

North Yorkshire County Council

Executive

26 January 2021

Healthy Child Programme Section 75 Agreement

Report of the Corporate Director for Health & Adult Services

1.0 Purpose of Report

- 1.1 The purpose of this report is to present to Executive the draft Section 75 Agreement in relation to North Yorkshire County Council's joint working with Harrogate and District NHS Foundation Trust (HDFT) on the delivery of the Healthy Child Programme (HCP). The report will seek approval to begin a four week consultation on the draft Section 75 document.
- 1.2 This report is subject to the Executive considering the outcome of the Healthy Child Consultation, and approving the recommendations contained in that report.

2.0 Context

- 2.1 The HCP is a local authority mandated programme. In North Yorkshire the programme is currently made up of four separate services:
 - Universal or core elements, Healthy Child Service, Health Visiting (0-5) and School Age (5-19) currently delivered by HDFT;
 - Targeted elements – emotional health and substance misuse delivered by COMPASS and Healthy Choices, Child weight Management Service, delivered by the Council's Children and Young People's Services.
- 2.2 The Health Child Programme is led by the Operational Director Children's and Countywide Community Care Directorate at HDFT. This helps to ensure that the programme is aligned with other services (e.g. Community and acute Paediatrics, Child Development Centres, Children Vaccination and Immunisation Team, Psychology Speech and Language and Specialist Nursing Services). This will support the wider transformation of children, young peoples and families services across the health and care system. A 'Developing Different Ways of Working' Workstream will start work on the transformation programme in 2021, and will involve all the relevant services within HDFT and the local system. In addition, the partners will consider joint management and supervision between NYCC and HDFT.
- 2.3 This report focuses on future arrangements for the delivery of the universal elements of the programme.
- 2.4 HCP is currently delivered through a contract with HDFT which has been in place since 2015.
- 2.5 Following negotiation and deliberation between Partners, it is proposed that from April 2021 the service will be delivered via a Section 75 Agreement to allow for increased partnership working, shared oversight and delivery and a phased approach to integration and joint working.

- 2.6 Both the Council and HDFT share a view that coordinating and integrating their planning, and delivery activities will help facilitate the best use of resources to support the population of North Yorkshire and deliver high quality outcomes.
- 2.7 The strategic objectives of the Partnership are:
1. To ensure the effective and efficient management and delivery of the Service;
 2. Through sharing resources and working in collaboration, to improve service, performance, quality and outcomes for families and children and young people;
 3. To ensure that services are children, young people and family focused, and responsive to identified needs;
 4. To deliver seamless services through effective multi-agency and multi-disciplinary planning, communication and processes;
 5. To ensure value for money and efficient use of resources, maximising income where at all possible and avoiding duplication;
 6. To respond to gaps in service delivery through improved service design, and inform commissioning intentions; and
 7. To increase the range of skills, professional and organisational, available for the provision of services and provide a diverse range of learning and development opportunities for staff.
- 2.8 The Partners agree to adopt the following principles when carrying out this Section 75 agreement:
1. To be openly accountable for performance of the Partners' respective roles and responsibilities set out in this Section 75;
 2. To communicate openly and transparently about major concerns, issues or opportunities relating to the delivery of this Section 75;
 3. To commit to learn, develop and seek to achieve full potential from the Service. To share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
 4. To adopt a positive outlook and behave in a positive, proactive manner;
 5. To act in the best interests of Service Users and their families and to ensure that they are always at the forefront of decision making;
 6. To adhere to statutory requirements and evidence based best practice, complying with applicable laws and standards, data protection and freedom of information legislation;
 7. To act in a timely manner, recognising the time-critical nature of the project and to respond accordingly to requests for support;
 8. To act in good faith to support achievement of the key objectives and compliance with these principles; and
 9. To provide coherent, timely and efficient decision-making.
- 2.9 Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, S.I. 617 ("Regulations") enable NHS bodies to exercise prescribed local authority health-related functions in conjunction with their own NHS functions. The power to enter into section 75 agreements is conditional on the following:
1. The arrangements are likely to lead to an improvement in the way in which those functions are exercised; and;
 2. The partners have jointly consulted people likely to be affected by such arrangements.

- 2.10 The purpose of the draft Section 75 is to put in place the arrangements required to govern and manage shared planning and delivery of integrated services. The Healthy Child Programme Board will be established as the vehicle through which the parties will discharge their responsibilities in respect of working together within the defined financial and operational schedules. The Agreement applies to the defined health, public health and social care services supplied to the residents of North Yorkshire County Council.
- 2.11 The draft agreement covers a range of matters; of particular note to the Executive are the following:
- Unlike some previously agreed s75 agreements (e.g. HARA) it is not the intention of the Partners through this S75 Agreement to establish a Pooled Fund, although there is nothing in this Agreement that precludes the Partners from doing so if subsequently agreed;
 - Operational staff will remain fully employed within HDFT on current terms and conditions;
 - The partners will continually pursue opportunities for children's services integration, wider partnership working, and integrated provider management approaches;
 - Quarterly performance monitoring will be undertaken in line with the performance framework and reporting to the HCP Board. A Service Transformation and Improvement Plan will be jointly developed to drive forward areas of development, reporting to the HCP Board;
 - Service overspends and underspends will be considered jointly with the intention to reinvest any underspend back into the service; any underspend remaining at the end of the term will be returned to NYCC
 - Where the Public Health Grant does not rise in line with additional staffing costs accumulated by HDFT (i.e. due to NHS staff pay awards), the partners will meet at the earliest opportunity to understand the full extent and of any shortfall and mutually agree a way forward;
 - The agreement covers the period from 01/04/2021 – 31/03/2031, subject to break clauses at five years, and eight years.

3.0 Performance Implications

- 3.1 There will be an agreed set of metrics for the HCP. The performance metrics in the first year have been developed from the existing performance requirements of each organisation who is party to the Section 75.

4.0 Policy Implications

- 4.1 HCP is an example of integrated working across the NHS, Public Health and social care. Integration with health partners is a key Council priority, as well as an ambition outlined in the NHS Long Term Plan, published in January 2019.
- 4.2 HCP forms one part of a wider system of support for children and families across North Yorkshire. This includes the Council's Outstanding Rated CYPS services such as Early Help, Children's Social Work, SEND and strong links into NHS and voluntary sector services.

5.0 Financial Implications

- 5.1 The draft Section 75 agreement is explicit in the financial resources covered in the draft agreements as detailed in Schedule 3 of the draft Agreement. Each party will maintain its

existing financial accountability and internal and external audit arrangements and bear its own risk in relation to service planning and delivery.

6.0 Legal Implications

- 6.1 Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, S.I. 617 (“Regulations”) enable NHS bodies to exercise prescribed local authority health-related functions in conjunction with NHS functions.
- 6.2 Under the Public Contracts Regulations 2015 (PCRs) two contracting authorities can enter into a collaboration agreement (co-operation) subject to meeting the tests of Regulation 12 (7) PCRs (known as Hamburg). It is considered that the partnership arrangement through a S75 Agreement between HDFT and NYCC satisfies this test.

7.0 Consultation undertaken and responses

- 7.1 The purpose of this paper is to request that Executive approve the draft Section 75 agreement being published on the Council website for a 4 week consultation, starting on 02/02/2021 and ending on 03/03/2021. The consultation will invite comments from both the public and interested parties. A separate 10 week public consultation on the proposed service model has been completed with findings presented to Executive on 26th January 2021, prior to this report being considered.

8.0 Impact on other services and organisations

- 8.1 HDFT are party to the draft Section 75 Agreement along with the Council.

9.0 Equalities implications

- 9.1 A draft Equalities Impact Assessment (EIA) was presented to Executive on 13th October 2020, a revised EIA incorporating feedback from the public consultation on the service model has been presented to Executive on 26th January 2021 prior to this report being considered.

10.0 Recommendations

- 11.1 It is recommended that the Executive:
- i) Note the content of the draft Section 75 Agreement; and
 - ii) Approve a 4 week public consultation commencing on 02/02/21 until 03/03/2021.
 - iii) Schedule consideration of the responses to the public consultation on the Section 75 along with any final draft Section 75 Agreement, to a meeting of the Executive in March 2021.

Richard Webb
Corporate Director for Health & Adult Services

County Hall
Northallerton
15 January 2021

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Presenter of report Richard Webb

Appendices:

Appendix A: Draft Section 75 Agreement (**to follow**)

Appendix B: Draft Performance Framework

Appendix C: Draft Governance Framework (**to follow**)

Appendix D: Draft Service Specification outlining service model

Additional Information: Links to relevant legislation:

1. Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2017

https://www.legislation.gov.uk/uksi/2017/505/pdfs/uksiem_20170505_en.pdf

2. Universal health visitor reviews: advice for local authorities

<https://www.gov.uk/government/publications/universal-health-visitor-reviews-advice-for-local-authorities>



North

Yorkshire County Council

Appendix B

0-5 Healthy Child Service Performance and Monitoring Framework Report Template


DRAFT




The overarching outcome for the service is that:

All children in North Yorkshire have a healthy start to life

The service contributes to the following outcome indicators and *Key Service Performance Indicators* (KPIs) will be agreed to measure service performance.

Key Performance Outcome Indicators –

KPI	Latest figure	Rag status	Historical trend, and projected target rate	Direction of travel
Reducing smoking at delivery	PHOF 2018/19 England- 10.4% NY – 10.8%		Smoking status at time of delivery continues to fall and is similar to England, having been significantly higher for the past 6 years. Among 15 similar areas, North Yorkshire has 13 th highest rate..	
Increasing breastfeeding prevalence at 6-8 weeks	PHOF 2018/19 England- 46.2% NY- *	-	-	-
Improving child development at 2-2.5 years	PHOF		The percentage of children who received a 2-2½ year review by the time they turned 2½ years old in North Yorkshire is 95.9%. This is significantly higher than England and the highest amongst the group of 16 similar areas.	
Reducing the number of children in poverty	PHOF		This is a key indicator in relation to school readiness. North Yorkshire is marginally above the national performance for pupils achieving a Good Level of Development and performance has improved steadily over the last 3 years. It is 2 nd highest among 16 similar areas.	
Improving school readiness	PHOF		This is a key indicator in relation to school readiness. North Yorkshire is marginally above the national performance for pupils achieving a Good Level of Development and performance has	

			improved steadily over the last 3 years. It is 2 nd highest among 16 similar areas.	
Reducing under 18 conceptions	PHOF- 2018 England- 16.7 per 1,000 NY- 12.8 per 1,000		The under 18 conception rates in North Yorkshire have been significantly lower than England from 1998 to 2018. The number has reduced from 366 in 1998 to 122 in 2018. It has the lowest rate amongst 15 similar areas.	
Reducing excess weight in 4-5 year olds	PHOF- 2018/19 England- 22.6% NY- 23.4%		The proportion of children in Year 6 classes with excess weight increased slightly and is now similar to England. North Yorkshire is 9 th lowest of 15 similar areas.	
Reducing hospital admissions caused by unintentional and deliberate injuries in children aged 0-14	PHOF- 2018/19 England- 96.1 per 10,000 NY- 108.6 per 10,000		There were 1,055 admissions for injuries in children aged 0-14. Some individuals may have been admitted on more than one occasion, so the number of children admitted is likely to be lower. The rate of admissions is broadly stable in North Yorkshire, but falling nationally. North Yorkshire has one of the highest rates among similar areas.	
Improving population vaccination	PHOF			
Reducing tooth decay in children aged 5	PHOF-2018/19 England- 23.4% NY- 20%		The proportion of children with dental decay is significantly lower than England. North Yorkshire has the second lowest rate compared to similar areas.	-
% uptake of healthy start vitamins for eligible mothers and children	In line with national average			

*Data not published due to data quality reasons

Principles

- Addressing inequality and easy access - Open access for all but intensive targeted work with priority population groups that is timely and consistent

- Delivering quality - Strong leadership and effective system working delivering excellent quality and value for money in conjunction with a professional and skilled workforce
- Improving outcomes – through delivery of strong evidence based practice that promotes consistent messages and support. A strong focus should be given to prevention, health promotion and early identification
- Innovation, continuous improvement and use of technology
- Promoting Integration - Services to be delivered as part of a multi-agency integrated approach

Data requirements

All service activity should be recorded in such a way to allow reporting by:

- age bands
- gender
- ethnicity
- area of residence
- Vulnerable groups
- Gypsy and Roma, SEN, Disabilities, Gypsy/Roma/Traveller, Children in Care, Pregnant teenagers, teenage parents, Young Carers, children where parent(s) are in the armed forces.

Additional data requirements

To support equity audit, needs assessment and service planning the local authority public health team may request additional data from the service. The pieces will be ad hoc and in a specifically described format that will require a small amount of processing by the service to apply various geographical lookups.

