board should be convened to provide strategic oversight of the service review and ensure a collaborative response to system-wide issues that affect the delivery of HV and SN in Trafford.

The Programme Board has met regularly to oversee the development and a significant number of meetings have been held between commissioners and providers to expedite pieces of work.

It should be acknowledged that considerable planning and development time has inevitably been compromised due to TLCO managers and staff having to rightly rapidly expedite the School COVID Immunisation programme.

8.2. The following section highlights the key themes from the review.

Performance

- The HV service generally performs well against mandated standards.

- It is more difficult to evaluate SN performance due to a lack of cohort-level activity data.
- Most HV and all SN activity is captured 'on paper' making it challenging to report and analyse as such limited quality or performance data for either service is routinely reported to public health commissioners.

Staffing

- Recruitment and retention to universal children's services has historically been very stable in all bands across the service. In more recent year significant challenges have been experienced in recruitment to the specialist public health practitioners post in both health visiting and school nursing. This is a reflection of a national shortage of practitioners with the specialist practitioner qualification.
- Flexible approaches to recruitment have been and continue to be considered to maintain a safe staffing level to enable the services to deliver all commissioned elements of the healthy child programme 0-19.
- Whilst the service has actively trained both health visitors and school health specialist practitioners retention at the end of training has been poor, as staff have not accepted jobs with Trafford but taken positions closer to home.
- HV staffing is generally stable but is not at full establishment; individual HVs have large caseloads. There has been a substantial increase in the complexity of HV caseloads; the number of families receiving support above the universal level doubled between July 2020 and February 2021.
- In relation to School Nursing considerable progress has been made in relation to recruitment and retention.
- SN staff report significant demand for safeguarding support which can impact on their ability to deliver other core functions.
- Both HV and SN services have a small admin function split across four locality teams; this model lacks resilience and increases the administrative burden on specialist staff.
- The primary risk to delivering both the current service and any future model is the ongoing shortfall in staffing establishment especially in Health Visiting.

Service delivery

- MFT has recently established a joint senior leadership team across Manchester and Trafford's children's community health services with the potential for greater alignment between the two boroughs.
- Public Health Trafford has committed to maintaining the current funding envelope for HV and SN; while the services are not required to make efficiency savings, there is an emphasis on shifting to a delivery model that is more responsive to local need and maintains the stable provision of core functions.
- NHS England and the Greater Manchester Health & Social Care Partnership has issued commissioning intentions setting out requirements for localities to create dedicated school immunisation teams separate from their core SN service.
- There is an opportunity for a more 'joined up' offer for children, young people and families in Trafford, bringing together partners from the local authority, health services and education.

- The development of a new early help model, Trafford Team Together (TTT), has implications for the HV and SN services; relevant leads from TLCO should continue to be involved in the development of the TTT programme.
- New models for HV and SN have been co-designed by colleagues from MFT/TLCO and Public Health Trafford with significant input from frontline SN staff.
- It is recognised however that the full operational model may take some time to be fully implemented and a staged implementation will be agreed. Any new additional requirements such as an acceleration of the COVID vaccine programme for school aged children will significantly and negatively impact on core provision and consequently delay progress of the new models.

Other

- Four separate locality budgets offer less flexibility than single pooled budgets for HV and SN services
- Roles and responsibilities in some areas have required some detailed analysis particularly in relation to safeguarding, looked after children; and links/inter-dependencies with other teams for example, the Children in Care Nursing team and Children's Social care.

9 Changes to the service specification as a result of the service review.

This section of the report provides an update on a number of key areas in the service specification, these have been discussed with the TLCO Executive Team

9.1 Electronic Patient Record

- The review highlighted considerable service improvements that could be achieved when HV and SN have access to a full electronic patient record (EPR).
- The specification will include the requirement for access to an EPR and providers will be expected to update progress on this at the regular monitoring meetings.
- TLCO Executive team confirmed that the EPR Business case will be considered in January.

9.2. Outcome Framework for children's health outcomes

- As part of the review a new outcomes framework and KPIs for assuring service performance, quality and impact and looking at overall outcomes has been completed. These outcomes align to Trafford's Corporate Plan which identifies the Corporate Priority for 2021 – 2024 "to prevent poor health in children and promote good mental and physical health".
- The Outcome Framework will be included in the specification. The specification will outline the requirement for providers and commissioners to meet quarterly to review performance and progress and to consider emerging pressures.

9.3. Recruitment and Retention.

- The review identifies the current recruitment issues. TLCO have identified a number of approaches for addressing these including skill mix and staff development programmes
- The specification will require evidence of robust vacancy management.