Executive summary – please provide an overview of this quarter and highlight any particular challenges, how you addressed them and how this has improved service delivery. Please identify data source against each item.

Performance measure – number of young people supported	Expected performance/ threshold	Frequency and method of measure			
Quantity Measures		Q1	Q2	Q2	Q4
<ul style="list-style-type: none"> ▪ Universal caseload (total number/100% of caseload) 	Variable depending on need				
<ul style="list-style-type: none"> ▪ Universal plus caseload (total number/x% of total caseload) 					
<ul style="list-style-type: none"> ▪ Universal partnership plus caseload (total number/x% of total caseload) 					
<ul style="list-style-type: none"> ▪ Number of health care plans HCP team have actively contributed to that quarter 					

A referral should be recorded when received by an external source and not as part of a universal action – please add any comments

Please provide in chart format each quarter:

- Universal plus caseload by aligned 12 preventions localities, number , age & gender split
- Universal partnership plus by aligned 12 preventions localities, number, age & gender split
- New referrals by locality & type (main reason for referral)
- New referrals by locality & source
- New referrals and achieved response time to referrer – 1 day safeguarding, 5 routine
- New referrals and achieved response time to family – 2 day safeguarding, 10 routine

Please provide comment on any trends/patterns observed from the data collected. Also describe any further actions the service is taking as a result, what the outcomes are from those further actions and where appropriate make recommendations for further action.

Performance measure- Community & Universal 0-5 Healthy Child Service

Community & Universal - health visitors have a broad knowledge of community needs and resources available e.g. Children’s Centres and self-help groups and work to develop these and make sure families know about them. Health visiting teams lead delivery of the HCP. They ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.

Performance measure	Expected performance/ threshold	Frequency and method of measure				
		Q1	Q2	Q2	Q4	YTD
Quantity/Quality Measures - antenatal						
Number of mothers eligible for first antenatal appointment						
Number of mothers receiving a first antenatal contact at 28 weeks or above before birth	Commissioner to populate this section based on 15/16 national dashboard return and other local data sources					
% of mothers receiving a first face-to-face antenatal contact at 28 weeks or above before birth	Commissioner to populate					
% of mothers receiving a first virtual antenatal contact at 28 weeks or above before birth						
Number of women who smoke during pregnancy offered brief intervention and/or referral to Stop smoking services or equivalent this quarter	Baseline to be set 16/17					
Number of families eligible for Healthy Start Scheme	Baseline to be set 16/17					
Quantity/Quality Measures – NBV						

Number of eligible New Births in the quarter						
Number of eligible infants in the quarter who received a face-to-face Health Visitor New Birth Visit (NBV) undertaken within 14 days from birth						
% of face-to-face NBVs undertaken within 14 days, by a Health Visitor						
Number of parents who smoke offered brief intervention or referral to stop smoking services	Baseline to be set 16/17					
Quantity/Quality measures – 6-8 week review						
Total number of infants who were eligible for 6-8 week review in the quarter						
% of eligible infants who received 6-8 week in the quarter.						
% of eligible infants who received face to face 6-8 week in the quarter.						
Total number of eligible infants who received a virtual 6-8 week in the quarter						

% of eligible infants where feeding status has been recorded at 6-8 week check – High Impact area Breastfeeding should not fall below 90%	100%					
% of eligible infants totally breastfed at 6-8 week check	Baseline to be set 16/17					
% of eligible mothers who received a Maternal Mood review by the time the infant turned 8 weeks - High Impact Area	100%					
% of eligible mothers requiring further service intervention	Baseline to be set 16/17					
% of eligible mothers requiring onward referral associated with maternal mood	Baseline to be set 16/17					
Number of healthy start vitamin eligible families	N/A					
Number of eligible families who have accessed healthy start vitamin scheme at least once	N/A					
Number of parents who smoke offered brief intervention or referral to stop smoking services	Baseline to be set 16/17					
Quantity/Quality measures – 12 months						
Total number of infants who turned 12 months in the quarter	N/A					
Total number (%) of eligible infants that received a 12 month review in the quarter	N/A					

Total Number of eligible infants that received a 12 month face to face review in that quarter						
Total number of eligible infants that received a 12 month virtual review in that quarter						
% of infants with up to date immunisations according to schedule	Baseline to be set 16/17					
Number of parents who smoke offered brief intervention or referral to stop smoking services	Baseline to be set 16/17					
Quantity/Quality measures – 2-2.5 years						
Total number of children who turned 2.5 years in the quarter.	N/A					
Total number of eligible children who received a 2-2.5 year review in the quarter	N/A					
% of eligible children receiving a 2-2.5 year review by the time they were 2.5 years	>90%					
Number of children eligible for 2-2.5 year review identified as UP/UPP						
Number of eligible children receiving a 2-2.5 year review with a completed ASQ-3 – High Impact Area	100%					

Number of children identified in the quarter who are overweight or obese/% of children identified as overweight or obese	Baseline to be set 16/17					
Number of children identified in the quarter who are overweight or obese with a plan in place including a family based intervention/% of children identified as overweight or obese with a plan in place – High Impact Area	Baseline to be set 16/17					
Number of children identified in the quarter who have registered with a dentist for routine care/% of children who have attended a dentist for routine care – High Impact Area	Baseline to be set 16/17					
Number of children identified with a speech and language difficulty/% of children identified in the quarter with a speech and language difficulty – High Impact Area	Baseline to be set 16/17					
Number of children identified within the quarter with a speech and language difficulty receiving an intervention delivered by the service	Baseline to be set 16/17					
Number of children identified in the quarter with a speech and language difficulty and referred to an intervention or NHS specialist service	Baseline to be set 16/17					
Number of children identified as requiring additional speech and language support followed	Baseline to be set 16/17					

up within 6 months of referral to determine progress– High Impact Area						
Number of children identified as not being up to date with vaccinations and referred to GP	Baseline to be set 16/17					
Number of parents who smoke offered brief intervention or referral to stop smoking services	Baseline to be set 16/17					
Community measures						
UNICEF full accreditation is achieved by end of contract year one and maintained throughout the contract term – High Impact Area	100%					
Number of Children Centre Advisory Boards	-					
Number of Children Centre Advisory Boards with HCP service representation/% of Children Centre Advisory Boards with HCP service representation	100%					
Community needs assessment measure - Number of health profiles developed for prevention area and shared with team, prevention team and children centre advisory board	One per locality and refreshed each year					
<u>HIGH IMPACT AREAS</u> – High Impact Area <u>Numbers of integrated high impact projects/ interventions listed by topic area and locality carried out in that quarter</u> ▪ Parenting	The service must demonstrate that projects/interventions are informed by the local community needs assessment.					

<ul style="list-style-type: none">▪ Maternal Mental Health▪ Breastfeeding▪ Healthy Weight▪ Accident prevention and minor illness▪ School Readiness		
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Please provide additional comment and actions related to activity, challenges and successes. How did you address any challenges and how will you know the measures implemented have worked

Publicity and marketing – please describe any activity carried out this quarter including strategic developments. Please provide detail of any additional comments or actions

Universal Plus (UP) - families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children

Performance measure	Expected performance/ threshold	Frequency and method of measure				
		Q1	Q2	Q3	Q4	YTD
Antenatal						
Number of antenatal contacts eligible for joint visit with the service and other appropriate professional due to vulnerability (identified as UP/UPP)	Baseline to be set 16/17					
Number of antenatal joint visits completed in the quarter (identified as UP/UPP)	Baseline to be set 16/17					
% of joint antenatal visits completed (eligible/completed)	Baseline to be set 16/17					
% of joint antenatal visits completed where a parent is under 19	Baseline to be set 16/17					
Quantity & Quality Measures – 4 weeks						
Number of eligible infants due a 4 week review by the end of the quarter (UP/UPP families)	Baseline to be set 16/17					
Number who received who received a 4 week review by the time they were 4 weeks (UP/UPP families)	Baseline to be set 16/17					
% of eligible infants who received a 4 week review by the time they were 4 weeks	Baseline to be set 16/17					

% received a 4 week review with a parent under 19	Baseline to be set 16/17					
Quantity & Quality Measures – 3-4 months Number of eligible infants due a 3-4 month review by the end of the quarter (partnership and partnership plus families)	Baseline to be set 16/17					
Number who received a 3-4 month review by the time they were 4 months	Baseline to be set 16/17					
% of eligible infants who received a 3-4 month review by the time they were 4 months	Baseline to be set 16/17					
% received a 3-4 month review with a parent under 19	Baseline to be set 16/17					
Number of children eligible for 2-2.5 year review identified as UP/UPP	Baseline to be set 16/17					
% of children eligible for 2-2.5 year review identified as UP/UPP received an integrated joint review	Baseline to be set 16/17					
Number of children identified as SEND and brought the attention of the local authority this quarter	Baseline to be set 16/17					

Please provide comment on any trends/patterns observed from the data collected. Also describe any further actions the service is taking as a result and where appropriate make recommendations for further action. Please include comment related to those not taking part in health checks and why.

Universal plus continued – identify vulnerable children, young people and families, **provide and co-ordinate** tailored packages of support, including emotional health and wellbeing, safeguarding, children and young people at risk with poor outcomes and with additional or complex health needs.

A&E data - it is expected that the service will collate information regularly using an established notification protocol to determine any local trends and to inform local needs assessment at a community level. A yearly report will be shared with the commissioner summarising total number of referrals by age, gender and type to inform local needs assessment.

Performance measure	Expected performance/ threshold	Frequency and method of measure				
		Q1	Q2	Q3	Q4	YTD
Quantity Measures <ul style="list-style-type: none"> A&E – what categories require follow up and in what time frame to be developed with provider Total number of A&E notifications received	Baseline to be set 16/17					
Total number of A&E notifications that resulted in no further action /% of A&E notifications that resulted in no further action	Baseline to be set 16/17					
Total number of A&E notifications that resulted in urgent further action /% of A&E notifications that resulted in urgent further action	Baseline to be set 16/17					
Total number of A&E notifications that resulted in non-urgent further action /% of A&E notifications that resulted in non-urgent further action	Baseline to be set 16/17					
Integration - Number of active joint worked cases with Prevention Teams where assessments have been contributed to by both agencies	Baseline to be set 16/17					

EHM - Allocate all screened and accepted referrals (identified as level 2(UP), NYCC Vulnerability Checklist) within EHM to a HCS practitioner within 5 working days.	Baseline to be set 16/17					
EHM- All accepted 0-5 HCS referrals to inform referee within 5 working days and record on EHM	Baseline to be set 16/17					
EHM- Practitioner to complete a NYCC (CAF) assessment within 20 working days (on all open cases identified as level 2, NYCC vulnerability check list completed)	Baseline to be set 16/17					
EHM - Practitioner to review NYCC (CAF) assessment every 3 months (on all open cases identified as level 2, NYCC Vulnerability Checklist)	Baseline to be set 16/17					
EHM - Practitioner to update Case Summary once a month (using signs of safety approach) for all open cases.	Baseline to be set 16/17					

To be completed by commissioner

Please provide comment on any trends/patterns observed from the data collected and also describe any further actions the service is taking as a result or recommendations for future commissioning. Please also comment how you will determine if action taken has been effective.

Universal Partnership Plus - to work in partnership with partner agencies in the provision of **intensive and multi-agency** targeted packages of support where additional health needs are identified.

Performance measure	Expected performance/ threshold	Frequency and method of measure				
		Q1	Q2	Q3	Q4	YTD
Quantity/Quality Measures						
Safeguarding Number children recorded as being subject to a child protection plan	Baseline to be set 16/17					
Number of safeguarding meetings attended related to existing child protection plans	Baseline to be set 16/17					
% of safeguarding meetings attended which resulted in further 0-5 HCP action (%/total number of meetings attended)	Baseline to be set 16/17					
Number of RHA's carried out that quarter	Baseline to be set 16/17					
% of RHA's completed within statutory timescale	Baseline to be set 16/17					
Excluding formal safeguarding - Number of meetings, where one or more agency is involved Preventions, CAMHs, multiagency, TAC meetings etc attended during the quarter	Baseline to be set 16/17					
% of meetings above which resulted in further 0-5 HCP action (%/total number of meetings attended)	Baseline to be set 16/17					
Children with additional and complex health needs Number of children with complex needs – a disability or LTC that have actively been worked with that quarter /% of total caseload	Baseline to be set 16/17					

Performance measures - Common requirements

Workforce

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> Number (headcount and WTE) and type of employed posts across whole service Number and type of unpaid posts including students/volunteers 	Baseline to be established in year one.	Annual report
<p>Quality Measures</p> <ul style="list-style-type: none"> Workforce issues that impact on service delivery e.g. sickness, vacancies, difficulties in recruitment, are reported to the commissioner as soon as possible % of staff, broken down into service area, who have successfully completed competency based training, according to their scope of practice, and fulfilled relevant update requirements including prescribing 		As issues arise Annual report

Service User Experience

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Number of service user surveys issued – 100%</p> <p>Number of service users completing the survey – should achieve greater than 40% return</p> <p>Number of service users who are recorded as 'satisfied' and/or above in the service user satisfaction survey</p> <p>% of service users who are recorded as 'satisfied' and/or above in the service user satisfaction survey</p> <p>Stakeholder satisfaction with the service – satisfaction of all service users that receive 1:1 intervention at UPP</p> <p>Number of service users who state they would recommend the service to a friend</p> <p>% of service users who state they would recommend the service to a friend</p> <p>Number of complaints acknowledge within 2 working days with considered response within 25 days</p> <p>Feedback from parents/carers about the community delivery/ intervention programme of activities and their experience and suggestions for improvement</p>	<p>Baseline to be established in year one.</p>	<p>Annual report</p>

User satisfaction

- Qualitative narrative should be provided regarding any user engagement describing what information has been gathered and how has this informed service evaluation and contributed to service improvement and development.
- Report to include any complaints/compliments/comments and how they were resolved
- All serious untoward incidents reported to the commissioners within 5 days of their occurrence.

The provider will be required to report on progress against all performance measures. The Provider will meet quarterly with the Commissioner to review performance.



Specification for Integrated 0-19 Healthy Child Service

Draft – Working Document

DRAFT

Contents Page

EXECUTIVE SUMMARY

OUR SYSTEM FOR IMPROVING THE HEALTH AND WELLBEING OF CHILDREN, YOUNG PEOPLE AND FAMILIES

Priorities and Principles

Vision for Service

A Focus on Outcomes

NATIONAL CONTEXT

LOCAL CONTEXT

Local Data and Intelligence

Supporting Strategies

INTEGRATED 0-19 HEALTHY CHILD SERVICE

Scope of Service

Service Model

0-5 HEALTH AND WELLBEING REVIEWS

Developmental Visits and Assessments from Antenatal to 4/5 Years

Levels of Delivery

Transition to parenthood, early weeks and beyond

Maternal mental health (perinatal depression)

Breastfeeding (initiation and duration) –

Healthy weight, healthy nutrition and physical activity

Managing minor illness and reducing hospital attendance and admission

Health Protection

Antenatal and Newborn Screening

5-19 HEALTHY CHILD SERVICE

National Child Measurement Programme (NCMP)

Emotional Health and Wellbeing

Reducing Risky Behaviours and Improving Lifestyles

Support for Children who are Elected Home Educated (EHE)

Supporting Children, Young People and Families at Risk of Poor

Outcomes

Comprehensive Assessment – Vulnerable Children, Young People and Families

Children with Special Educational Needs and/or Disabilities (SEND)

Vulnerable, Exploited, Missing, Trafficked (VEMT)

Support for Children and Young People Attending Pupil Referral Units (PRU)

Looked After Children/Care Leavers

Transition into Adulthood/Services

SERVICE ACCESS AND DELIVERY ENVIRONMENT

Service Delivery Location

Co-Location

Operating Hours

Service Environment

Access and Referrals

Interdependencies with Other Services

Moving Out of Area

Variation during Life of Contract

End of Contract Arrangements

COMPLIANCE AND GOVERNANCE

Clinical Governance

Regulation and Compliance

Child Protection and Safeguarding

Data Requirements

Information Technology System

Information Governance

Confidentiality

Data Information, Systems and Confidentiality

Technical Security Requirements

Future Proofing

A TRANSFORMED WORKFORCE

Strategic and Operational Leadership

Workforce Competency and Development

MOBILISATION

Mobilisation Plan

APPENDICES

REFERENCES

Executive Summary

One of the four North Yorkshire County Council Plan key ambitions for 2023 is that every child and young person has the best possible start in life¹. Our measure of success in delivering this ambition is that North Yorkshire will be 'A place of opportunity where all children and young people are happy, healthy and achieving' (Children and Young People's Plan).

In order to achieve this ambition local partners are working together to transform the way we plan, design and deliver services and support children, young people and families; with a focus on the things that underpin our outcomes. These include strong attachments to parents and carers and ensuring that parents and carers have the relationships, networks and support they need to raise children. We have started to focus on prevention and early intervention by promoting resilience and focusing our resources upstream to improve outcomes for children and protect them from harm. The aim is to create positive changes that are widespread, high impact and long lasting.

The North Yorkshire Children and Young People's Plan, *Young and Yorkshire 2* sets out our system approach to meeting the health and wellbeing needs of children and young people (Figure 4). The Plan sets out the ambitious and aspirational approach embraced by partners within the County.

The Plan was informed by the voice of children and young people and their families/carers and sets not only the step-by-step improvements, but also some of the more difficult challenges that sometimes limit children's life chances - whether it be the family they are born into, school they go to or the community they grow up in. The plan acknowledges that these differences are unacceptable and we have set out our commitment to tackle them.

To help achieve our vision, we are working to bring together work programmes under a progressive transformation programme – *The Childhood Futures Programme*. These include the Healthy Child Programme, key delivery elements of North Yorkshire Children and Young People Services and Healthy School Programme. Three areas form the initial focus of the transformation of approaches of partners to improve children and young people outcomes in North Yorkshire:

- School Readiness
- Emotional and Mental Wellbeing
- Risk Taking in Adolescents

This Healthy Child Programme Service Specification will contribute to delivering this agenda. The Provider will work collaboratively with service commissioners and other service providers to innovate and find more efficient and outcome focused ways of improving the health and wellbeing of children and young people and families in North Yorkshire.

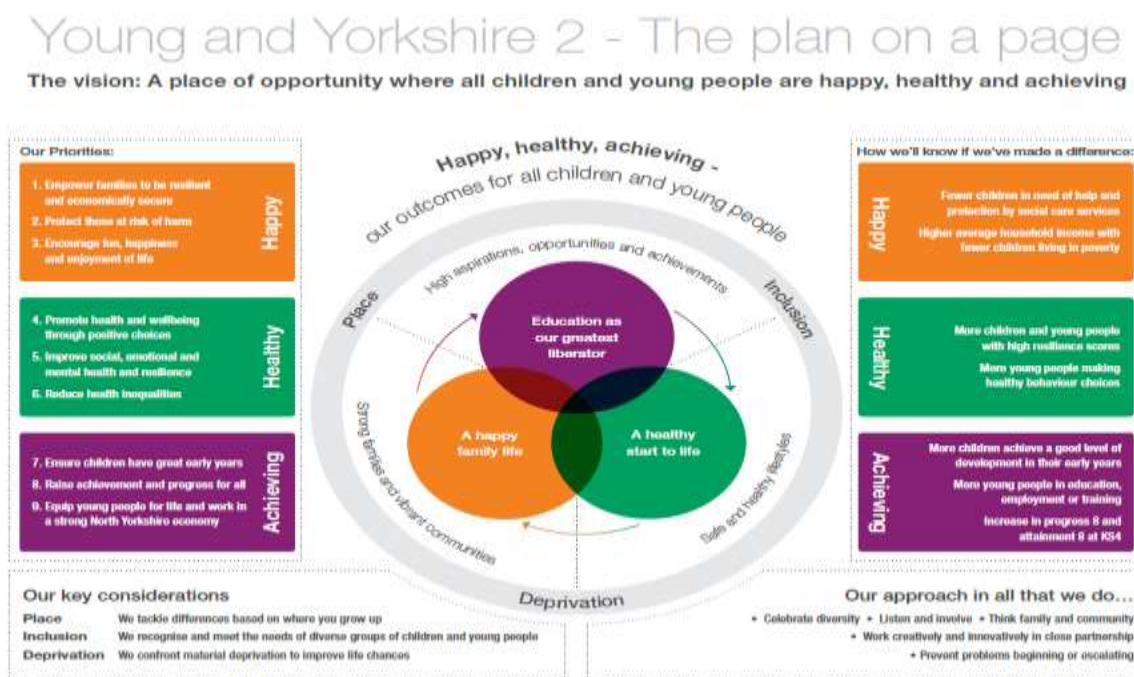
Our system for improving the health and wellbeing of children, young people and families

¹ North Yorkshire County Council Plan for 2023

1. Priorities

The nine priorities within the North Yorkshire Children and Young People’s Plan, Priorities and the Measures of Success are listed in Figure 1 below.

Figure 1: North Yorkshire Priorities for Children and Young People



As a system, we know that a significant proportion of children and young people do not achieve these outcomes. But we interact with children, young people and families from before birth through to staged review points and with teenagers. However, we know that often we do not meet the needs identified because our responses are disjointed and uncoordinated, and are missing the opportunities to enable families to use and widen their own networks of support.

This is why we are embarking on an ambitious programme of service transformation with the aim of achieving 'full integration', optimising integrated working practices of preventative services and other appropriate services and support for the 0-19 age group within North Yorkshire. This requires developing a shared understanding of what an integrated 0-19 services means and involves amongst all partners.

2. Principles

Since 2013 and the transfer of Public Health responsibilities to the Council, there has been considerable joint work between the County Council and health services, and more recently promoting integrated working practices across the system. Most notable is the collaborative working between the Healthy Child Programme (provided by Harrogate and District Foundation NHS Trust) and Prevention Service (now Early Help Service) within the County Council.

These developments have laid the foundations for a better integrated system for planning, commissioning and delivering preventative and early intervention services for children,

young people and families. We are building on these successes to deliver an integrated 0-19 service and this Service specification is central to this process.

We recognise that service integration means different things to different people. Thus, part of the transformation journey will involve defining and developing the different ways we will work effectively and efficiently together to achieve a fully integrated 0-19 service in North Yorkshire². We have made a good start at describing the levels of collaboration (Figure 2 below). Our ambition is to work towards the optimum level of collaboration - shared goals and values, shared leadership and governance, integrated processes and pathways management and shared risk management:

To facilitate collaborative working, the Healthy Child Programme Service will operate under a partnership arrangement, in which the North Yorkshire County Council Children and Young People Service (CYPS) partners with an NHS Foundation Trust (NHSFT), with direct line management to CYPS and the NHSFT, using Section 75 (s75) of National Health Services Act 2006³. This includes establishing a Programme Board to ensure the right leadership and governance that will enable service transformation.

This new way of working will work to the following partnership principles:

- Transformational and innovative - innovation, continuous improvement and appropriate use of digital technologies to deliver services and support.
- Improving outcomes, through delivery of strong evidence based practice that promotes consistent messages and support. A strong focus given to prevention, health promotion and early identification of needs.
- Commitment to listening to children and young people and their families and the wider communities, and to involving them directly in understanding problems, designing and testing solutions and co-producing outcomes.
- Addressing inequalities and easy access -open access for all but intensive targeted work with priority population groups that is timely and consistent.
- Delivering excellent quality through strong leadership, professional and skilled workforce, effective system working and value for money.
- Collaborating in information sharing system and interoperability prioritised to help record, communicate and exchange data accurately, effectively, and consistently, and facilitate the use of information that has been exchanged.
- Collaborating with local partners, valuing each other's contributions, and working effectively together to solve problems.

3. The Vision for an Integrated 0-19 Service

The purpose of the Service is to provide a comprehensive range of preventative and early interventions to expectant parents, children, young people and families in North Yorkshire. This includes a range of universal interventions delivered to the whole population, as well as targeted interventions and support to those with identified need and the most vulnerable.

The vision for the Service is to deliver high quality, evidence based interventions which support children and young people and families, and identify and respond appropriately to needs across North Yorkshire to improve health and wellbeing outcomes.

It will have the following characteristics.

² North Yorkshire HCP & Prevention Services - Collaborative Relationship Depth and Maturity Journey

³ Section 75 Agreement

- An integrated service offering assessment, advice and support to expectant parents, children, young people and families, working in collaboration with the Early Help and Early Years Services within the County.
- A high quality approach to ensuring the effective delivery of the Healthy Child Programme including all mandatory functions (5 mandated health visiting contacts and the National Child Measurement Programme).
- Support the delivery of an enhanced integrated service to improve school readiness.
- Support the delivery of an enhanced integrated service to improve social, emotional and mental wellbeing children and young people.
- Support the delivery of an enhanced integrated service to reduce risk taking behaviour in adolescents.
- Effective management of the safeguarding of children and vulnerable parents or family members.
- Provision of an appropriately trained and supervised workforce.
- Harness technology and the digital opportunity in service delivery and needs assessment, with robust safeguarding in place.
- Demonstrable commitment to improving outcomes for children, young people and families in North Yorkshire.
- Accessible service working into service users' homes, children's centres and appropriate community venues
- Work with Stronger Communities and voluntary and community organisations to maximise the use of community assets and networks for prevention and early intervention.
- High levels of communication and engagement with children, young people and their families including use of innovative methods of communicating, for example social media, apps, texting and websites.
- Productive relationships with other professionals supporting children, young people and their families.
- A distinctly branded and visible service which is understood by service users and stakeholders.