9.4. Administrative Function.

- The review highlighted considerable administrative tasks being taken by HV and SN which were impacting on front line work.
- The specification will require that consideration is given to the most efficient administration support arrangements, which could be creating a centralised admin function for both services. TLCO managers have highlighted they would like to explore this option further.

9.5. Budget

- The budget is currently allocated and managed on a locality basis which impedes the ability to support cross Trafford initiatives when underspend in other localities is made available.
- The specification will require the totality of the HV budget and SN budget to be used in a flexible way to ensure service outcomes are achieved.

9.6. Ongoing new developments.

- It is recognised that service models and new developments in children's services are likely to occur in the length of this contract.
- The specification will require that HV and SN services have on going involvement and oversight of new developments (including Trafford Team Together) and identify to the commissioner any capacity issues which may arise. The senior managers of TLCO have been engaged in defining the contribution of the HV and SN services to the Family Hub proposal.

9.7. Covid and other immunisation priorities

- It is recognised that SN are commissioned by GMH&SCP to deliver a range of school based immunisation schedules which are fully supported by the commissioners.
- The specification will require transparency about and engagement with the commissioners in relation to any new requirements. This will enable the impact on the contract to be considered and reduce the risk of any detrimental impact on outcomes delivered.
- COVID vaccinations – second dose 12-15 – GMH&SCP have commissioned the School Nursing service to deliver this service which is to commence January 10th 2022. GMHS&CP are working to develop a hybrid model with some external staff being commissioned to support clinical leadership with School Nurses. This remains a risk for the existing SN and immunisation team to catch up on previous critical immunisation schedules including the evidence based HPV programme and some of the developments identified below may be delayed. GMHSP have identified funding for longer term recruitment to supporting the COVID vaccination programme but in the interim there are concerns about workforce availability.

10. Service development areas under consideration.

There are a small number of service development areas that are actively under consideration which will be finalised by March. These include

10.1. Consideration of a separate immunisation team and whether this would support this specific function and protect the wider healthy child work. The dedicated immunisation team consists of 1.6 wte staff

10.2 Consideration of an Enhanced Care team which have been operational in Manchester. TLCO/ MFT are currently scoping the resource requirements of such a model and whether such a model would enable School Nurses to continue to advance their wider public health universal activities whilst ensuring safeguarding requirements are met.

10.3. Restarting the National Child Measurement Programme (NCMP) which is a mandated Public Health programme, and the data is used to provide the PHOF indicators on excess weight in children, as well as informing development and monitoring of local childhood healthy weight work.

In 2020-21, nationally the collection of NCMP data was reduced to a 10% representative sample of children in reception and year 6 due to the impact of the Covid pandemic on school attendance throughout the year, and on the workforce who collect the data. For 2021-22, national operational guidance for NCMP is that we should undertake measurements of the full reception and year 6 cohorts, with an expectation of participation rates by eligible children of at least 90%. In order to achieve 90% participation we need to endeavour to measure all reception and year 6 children as in previous years.

The national NCMP report for 2020/21 has now been published, and this shows:

- prevalence of overweight in reception children has increased from 23.0% to 27.7%
- prevalence of obesity in reception children has increased from 9.9% to 14.4%
- prevalence of overweight in year 6 children has increased from 35.2% to 40.9%
- prevalence of obesity in year 6 children has increased from 21.0% to 25.5%

Therefore it is more important than ever that we undertake the full NCMP programme in 2021/22 in order to establish whether this increased prevalence continues to be seen across both age cohorts. In reception, the prevalence has been stable for over 10 years until 2020/21, while in year 6, we have seen increases in prevalence in one year that previously took over 10 years.

Across Greater Manchester, there are pressures on the school nursing services who provide NCMP, however, all those we contacted are expecting the programme to go ahead as usual despite the added pressures of the CYP Covid vaccination programme. Covid has had a huge impact on children's health and wellbeing (physical and mental), and the NCMP helps us to understand the extent of this impact and to be able to plan how to support children's health moving forward. We are currently in discussion with TLCO managers regarding a revised delivery model.

11. Governance and Accountability.

Trafford Public Health commissioners will set up regular monitoring meetings with TLCO to review performance, support strategic alignment and discuss on going developments.

Performance highlight reports will be presented to the Children's Commissioning Board and the Start Well Board.

12. Recommendations.

Members of the Health and Wellbeing Board are asked to note and accept the outcome of the review.