4. A Focus on Outcomes

We need a clear focus on prevention and early intervention ways of working across the system and the Service will be required to deliver the Healthy Child Programme and contribute to the delivery of an integrated 0-19 services, in partnership with other local services with measurable and indicative outcomes.

The Service will deliver on and contribute to reducing inequalities and improving the key outcomes as identified in the [Public Health Outcomes Framework](#), the [Guide to Early Years Profile](#), the [NHS Outcomes Framework and other relevant frameworks](#):

- Increased breast feeding at 6-8 weeks
- Reduced number of low birth weight babies
- Reduced smoking for pregnant women at delivery and hence more smoke free homes
- Improved child development at 2-2.5 years
- Improved school readiness for children in Reception Class
- Increased social and emotional development ASQ-3/ASQ-SE
- Fewer children are obese or overweight in reception aged 5-6 years and at age 10-11 years

- Improved population vaccination coverage
- Improved oral health and a reduction in oral health inequalities, with a greater percentage reduction in dental disease in the most deprived areas according to the Index of Multiple Deprivation (IMD).
- Contribute to more children being emotionally resilient and making good lifestyle choices including - reduction in self harm admissions, smoking prevalence 15 year olds and in under 18 conceptions and an increase in Chlamydia diagnosis (15-24 years old)
- Contribute to less children being admitted to hospital due to illness or accidents, including a reduction in the rates of admissions to hospital for children 0-4 years and older children (0-14 years and 15-24 years) and rates of children (0-15) killed and seriously injured on local roads.
- Contribute to reducing the number of children in care
- Contribute to reducing the number of children living in poverty

NATIONAL CONTEXT

Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life.

Professor Sir Michael Marmot⁴ and the Chief Medical Officer⁵ have highlighted the importance of giving every child the best start in life and reducing health inequalities throughout life. Both recognise the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support. Delivering this vision is dependent upon a wide range of organisations and key stakeholders working together and embracing change.

A number of national policies are enabling actions in shaping local services to plan the design and delivering for the identified health and wellbeing needs of children and young people including (but not limited to):

- NHS Long Term Plan - Chapter 3: Further Progress in Quality and Outcomes, A strong start for children and young people. <https://www.longtermplan.nhs.uk/>
- Maternity Transformation Programme - Drive improvement and ensure women and babies receive excellent care wherever they live, to make care more personal and family friendly. <https://www.england.nhs.uk/mat-transformation/>
- The Healthy Child Programme - A universal and targeted public health services available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>
- Working Together to Safeguard Children 2018 - A guide to inter-agency working to safeguard and promote the welfare of children. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

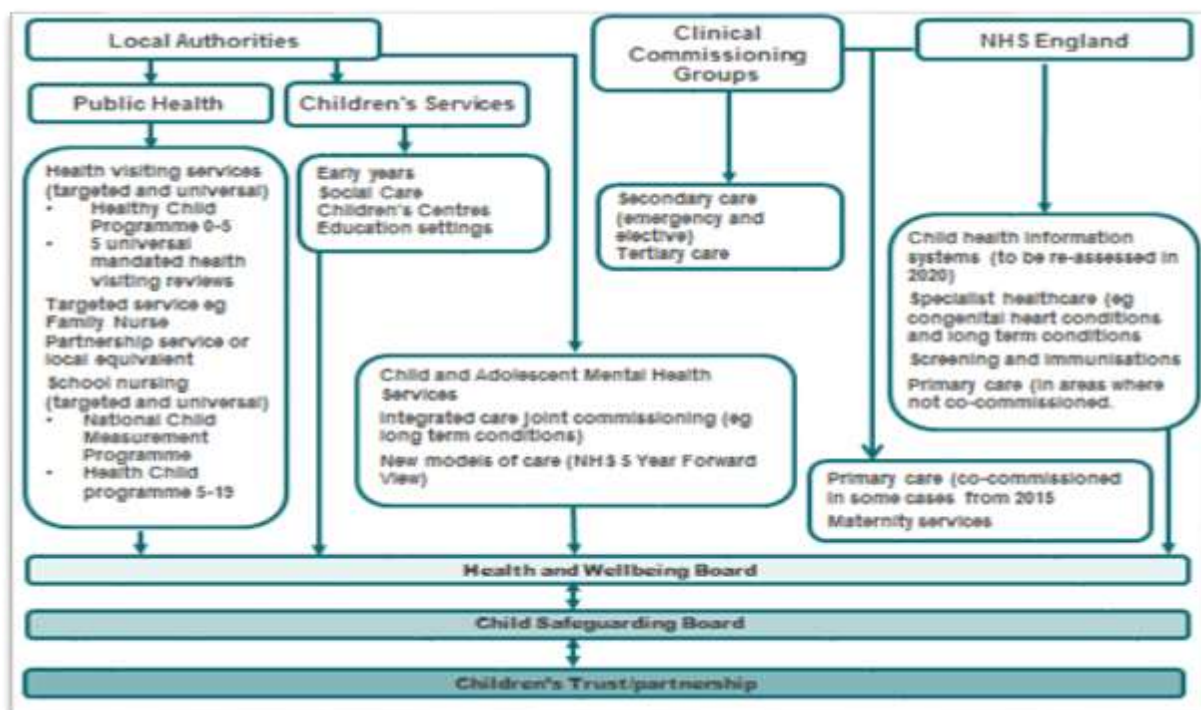
⁴ www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE

⁵ www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

- Social Mobility Action Plan for Education - Includes a plan for the early years with a focus on improving early language acquisition.
<https://www.gov.uk/government/news/plan-to-boost-social-mobility-through-education>

This Service Specification is based on these national guidance, and data derived from local learning and engagement with stakeholders and children and young people and their families. The aim is to work closely with all key partners to make the best use of collective resources, using a whole systems based approach as identified in Figure 3.

Figure 3: Whole systems based approach to delivery of Public Health 0-19 children’s services (PHE Guidance 2018)



LOCAL CONTEXT

5. Local Data and Intelligence

North Yorkshire covers over 3000 square miles, ranging from isolated rural settlements and farms to market towns such as Thirsk and Pickering, and larger urban conurbations such as Harrogate and Scarborough. Whilst North Yorkshire is in overall terms more affluent than a typical local authority in England, there are areas of profound deprivation, including some parts of the County that are ranked within the 10% most deprived areas in England. The County is also home to a significant military presence, including the UK Army’s largest Garrison at Catterick in the north of the County.

We have carried out a Children and Young People Joint Strategic Needs Assessment (JSNA) (insert link) to inform the development of an integrated 0-19 service. The following provides an overview of some of the key issues and concerns impacting on the health and wellbeing of children and young people in North Yorkshire.

5.1 Demographic Profile

- There are around 130,000 children and young people aged 0-19 in North Yorkshire in 2017, projected to decrease by 5.6% to 122,759 by 2035.
- There is a slightly higher proportion of males to females and more children aged 5-9 than those aged 0-4.
- About 7% of school children are from ethnic groups.

5.2 Armed Forces

- In 2017, there were over 9,000 serving personnel in North Yorkshire of which about 6,700 are resident in Richmondshire and 1,900 Harrogate.
- It is estimated that by 2031 there will be an increase in the adult personnel population in Catterick by around 3,000 individuals⁶. When children are added the population will be about 9,000. This will create additional demand for services which needs to be taken into in planning future services.

5.3 Wider determinants of health

- The 2015 Index of Multiple Deprivation (IMD) identifies 23 Lower Super Output Areas (LSOAs) of the 373 LSOAs in North Yorkshire which are amongst the 20% most deprived in England. These have a combined population of 39,000 people (6% of the population).
- A higher proportion of children claim free school meals (FSM) in primary compared with secondary schools. The proportion of FSM claimants increased slightly in North Yorkshire primary schools from 2017 to 2018, compared with a decrease nationally.
- Scarborough district has the most children eligible for FSM (25.7%) in comparison to Craven district (8.0%) with the least. This highlights a clear correlation between FSM eligibility and children in poverty, as Scarborough district has a high level of children in poverty and therefore receive FSM compared to Craven district.
- The average Attainment 8 score⁷ for North Yorkshire (47.8) was higher than England (46.7) in 2017/18. Scarborough district had the lowest Attainment 8 score in 2018 (40.7) and Harrogate had the highest score (53.1).
- In 2017, the proportion of those aged 16 to 17 Not in Education Employment or Training (NEET) in North Yorkshire was 6.5%, significantly higher than England (6%), despite the slight decrease of 0.5% between 2016 and 2017

5.4 Health Improvement

- In 2016, the proportion of all live births with a low birth weight in North Yorkshire was 6.6%; is significantly lower than England (7.3%).
- In 2017/18 in North Yorkshire, 22.3% of the proportion of children aged 4-5 aged were classed as overweight or obese, similar to England (22.4%). 31.6% of children in Year 6 (aged 10-11) were classed as overweight or obese, significantly lower than England (34.3%). Scarborough district has the highest and Hambleton district the lowest.

⁶ It should be noted that troop movement cannot be predicted so the increases may be due to some Germany repatriation but this cannot be categorically assumed at this point so caution must be applied when interpreting the data.

⁷ <https://www.aqa.org.uk/about-us/what-we-do/policy/gcse-and-a-level-changes/attainment-8>

North Yorkshire 0-19 Healthy Child Service Specification

- In reception Scarborough district has a significantly higher rate of children who are classed as overweight or obese, in contrast to Hambleton district which has a significantly lower rate compared to England in 2017/18
- The under 18 conception rate for North Yorkshire in 2017 was 10%, significantly better than England average of 17.8%.

5.5 Health Protection

- In 2017/18, slightly less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in North Yorkshire (92.7%). By the age of five, only 88.1% of children have received their second dose of MMR immunisation.
- The proportion of eligible children aged 5 who have received *two doses* of MMR vaccine in North Yorkshire (88.1%) is higher than England (87.2%). However, there are significant variations within the County, with less than 70% of children receiving two doses of MMR in the Catterick and Scarborough areas.
- Slightly less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in North Yorkshire (92.7%). By the age of five, only 88.1% of children have received their second dose of MMR immunisation.

5.6 Prevention of Diseases and Ill-health

- In 2017/18, North Yorkshire (48.5%) has a significantly higher rate of mother's breastfeeding at 6 to 8 weeks after birth than England (42.7%).
- In 2017/18 North Yorkshire has a significantly higher proportion of females smoking at the time of delivery than the England average. Ryedale and Scarborough districts have a significantly higher rate than England.
- The rate of children and young people being admitted to hospital due to alcohol specific conditions in North Yorkshire in 2017/18 is 43.1 admissions per 100,000 people aged under 18, compared to 32.9 per 100,000 in England; the rate in North Yorkshire is significantly higher than England.
- Harrogate and Scarborough districts have a significantly higher rate of hospital admissions due to alcohol specific conditions for those aged 18 and under compared to England in 2015/16-17/18.
- In 2017/18, North Yorkshire (122.7 per 100,000) has a significantly higher rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 14 years compared to England (96.4 per 100,000). With the exception of Selby district the remaining six districts all have a significantly higher rate of admissions than England.
- In 2017/18, North Yorkshire (161.6 per 10,000) has a significantly higher rate of hospital admissions caused by unintentional and deliberate injuries in children aged 15 to 24 years compared to England (132.7 per 10,000). With the exception of Selby and Ryedale districts the remaining five districts in North Yorkshire have a rate which is significantly higher than England.

5.7 Growing up in North Yorkshire survey (GuNY) 2018⁸

⁸ <http://www.safeguardingchildren.co.uk/growing-up-in-north-yorkshire-2018-survey-data>

- The Growing up in North Yorkshire survey (GuNY)⁹ is a two-yearly survey of local pupils that is undertaken on behalf of the Council by the Schools Health Education Unit (SHEU) based at Exeter University.
- Since 2006, pupils in schools within the County North Yorkshire have been surveyed to collect information on their learning and well-being, the most recent of which was conducted in 2018.
- Over 19,000 children participated in GuNY in 2018. This survey provides a rich data set on the experiences and perceptions of young people in the county, and helps inform the provision of Children and Young People's Services in North Yorkshire.
- Some of the key priorities identified in the summary report produced by the Schools Health Education Unit on behalf of North Yorkshire County Council include:
 - Developing resilience and emotional wellbeing
 - Promoting positive ethos and culture of the school
 - Pupil voice influencing decisions
 - Reducing risky behaviours
 - Reducing inequalities caused by deprivation
 - Promoting the adoption of healthy lifestyles
 - Preventing and reducing bullying

There are sections in the JSNA which focus specifically on some of the key questions asked of secondary school students and which are linked to the stated priorities across the districts in North Yorkshire. This is an extensive survey and not all questions are presented in this report.

5.8 North Yorkshire Healthy Child Programme Engagement Report 2019

North Yorkshire County Council initiated an engagement activity during August 2018 to inform the re-commissioning of the Healthy Child Programme in April 2020. The aim of engagement was to obtain the views of a variety of stakeholders in order to review the services currently offered and inform development of a new service model. The key findings are:

- Support for a 0-19 approach to service planning and delivery and regular health and wellbeing reviews as touchpoints of early identification of needs
- Vulnerable families are a priority
- School readiness, Emotional wellbeing and Adolescent risk taking as priority areas
- Autism Spectrum Disorder (ASD)/ Attention Deficit Hyperactivity Disorder (ADHD) Concern – service offer and workforce skills to respond
- Diverting activity from GP's to Early Help interventions would support 'right place right time' approach to care and support
- Information sharing systems should be improved and interoperability prioritised
- A clear offer required for children with complex health needs
- Healthy Child Safeguarding role as a valued element of the service

5.9 Priority Areas for Action

⁹ <http://www.safeguardingchildren.co.uk/growing-up-in-north-yorkshire-2018-survey-data>

North Yorkshire 0-19 Healthy Child Service Specification

Detailed analysis of the three areas (School Readiness, Risk Taking in Adolescents and Emotional and Mental Wellbeing) which form the focus of transformation of approaches of local partners to improve children and young people's outcomes are found in the JSNA report. This includes a review of existing service pathways/developing new ones that will help to integrate 0-19 services across the health and social care system, and to identify, predict and manage demand for services and support.

6. Supporting Local Strategies

The scope of the 0-19 Service has been informed by a number of local plans and strategies in North Yorkshire. These are summarised below. The strategies are regularly updated and the Provider will work with local partners to ensure that service delivery remains consistent with the strategies for the duration of the contract. Any new or alternative strategies emerging during the life of the contract must also be considered.

6.1 North Yorkshire County Council Plan

The North Yorkshire Plan identifies four key ambitions for 2023:

- Every child and young person has the best possible start in life;
- Every adult has a longer, healthier and independent life;
- North Yorkshire is a place with a strong economy and a commitment to sustainable growth that enables our citizens to fulfil their ambitions and aspirations; and
- We are a modern council which puts our customers at the heart of what we do.

6.2 Health and Wellbeing Strategy

The North Yorkshire Health and Wellbeing Strategy sets out its priorities and outcomes which informs the basis of commissioning plans in the area [\(insert link\)](#). "Start Well" is one of the five themes, and has been further developed in the Children and Young People's Plan.

The Service Model has been developed in the context of the principles from the Health and Wellbeing Strategy:

- Recognise where things are different
- Tackle issues early
- Joining things up to make life simpler
- Make a positive contribution
- Keep people safe
- Spend money wisely

6.3 Children and Young People's Plan, Young and Yorkshire 2

The Service will work to support the delivery of the Children and Young People's plan in North Yorkshire, *Young and Yorkshire* (see section 1 above).

This vision is "A place of opportunity where all children and young people are happy, healthy and achieving". The principles, priorities and outcomes are summarised on the plan on a page below.

The Director of Public Health Annual Report 2018, "Back to the Future", which reviewed progress in the health and wellbeing of children and young people in the past five years identified obesity, a healthy start in life and mental health as the top priority areas for stakeholders.

The Service Model has been developed in the context of these principles and priorities and will support the delivery of the outcomes.

6.4 Early Help Strategy

The Early Help Strategy aims to create a shared approach to meeting enhanced need across the health and social care system. It sets out a new direction of travel for the provision of Early Help services across North Yorkshire, a move to one agreed assessment tool and shared plan (*“Continuum of Need”*).

The Service will support the delivery of the seven strategic objectives of the Early Help Strategy:

- Improve early identification and response to children in need of enhanced support, across the partnership
- To increase community capacity to support effective early help delivery in localities
- Implement ‘Signs of Safety’ methods across the partnership using strength based support
- Foster a strong culture of collaboration, integration and ownership for solution focussed interventions
- Build on the No Wrong Door methodology and contextual safeguarding – to implement a partnership approach to the management of risky adolescent behaviour.
- Improve attendance and inclusion and reduce the number of exclusions
- Explore the use of shared I.T. systems to capture early help activity and outcomes

6.5 Supporting Children and Young People with Social, Emotional and Mental Health (SEMH) Difficulties in School –Future in Mind Local Transformation Plan for North Yorkshire

Children and young people face many challenges in their lives, ranging from difficult home environments and trauma to stress and anxiety about exams and their future, complex long-term physical and mental health conditions.

Local policies and delivery plans have been developed based on national strategies {*Future in Mind Report (2015)*, *Five Year Forward for Mental Health (2016)*, the *Green Paper ‘Transforming Children and Young People’s Mental Health Provision (2018)’*}. They include a Whole Pathway Commissioning Group to enhance integration, build a skilled workforce, improve communications and increase prevention and early intervention. Key services include an enhanced eating disorder service, universal and targeted wellbeing service in schools, an online counselling service and mental health support teams in schools and colleges (in certain areas of the county)

6.6 Strategic Plan for Special Education Needs (SEND) Provision

The North Yorkshire Strategic Plan SEND Education Provision 0-25 is for all children and young people who have special education needs and disabilities, their families and all those working with them. It builds on both the Council Plan and The Young and Yorkshire 2 Children and Young People’s Plan.

The strategic priorities are for all children and young people with SEND to:

North Yorkshire 0-19 Healthy Child Service Specification

- Have the best educational opportunities so that they achieve the best outcomes
- Be able to attend a school or provision locally, as close to their home as possible, where they can make friends and be part of their community
- Make progress with learning, have good social and emotional health and to prepare them for a fulfilling adult life.

INTEGRATED 0-19 SERVICE DESCRIPTION

7. Scope of Service

- This Service will contribute to delivering an integrated 0-19 service in North Yorkshire for expectant parents, children, young people and families in the area that offers interventions from the antenatal stage up to the age of 19 (up to 25 for SEND).
- 0-5 years:
 - Mandated health reviews through a risk assessed and blended approach of physical and virtual support rather than the current model of all visits being face to face
 - Safeguarding support
 - Targeted support for children and families most in need and where required
 - A focus on best start in life in particular on infant feeding and family nutrition and diet
- School aged children (5-19):
 - Safeguarding support
 - Support for emotional wellbeing and resilience and in reducing risk taking in young people will be enhanced
- The above is a minimum offer for all young people and additional contacts will apply to those aged 18-25 years who have Special Education Needs/Disabilities (SEND) or are leaving care.
- The Service will deliver the Mandated National Child Measurement Programme (NCMP) and contribute in delivering measures to reduce childhood obesity
- The Service will work with other agencies to maximise resources to innovate and provide coordinated effective support through mandated touchpoints for children, young people and their families who are at risk of not achieving desired outcomes. This includes being responsive to the needs and opportunities identified, promoting access to evidenced based support around attachment, early learning, healthy development, parental capacity, social inclusion and good maternal emotional wellbeing and mental health.

8. High Impact areas

While 0-19 services contribute to the delivery of 0-19 healthy child programme, there are areas of health and wellbeing that health visitor and school nurse services are evidenced to have a significant impact on, these are:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (to include physical activity)
- Managing minor illnesses and reducing hospital attendance/admissions

- Health, wellbeing and development of the child aged 2: Two year old review (integrated review) and support to be 'ready for school'
- Resilience and emotional wellbeing
- Keeping safe: Managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Seamless transition and preparation for adulthood

Early intervention, prevention and a whole family focus are embedded within effective practice that contributes to good outcomes across the 12 high impact areas

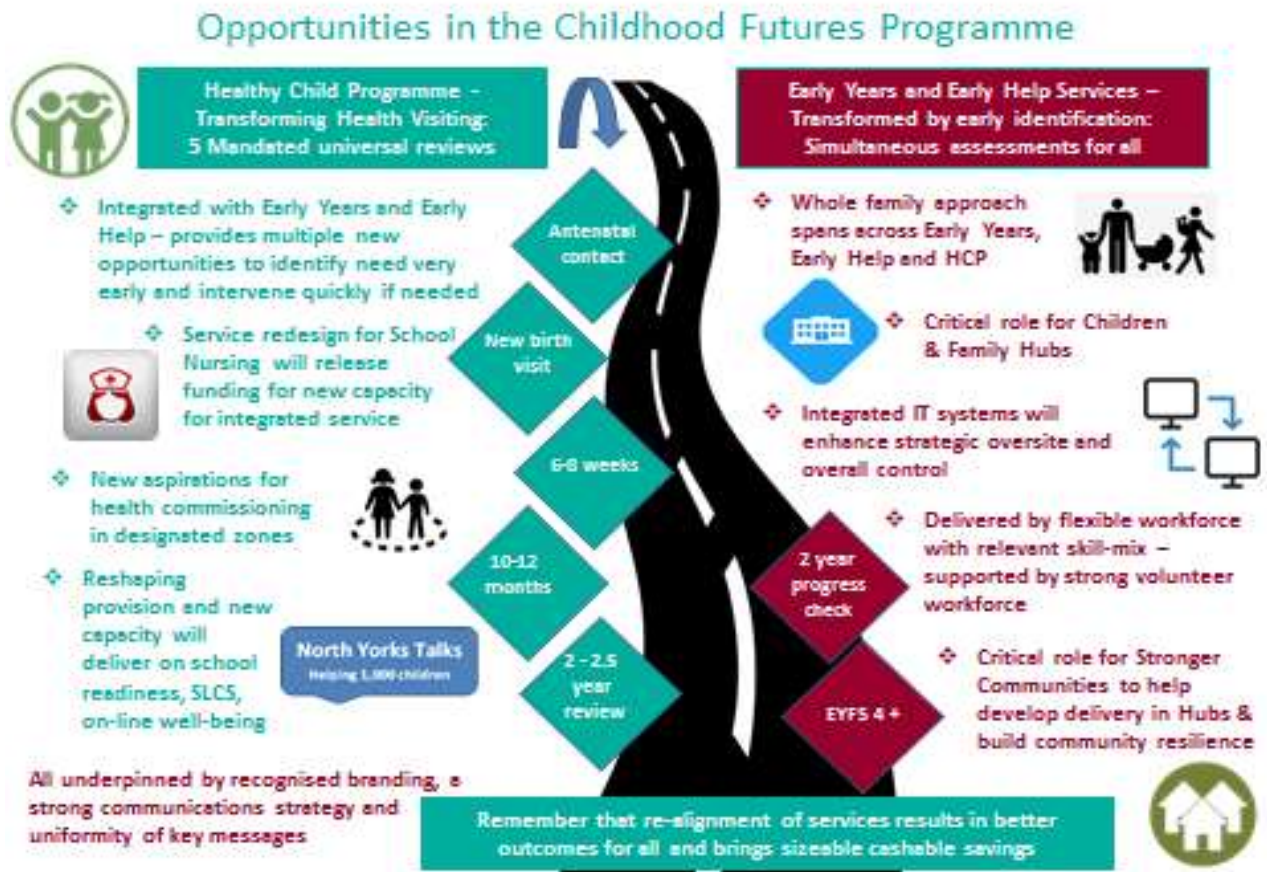
9. Service Transformation

Our ambition is to develop a New 0-19 Model of Service in North Yorkshire that helps to integrate the working practices of prevention and early intervention services and community support for children, young people and families - under the banner of the Childhood Futures Programme. This includes integrated working practices across the:

- Key contacts in the Healthy Child Programme
- Early Help
- Early Years
- School Readiness/ Speech and Language Service Pathway
- Key services to Improve the Physical, Social and Emotional Health and Wellbeing of parents, children and young People

The Service will contribute to this transformation programme and work has started to articulate how this might be achieved for children aged 0-5 years (Figure 5 below). For example, the Health Child Programme mandated six contacts are central to ensuring that children are ready to learn at 4-5 years, through the effective early identification and addressing of early developmental and learning needs.

Figure 5:



Over the life of the contract, the Service will be expected to work with service commissioners and other service providers to further develop these opportunities and transform them into a new service model. In a similar vein, the Service will be expected to proactively engage in work to transform services for school-aged children.

10. Digital Delivery

One of the strategic priorities of the North Yorkshire Health and Wellbeing Board is to implement an enhanced and appropriate use of digital technologies, to help deliver more efficient and responsive services. Harnessing technology and the digital opportunity is also important in achieving a safe, convenient and personalised health and wellbeing services and support.

This approach will underpin the transformation of 0-19 services, and the Service will actively embrace the innovative use of technology to improve service delivery and outcomes. Innovation in this area must take account of the latest research which requires appropriate safeguarding needs to be in place to stop the known harmful effects of some social media platforms. The Council will work with the provider around real and perceived risks.

As a minimum the Service will:

- Provide and operate, **within the of operation?**, an interoperable information sharing system that will communicate and exchange data accurately, effectively, and consistently, and facilitate the use of information that has been exchanged.
- Ensure that all staff are digitally enabled to work in settings or remotely.

- Provide a digital offer to children, young people and families (particularly for some universal provision). Professionals will need to be skilled and empowered to tailor their engagement to the needs of the child, young person and family, making more or less visits depending on needs, using different ways of engaging (phone, text, social media) based on what works for that child, young person and parent(s).

11. Enhanced Community Approaches

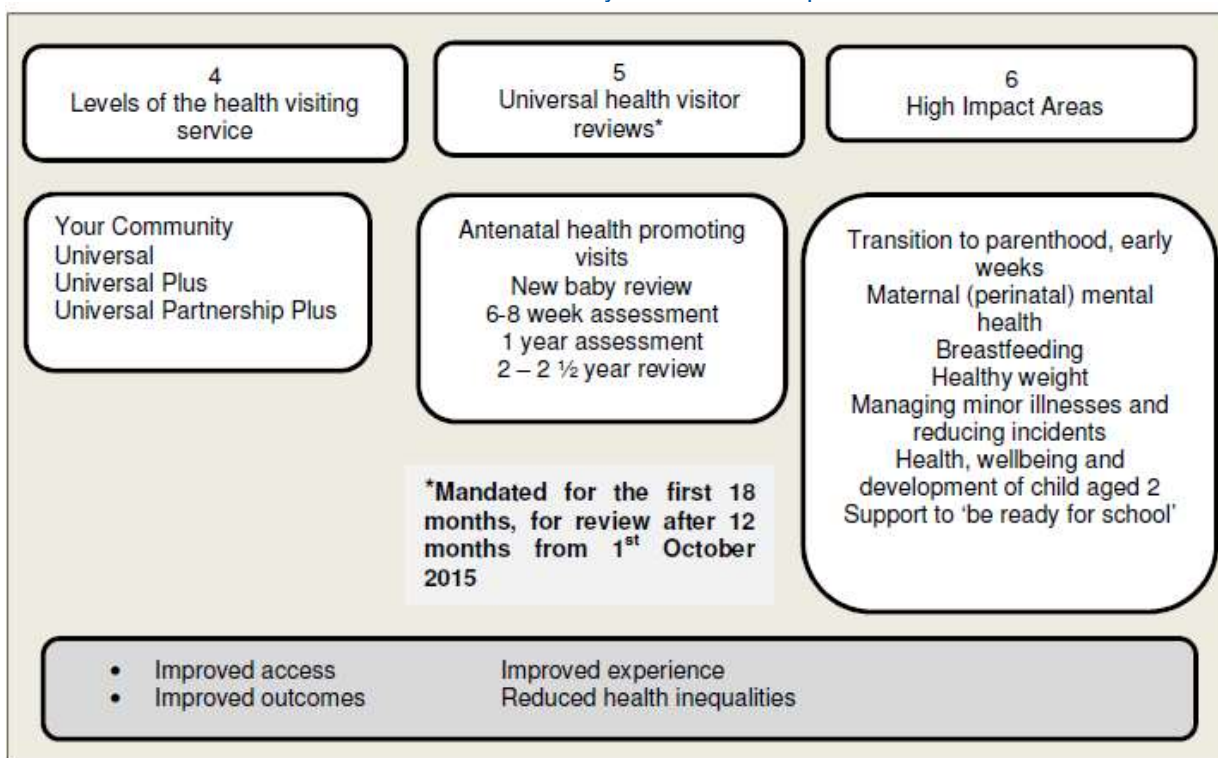
The Service will:

- Ensure the workforce delivering service has a wide knowledge of the needs in North Yorkshire through the use of available data (e.g. Joint Strategic Needs Assessment, Child Health Profile and Public Health Outcomes Framework), as well as information gathered by the service and other services in day-to-day work.
- Ensure the workforce has a high level of knowledge of community resources and assets (Children's Centres, General Practice, community groups, peer support groups etc.)
- Ensure the service is clearly visible and provides written and online advice and information to service user and the wider community, in relation to the services offered and how these can be accessed.
- Engage in relevant early help and early years, education and family support networks.
- Utilise community provision, for example, health centres or children's centres to provide additional opportunities for services users to access advice and information in relation to a range of topics including

0-5 HEALTH AND WELLBEING REVIEWS

An area-based geographical Healthy Child Service will be delivered and structured in line with local children's services alongside the Early Help teams, working together to deliver integrated, evidence-based services for children and their families, with a focus on prevention, promotion and early intervention.

The service will deliver services and interventions in line with the transformed model of Health Visiting: - **still relevant but need to review in light of new service model!**



Please note the outcome of the national review may affect the delivery of mandated health reviews and will be updated accordingly.

The Service will deliver the following mandated health and wellbeing reviews.

12.0 Developmental Visits and Assessments from Antenatal to 4/5 Years

The Service will deliver a series of visits from the antenatal period until children reach primary school age. These will form a core part of the activity of the Service and enable it to make a universal offer to all expectant parents and families with children below the age of 5.

Visits will be designed to address specific areas at each stage of development and promote good parent-child attachment. We expect the Service to comply with all national requirements for currently mandated checks and reviews, including adherence to timescales and the competency and professional background of those carrying out mandated interactions.

- Antenatal
- New Baby
- 6-8 weeks
- 1 year
- 2-2.5 years

The Service will deliver additional reviews in areas of most need and amongst families most at risk.

13. Levels of Delivery

13.1 Community level

The Service will be based a broad knowledge of community health needs and resources available e.g. health profiles, Children's Centres and self-help groups and work to develop these where there is identified need and make sure families know about them. These will include:

- Empower families within the local community, through maximising family resilience.
- Develop community resources and capacity with involvement of local agencies and community groups as appropriate.
- Collate and co-ordinate information, data and intelligence in order to ensure that the best interests of the child are met.
- Provide and develop intelligence about communities' assets in partnership with communities to support the health and wellbeing of 0-5 year olds, to inform the Joint Strategic Needs Assessment (JSNA)
- Use intelligence to carry out regular, at least once yearly, local needs assessment in order for teams to develop a service offer to respond to local need.
- Raise awareness and promote the services offered to professionals, children and young people and their families
- Work in partnership with Children's Services in the local authority and community and voluntary sector to ensure that local innovation can flourish and appropriate developments grown.
- Work with the Council's stronger Communities to identify and develop peer support groups and where appropriate support existing groups
- Use networks to improve public health; Signposting families to other services already existing locally, particularly early years Services and professional but also adult education and training.
- Utilise local media opportunities for health promotion.

13.2 Universal Delivery

The Service will lead delivery of the 0-5 HCP. The Service will ensure that every new mother, father and child have access to a Health Visitor and the child will receive development checks (as listed below and detailed in appendix 2) and receive consistent good evidence based information about healthy start issues such as parenting and immunisation.

At this level the Service will be expected to:

- Offer core health reviews to all families – (as set out within the current national mandate and any nationally recommended change will be negotiated with the Council) delivered in a variety of formats depending on cumulative risk assessment, except primary visit and 2 yr review which will always be face to face .
- Promote attachment
- Help families understand the short, medium and longer term consequences of their health related behaviour for themselves and others;
- Plan behaviour change in terms of easy steps over time; this will support families to plan and implement change in a realistic and manageable way

- Plan with families explicit scenario 'if/then' coping strategies to prevent relapse;
- Recognise in conjunction with families how their social context and relationships may affect their behaviour, and identify and plan for situations that might undermine changes they are trying to make;

13.3 Universal Plus

Families can access timely, expert advice from the team when they need it on specific issues such as postnatal depression, weaning or sleepless children.

At this level the Service will be expected to:

- Provide additional services to families that are identified as needing more support than is universally offered
- Provide early intervention to prevent problems developing or worsening.
- Include in their offer but not restricted to care packages for maternal mental health, parenting support, toilet training, complex needs, weaning and baby/toddler sleep problems

13.4 Universal Partnership Plus

Health Visitors to provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.

At this level the Service will be expected to:

- Provide additional on-going support to vulnerable families; this could be additional visits, co-working with other agencies including joint visits and delivery of integrated, multi-agency care packages.
- Work within the local common assessment framework and local Council processes to ensure early intervention
- Ensure appropriate safeguards and interventions are in place to reduce risks and improve health and wellbeing of children for whom there are safeguarding and/or child protection concerns (*Universal Partnership Plus Offer*). This includes maintaining accountability for babies and children for whom there are safeguarding concerns and working in partnership with other agencies to ensure the best outcomes for these children
- Share information and communicate with other health professionals as part of a statutory duty and agencies where there are safeguarding concerns and engagement of the health visiting service in multi-agency services.
- Communicate effectively with other agencies including contributing to initial and review case conferences and other safeguarding meetings as appropriate to the needs of the children - where appropriate and the child or young person is known to the Service, senior team members will attend child protection conferences or meetings when they are the most appropriate health representative and there is a specific outcome to contribute towards
- Work with the Looked After Children (LAC) nurse to contribute to and support assessments of Looked After babies and children aged 0-5 with timescales in line with national requirements and contribute to ensuring any action plans are

carried out. Ensure provision of the 0-5 HCP and additional services to meet their health needs.

- Work with agencies to deliver more intensive support - this could include but is not restricted to a range of special needs, for example families at social disadvantage, safeguarding, families with a child with a disability, young parents, adult mental health problems or substance

The following will be common to each review and the service will need to demonstrate they have been considered and covered all areas:

Continuous assessment - Assessment of family strengths, needs and risks; providing parents with the opportunity to discuss their concerns and aspirations; assess child growth and development, communication and language, social and emotional development; and detect abnormalities. Health Visitors should use evidence-based assessment tools and **must use** ASQ 3 for the 2 -2.5 year review.

Promote Immunisations – the Service should promote immunisations and check status and refer to GP if unvaccinated

Carry out health promotion – Make every contact with the family a health promoting one. Supporting parents to know what to do when their child is ill, and promoting appropriate use of primary and urgent care services with the view to reducing hospital attendance and admissions

Identifying and supporting children with additional needs – The Children and Families Act – SEND Code of Practice 2015 states *'Where a health body is of the opinion that a young child under compulsory school age has, or probably has, SEN, they must inform the child's parents and bring the child to the attention of the appropriate local authority. The health body must also give the parents the opportunity to discuss their opinion and let them know about any voluntary organisations that are likely to be able to provide advice or assistance'*.

The service will be expected to:

- Have a process in place to bring the child to the attention of the local authority.
- Work in partnership with other services in supporting the assessment of and developing the education health and care plans for children aged 0-5. This will be through sharing information about the child's and family's needs and reviewing in collaboration with other services what they can do to support the delivery of these plans.
- Provide assessment, care planning and on-going support for babies and children up to school entry with disabilities, long term conditions, sleep or behavioural concerns, other health or developmental issue in the context of the HCP.
- Actively should actively contribute to the Local Offer.

Information sharing and active consent - The Service will be expected to gain consent to share live birth data and agree a process with the Council to regularly transfer this information. The Service will be expected to seek to gain written or electronic consent to share information with other agencies but in particular with the Early Help Service (Section 75 Partnership Agreement Schedule ..).

14. High Impact Areas

The Service will:

- Provide responsive care when families have problems or need support or preventative interventions in response to predicted, assessed or expressed need (through intervention using new evidence in developmental psychology).
- Ensure a family focus and close partnership working with early intervention services including step up and step down transitions
- Have access to validated tools for assessing development and identifying health needs
- Validated tools for assessing individual health outcomes, e.g. outcomes star

The Service will be able to deliver evidence based initiatives in response to local need across the following high impact areas. It will be expected that across the county a needs led annual programme of initiatives will be delivered to address all high impact areas.

15. Transition to parenthood, early weeks and beyond

This will be delivered at the antenatal and postnatal contacts and where possible in group based activities:

- Lead delivery of evidence based antenatal and postnatal groups to promote attachment, for example, parenting classes/groups e.g. Preparing for Pregnancy and Beyond, parent quality marked parenting classes, and evidence-based groups for parents.
- Support for parenting – One of the core functions of the HCP is to support parenting using evidence-based programmes and practitioners who can work across different agencies who are trained and supervised. Work with parents, using well evidenced, strengths-based approaches e.g. motivational interviewing, Solihull approach to promote positive lifestyle choices and support positive parenting practices to ensure the best start in life for the child.
- Lead delivery, in partnership with other agencies, of evidence-based parenting programmes for toddlers and pre-school children e.g. Incredible Years Pre-school basic programme and other evidence based programmes
- Promotion of social and emotional development – The HCP include opportunities for parents and practitioners to review a child's social and emotional development using evidence-based tools such as ASQ 3 Promote parent and infant mental health and secure attachment e.g. through use of Neonatal Behavioural Observation and Neonatal Behavioural Assessment Scale.

16. Maternal mental health (perinatal depression)

- Active enquiry and support for those identified at risk
- Direct support to women with mild to moderate mental health difficulties

A bit on Listening visits!

17. Breastfeeding (initiation and duration) –

- On-going breastfeeding support across North Yorkshire for all families. This includes the provision of specialist support for mothers experiencing difficulties in breastfeeding.
- Achieve and maintain full accreditation of UNICEF Baby Friendly community initiative. Compliance with Unicef BFI standards and works jointly with the Council's children's centres to provide training and support to the wider workforce
- Delivery of breastfeeding support is co-ordinated across the different sectors, with the Service as the interface with key partners including maternity, primary care and early year's settings and as partners in a multi-agency approach to this important and shared public health outcome.
- The Service will lead work around breastfeeding in the community, including building community capacity to support breastfeeding by working with communities groups and children's centres to set up services where there is a need
- Training and resources are provided for the workforce to support work around breastfeeding
- The availability of healthy start vitamins is promoted to all families. Uptake amongst those eligible is monitored in order to identify where uptake needs to be improved.

18. Healthy weight, healthy nutrition and physical activity

The focus should be on the prevention and early identification of obesity in children, through an emphasis on, and promotion of:

- breastfeeding
- delaying the introduction of solid food to babies until at, or around, 6 months of age
- healthy eating – healthy foods, portion size, limiting snacking, etc.
- an active lifestyle
- good oral health

The Service will be required to identify weight problems early and support appropriate care planning and weight management interventions, that are quality assured and evidence based in their approach to health promotion and childhood obesity prevention.

Interventions will include a combination of healthy eating and physical activity. Where appropriate strengths based, solution focussed intervention that improves parenting

efficacy to help children and their families achieve and maintain a healthier weight will be offered.

Implement NICE guidance through a partnership approach with parents and carers. This encourages responsive parenting and a holistic family focused method of addressing excess weight in childhood should be actively employed to help the whole family change habits and achieve new goals. Supporting children, parents and carers to achieve or maintain a healthy weight through advice and help with accessing locally available services, and for adults signposting to local adult weight management opportunities will be a vital component of service delivery.

Where weight management issues are identified at 2 -2.5 year review, families will be encouraged and supported to access an appropriate evidence based intervention.

19. Managing minor illness and reducing hospital attendance and admission

- All health reviews should include age appropriate accident prevention messages – HEAT?
- Active follow up of A&E attendances, out of hours and admissions to hospital, if required following risk assessment .
- Prescribe medication as an independent/supplementary prescriber in accordance with current legislation. Where Health Visitors have not undertaken this module in training, it is a requirement of CPD for completion within the first 2 years of practice. For more information visit <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Medicines-management-and-prescribing/this-needs-clarity-in-terms-of-capacity-and-also-additional-costs-of-prescribing-and-expectation-of-staff>.
- Identify early signs of developmental and health needs and signpost and/or refer for investigation, diagnosis, treatment, care and support.

20. Health, wellbeing and development of the child age 2 – 2.5 year old review (integrated review) and support to be ‘ready for school’.

To be addressed throughout all reviews but particularly at the 9-12 month and 2-2.5 year reviews.

Topics should include health promotion, encouraging a healthy weight and active lifestyle, raising awareness of and supporting families to ensure that all children are accessing routine preventive care and advice (primary dental care services, hearing and vision assessments, incontinence advice, etc). Promote injury prevention and age appropriate behaviour and boundary management messages.

Promotion of good language development and supporting parents to understand important milestones is essential whilst also identifying early any speech, language and communication difficulties.

The Service will support active identification of those families eligible for the 2 year offer and sign post appropriately.

Model for 2-2.5 year integrated review – does it need updating?

Universal	Universal plus	Universal Partnership Plus
A separate EYFS Progress Check and HCP review will be maintained, integration will be achieved via information sharing and joined-up responses to needs	At a universal plus level it is expected that a joint review will be offered to all families	All UPP families should receive one joint review meeting

The Service will ensure a family focus and safe transition into school aged (5-19) services, through close partnership working with services meeting the needs of children and young people aged up to 19.

21. Health Protection

The Service will:

- At the request of the Council, provide whatever support or assistance is reasonably required by the Council and/or Public Health England in response to a national, regional or local Public Health emergency or incidents.
- Respond to childhood communicable disease outbreaks and health protection incidents as directed by the Health Protection Team (PHE) often at short notice.
- Identify and reduce barriers to high coverage for childhood immunisations in order to prevent serious communicable disease, particularly targeted at vulnerable groups.

22. Antenatal and Newborn Screening

The Service will ensure:

- Delivery of the health visiting aspects of the new-born screening programmes, for example, ensuring results are recorded and acted upon in line with UK National Screening Committee Programme Standards.
- That when a child transfers into an area that the Health Visitor must check new-born blood spot status and arrange for urgent screening if necessary.
- That it develops its own local area new-born blood spot policies and pathways in partnership with local midwifery, Child Health Information Systems (CHIS) and GP colleagues
- That Health Visitor check status of, and record, all screening results including hearing, New-born Infant Physical Examination (NIPE) and Hep B schedule, immunisation status and refer immediately for any follow up necessary.

SERVICES FOR SCHOOL AGED CHILDREN (5-19)

The Service will provide support to all children aged 5-19 in North Yorkshire in the commissioned areas of:

- safeguarding and;
- enhanced support for emotional wellbeing and resilience and in reducing risk taking in young people

The Service must provide an appropriate level of service offered throughout the calendar year to ensure all statutory and non-statutory requirements in relation to the health and wellbeing of children and young people are met.

23. National Child Measurement Programme (NCMP)

The Service will deliver the mandated NCMP programme aligned with local offer on universal and targeted programmes and interventions for addressing child obesity (e.g. School Zone Programme and Healthy School Award).

The Service will:

- Deliver the NCMP in line with national operating guidance and standards, including recording of accurate data and submitted using the online tool on time.
- Ensure that all children will have their height and weight measured in Reception and in Year 6.
- Provide effective communication and feedback of the results of height and weight measurements to parents in a sensitive manner, promoting healthy weight and physical activity and providing evidence-based support and interventions where appropriate.
- Support and engage with parents of children who have been identified as overweight or obese with a BMI over the 91st centile, or children who are under the 5th centile in both reception and year 6 and encourage them to join community programmes in accordance with appropriate local pathways.
- Support the reduction in childhood obesity by supporting interventions to promote healthy eating, increase physical activity and working with children who are identified as being severely obese providing further follow up and intervention. The Service will be expected to contribute to delivering the Integrated Healthy Weight Pathway.
- Refer children who present as obese, overweight or with an eating disorder to the relevant service and follow up three months later to determine outcome and to support children, young people and families with appropriate advice and intervention.
- More proactive work and focus on prevention e.g. by supporting the Healthy Schools Award and Schools Zone Programme, helping to embed healthy messages into the curriculum, supporting schools following NCMP and Growing up in North Yorkshire (GuNY) results.

24. Emotional Health and Wellbeing

The Service will:

- Identify children and young people at risk of poor emotional health early through the health review questionnaires, assessments and drop in sessions, including protected groups such as minority ethnic groups and LGBT children and young people.
- Provide communication and interventions which raise confidence and self-esteem for children and young people, including those aimed at prevention of poor emotional

and social well-being and personal coping mechanisms to protect against psychological ill health. This includes building resilience in and supporting those who may be experiencing emotional and mental health difficulties.

- Ensure that children and young people with mental health concerns are identified and actively engaged in prevention and early help intervention services and have access to a named School Nurse.
- Ensure that appropriately trained and/or qualified staff will assess and triage children and young people as appropriate and refer to the CAMHS and other services as appropriate.
- Work together with agencies providing emotional and mental wellbeing support and services within schools and educational psychologists to provide support to promote the mental health and wellbeing of young people.
- Ensure all children and young people who are identified as having a non-urgent mental health concerns are contacted as soon as possible – **agree timeframe** and should ensure further follow up is arranged within **-timeframe**
- Ensure that Young Carers are accessing appropriate health services and other support which positively affects attainment, attendance and emotional health and wellbeing.
- Support, signpost and work with the CAMHS as appropriate, supporting the transformation and delivery of the Future in Mind Strategy & Action Plan and work streams.
- Support and raise awareness of bullying, exam stress, self-harm, and the impact this has on the health and wellbeing of children, young people and families, offering confidential support where possible.

25.Reducing Risky Behaviours and Improving Lifestyles

The Service will:

- Deliver a health promotion programme to address health inequalities and risky behaviours for school age children based on need, and which is proactive in addressing factors that negatively impact upon the health and wellbeing of children and young people.
- Proactively address preventable causes of ill health and disability e.g. infectious diseases, sexually transmitted infection (STI), smoking, poor diet, substance misuse and oral health with emphasis and priority on areas of greatest need and inequality.
- Raise awareness of the risks associated with smoking and provide advice, interventions and support to stop smoking including smoke free homes, signposting children and young people for specific support which may include the prescribing of Nicotine Replacement Therapy where necessary.
- Provide advice, support and information on the impact and prevention of substance misuse (including alcohol and legal highs) and ensure referral to appropriate services where substance misuse issues are identified.

26. Support for Children who are Elected Home Educated (EHE)

The Service will establish agreed procedures with colleagues within the Quality & Improvement Service in the Children and Young People's Service for identifying and communicating with the parent/carer of EHE children.

All EHE children will be offered the services within this specification including health checks and immunisations and should be provided with the necessary information to enable them to self-refer into the service.

27. Supporting Children, Young People and Families at Risk of Poor Outcomes

Some children and young people are at higher risk of poor health outcomes due to their situation or lifestyle. The Service will play a key role, working alongside CYPS Early Help Service in identifying those at greatest risk and intervening to offer the information, advice and support to prevent problems from escalating.

Staff should be capable of acting as a lead professional in cases that may be allocated to the Service as part of the North Yorkshire Team Around the Child (TAC) process. The Service would also be required to identify which senior staff would be trained to chair TAC meetings.

The Service will also be required to work directly with those children and young people who are known to be at risk of poor health outcomes. Staff will need to have a sound understanding about the application of the Common Assessment including the use of the North Yorkshire Early Help Assessment Tool (see section...). The Service will be expected to contribute to care pathways and early intervention programmes that have been developed to support families and children/young people including those related to Developing Stronger Families (North Yorkshire's name for Troubled Families).

28. Comprehensive Assessment – Vulnerable Children, Young People and Families

The Service will:

- Ensure early identification of children and young people and families where additional evidence-based preventive programmes will protect health; in an effort to reduce the risk of poor future health and wellbeing
- Undertake child and family focussed assessments using professional knowledge, skills and tools such as Early Help, Signs of Safety and Threshold of Need, and follow relevant multi-agency policies and protocols to identify vulnerability or child maltreatment. North Yorkshire Safeguarding Children procedures should be used if a child is identified to be at risk of significant harm.
- Deliver appropriate health assessment and contribute to multi-agency assessments, planning and interventions, relating to babies, children, young people and families who are at risk and need additional support, for example those identified in vulnerable groups Appendix C.
- Ensure targeted services so that the outcomes of disadvantaged or most “at risk” children and families are not compromised by poor early experiences and environment (Appendix C). Schools where necessary should also be prioritised according to need (Prioritisation List by IMD ranking – Appendix D).
- Include vulnerable groups at risk of being marginalised from the service, including those not in schools, for example:
 - Children missing education
 - Children educated at home
 - Young people not in education, employment and training (NEET)
 - Young Carers
 - Children educated on site – for example children’s homes

- Children whose parents are in prison
 - Children missing from home and/or at risk of sexual exploitation
 - Young offenders
- Support Youth Offending Teams with meeting the health needs of young people by offering information, advice and support where appropriate and an in-reach service into the PRUs where necessary.
 - Operate a multi-agency approach to ensure the welfare of children and young people, for example keeping children safe from violent extremism and child sexual exploitation.

29. Children with Special Educational Needs and/or Disabilities (SEND)

The Service will:

- Deliver the full public health offer of the Healthy Child Programme to children and young people with SEND attending special schools and mainstream schools.
- Provide annual dental screening to all Special Schools and referral on as appropriate. The service will also provide supervised tooth brushing to Special Schools.
- Have a named Public Health nurse champion with expertise and experience of working and supporting children and young people with SEND across the County.
- Provide early identification of complex and/or additional needs through assessment and on-going support for children and their parents where appropriate to improve outcomes for children.
- Focus on early identification and assessment of health and developmental needs and signpost and / or refer for investigation, diagnosis, treatment, care and support.
- Develop care pathways that take into account the full range of needs and thresholds ensuring support and signposting for Education, Health, Care Plan (EHCP) for those children with SEND and provide support for preparation and effective hand over to the Council's Adult Services department and the transitional period.
- Contribute to the EHCP of children with SEN, who are known to the service ensuring the level of nursing intervention for school age children (5-19 years) is completed within the statutory timescales.
- Work in partnership with appropriate healthcare professionals in order to offer support, advice and training to parents/carers and others in order to meet the needs of children and young people with SEND.
- Contribute and support local CCGs and the Council to develop and implement pathways for children with SEND. This includes active involvement of parents and children, to ensure their individual needs are considered at all stages and are brought to the attention of the relevant support services.
- Work in partnership with key stakeholders and commissioners to review SEND provision within the County as and when required. Future offer in relation to SEND to be delivered in line with the agreed outcomes of any review and in line with current and future SEND pathways.

30. Vulnerable, Exploited, Missing, Trafficked (VEMT)

Children and young people who are sexually exploited are the victims of child sexual abuse and their needs require careful assessment.

The Service will operate a multi-agency approach to ensure the welfare of children and young people, for example keeping children safe from violent extremism and child sexual exploitation.

- Contribute to the Multi-Agency Child Exploitation (MAST) meetings on contextual safeguarding on abuse in the home but the wider circle of the child e.g. community or peers.
- Contribute to intelligence gathering on children and young people, based on issues and problems the see in their interactions with them.
- Contribute in a wider context of safeguarding, for example a drop-in at a school where there are several at risk children in one setting.
- Promote awareness of Child Sexual Exploitation (CSE) services (e.g. Children's Society Hand in Hand Project, Partners Against Child Sexual Exploitation - PACE and Trusted Relationships Project) and make referral to these services where appropriate.

31. Support for Children and Young People Attending Pupil Referral Units (PRU)

The Service will contribute to targeted approach to meeting the needs of children attending PRUs, working close with other agencies to ensure that children transferring between PRU and mainstream school or who are being supported through Pupil Referral Services receive a consistent service.

The Service will liaise with colleagues delivering targeted services to ensure that children attending PRUs are offered the relevant immunisations and vaccinations.

32. Looked After Children/Care Leavers

The Service will contribute to Review Health Assessments (RHA) for Looked After Children aged between 5 and 18 as requested by the Specialist LAC nurse team. At the final RHA the Service will help provide the care leaver with a completed health passport (as devised by the North Yorkshire CCGs) and liaise with the Leaving Care pathway team as appropriate.

The Service will conduct the reviews in accordance with the quality standards required by (but not limited to) North Yorkshire Children's Social Care, Statutory Guidance, British Association for Adoption and Fostering and the local Clinical Commissioning Groups, and will ensure that the outcome of reviews are recorded accurately and communicated to the Specialist LAC nurse team in a timely way. The Specialist LAC team will provide training and continuing professional development free of charge to the HCP workforce to ensure staff have the required skills and knowledge to complete high quality health assessments and completion of health passports for care leavers.

Where the young person is a care leaver, the Service should liaise with the Leaving Care team to provide relevant information to secure smooth transition to adult health provision where required.

33. Transition into Adulthood/Services - need to include work between HAS & CYPS

As young people reach the age where their service needs will transfer to adult provision they will be encouraged to familiarise themselves with adult services. Where the young person has specific barriers to engaging with adult provision the Service should provide additional reassurance and support to assist them with transition.

SERVICE ACCESS AND DELIVERY ENVIRONMENT

34. Service Delivery Location(s)

The Service will:

- Be delivered within the County boundaries ensuring ease of access for children, young people and families and maximising opportunities for them to access the service.
- Be delivered and co-located in accordance with the area based footprint. The Service will ensure that community settings provide equity of access
- Offer a choice of locations and times for visits (including virtual ones) which best meet service user needs. Locations must be easily accessible for all children, young people and families who live in the local vicinity (including access by public transport and at times appropriate to the service user), child and young family friendly, suitable for multi- disciplinary delivery of services in both individual and group sessions and be conducive to flexible availability (e.g. early mornings, lunchtimes, after school, evenings and weekends).
- In collaboration with local partners and feedback from service users, agree specific locations for service delivery. Reviews will be undertaken periodically to ensure the locations are suitable to local needs.
- Carry out joint visits/contacts in partnership with other agencies where this is appropriate and reduces inconvenience for families.
- Be delivered in accessible venues and community settings and prioritisation of resources shall be according to need so priority is given to most deprived areas.

35. Co-location

- The Service will work in partnership with the County and District Councils and other providers to ensure that seamless and integrated service delivery is facilitated and co-located in line with the Early Help Service.
- The vision for this integrated model of delivery includes shared premises, leadership and staff resource.
- Potential locations of delivery may be:
 - Children's Centre
 - Schools
 - Health centres
 - Community venues
 - Other suitable venues as appropriate
- Where provision is made from outreach sites the Service is responsible for sourcing premises, negotiating and agreeing the terms of any leases or licences.
- The Service shall make payment for usage of both Council and non-Council premises where it is required to do so.

North Yorkshire 0-19 Healthy Child Service Specification

- The Service will provide responsive services through agile working to improve efficiency, including working at times which are most effective; better utilisation of accommodation and planning working arrangements to best suit the needs of children, young people and families.

36. Operating Hours

The Service will ensure that days and hours of operation are flexible, demand led and appropriate and are monitored on a quarterly basis in order to ensure optimum access/coverage in response to need.

The Service will ensure that access to the service is provided at dates and times which meet the requirements of those accessing the service. Take into account childcare provision and parental responsibilities in order to facilitate access to the service for those with parenting and other family responsibilities.

37. Service Environment

The Service will:

- Be provided from an environment in which services are well maintained, easily accessible, with good public transport links, and have infection control and health and safety policies and procedures in place which meet national regulation and requirements.
- Ensure that consideration is given to the external environment of all delivery sites including the potential impact and effects on the local community and those using the service.
- Ensure compliance with all relevant CQC requirements.

38. Inclusion Criteria

The Service will be delivered to residents within North Yorkshire – defined by the Council's geographical boundaries. The Service must ensure equal access for all children aged 0-5 and their families regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

39. Exclusion criteria

Looked after children who do not normally reside within North Yorkshire County Council's geographical boundary will not be included within the service delivery described by this contract. If the Service choose to provide a service including carrying out review health assessments to this particular population, it must ensure that this is not to the detriment of this contract and any costs incurred should be arranged with the responsible CCG commissioner.

40. Access and Referrals

- The Service shall make any reasonable adjustments to ensure that the Service is accessible to all eligible service users, including people whose characteristics are included within the scope of the Equality Act 2010.
- The Service must ensure equal access for all children and their families, irrespective of age, disability, gender reassignment, marriage and civil partnership and race – this

includes ethnic or national origins, colour or nationality, religion, lack of belief, sex or sexual orientation.

- Non-urgent referrals, irrespective of source, (including families transferring in from outside the County) shall receive a response to the referrer within 4 working days, with contact made with the family within 5 working days (total of 5 working days). Following the initial contact with the family the next steps will be negotiated with the family, based on the information available. Public Health Nurse will use their professional judgement as to the appropriate action to take. If no contact is made within 10 days of the original referral/notification to either the referrer or family a clear rationale as to why it has not been undertaken must be documented and reported.
- Urgent referrals, including all those with a safeguarding or child protection component, must receive a same day or next working day response to the referrer and contact with the family within two working days (it is preferable that urgent referrals are dealt with by the named Public Health Nurse for the family involved).
- The Service will ensure that any coverage/ boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding needs) of the child or family must take precedent over any boundary discrepancies or disagreements.
- The Service will **work within County/District wide pathways and processes** to ensure service users can access advice, support and interventions that fall outside the scope of this Service Specification.
- The Service will proactively engage with service users to develop a thorough and up-to-date understanding of the issues and barriers service users experience in accessing generic services, and using learning will be used to further develop the service.
- The Service should be responsive to the changing needs of service users to enable innovation and development.
- The Service will ensure that advice and information is made available via a range of communication channels, including, but not limited to; written, telephone, email, internet and social media, with the emphasis on access for young people in the medium they use such as texting.
- The Service will ensure that information is made available in a range of formats and languages that take into account the diverse population across the County and includes those with impairments and disabilities.
- The Service will ensure that young people are able to make an appointment or have access to a Public Health Nurse, or the appropriately qualified/trained staff member, without having to go through a third party.

41. Interdependencies with Other Services

- The Service will be delivered as part of the 0-19 Early Help framework and therefore integrated and co-located with relevant services.
- The Service will work with services across the County ensuring good partnership working to offer the best support for service users.
- The Service will work in partnership with other professionals, including for example but not restricted to Midwifery Services, Schools, Youth Services, Police, VCS, GPs, dental services and other Health and Social Care Practitioners (see Fig 2).
- The Service will establish good working relationships with key local partners, including representation on the North Yorkshire Strategic Boards and developing services in line with district wide priorities as highlighted in **insert**.
- The Service will deliver a three locality based model structured in line with local children's services, working together to deliver integrated services for children and their families, with a focus on promotion, prevention and early intervention.

North Yorkshire 0-19 Healthy Child Service Specification

- The Service will ensure that a named public health nurse or appropriately trained staff member is linked to each appropriate setting to ensure:
 - Liaison, information sharing and joint working with GP practices where necessary;
 - Direct partnership with schools to provide improved access and delivery of the commissioned elements of HCP
 - Support for Early Help and education services in their delivery of health improvements to improve outcomes for children, young people and their families
 - Promotion of the wide range of support that children and their families are entitled to, and, as part of that process, encouraging children and young people to access the service
 - The promotion of an integrated approach to improving child and family health locally, including leading partnerships with early years settings, schools and other partner agencies including social care
- The Service should link to wider stakeholder and services (e.g. hospital and community based health services, VCS) delivering in conjunction with the key practitioners.

42. Moving out of Area

- Where a child moves out of area the Service must ensure that the child's health records are transferred to the appropriate receiving equivalent 0-19 Service in the new area within 2 weeks of notification.
- Procedures must be in place to trace and risk-assess missing children and those whose address is not known with systems in place to follow up and trace children who do not attend for their assessments or appointments.
- Direct contact must be made to handover all child protection cases in other areas in a timely and responsive manner.

43. Variation During the Life of the Contract

In order to ensure that the contract remains appropriate to the needs of children, young people and families and provides value throughout its lifecycle, the Service will work with the Council in good faith and in an open and transparent manner to agree any variations that may be required as the need arises. Rationale for variations may include (though are not be limited to):

- Changes around Public Health funding
- Emergent priorities for those aged between 0 and 19 years
- Changes in statutory requirements in Public Health delivery
- Changes in local governance structures and ways of working.

Variations will be carried out in accordance with **Terms and Conditions Clause as set out in the Section 75 Agreement**.

42. End of Contract Arrangements

- The Service must liaise with the Council during final year of the contract to ensure the Service is transferred or discontinued effectively.
- The Provider must establish a plan for the final year of the contract which details all stages, dependencies and issues. This must be shared with the Council.

- During the final year of the contract, the Provider must ensure each stage of the plan is delivered and identified risks are managed to ensure the Service is fully operational until the end of the contract.
- The end of contract arrangements will affect many existing service users and Providers must work closely with the service users, staff, new providers and the Council to minimise impact.
- During the end of contract period, the Provider must put in place management and support systems to handle redundancies or the transfer of staff, addressing any TUPE implications, working with both the Council and any new providers (where applicable).
- Ensure on notification of the end of the contract, liaison is commenced with any new providers to begin planning for the safe transfer of data at the closure of the Service.
- Ensure access to relevant staff and processes with regard to data transfer are made available to any new providers.
- Carry out any necessary migration of data to new providers at the closure of the Service and in line with legislative requirements (clause).

COMPLIANCE AND GOVERNANCE

43. Clinical Governance

The Service will ensure that robust Clinical Governance systems are in place for all elements of the service delivery.

- Establish and implement the framework of clinical governance that clinical and non-clinical practitioners will be operating within.
- Undertake regular audits of clinical practice to ensure on-going service improvement is embedded into working practice.
- Undertake regular training needs assessment and provide evidence of completion of courses by staff to ensure continuing professional development is applied in support of clinical governance.
- Ensure clinicians and non-clinical practitioners are linked to an appropriate Responsible Officer for the purposes of revalidation.
- Enable analysis of staff practice using external peer review as appropriate – in particular where staff are part of small professional groups within the Service, for example, those engaged in Oral Health Promotion.
- Ensure arrangements are in place to report and manage all Serious Incidents and Never Events, in line with Council Procedures.
- Ensure there is a complaints procedure in place which is accessible to children, young people and families.
- Ensure arrangements are in place to manage the collection, storage and disposal of clinical waste.
- Ensure infection control arrangements are in place to reduce the risk of transmission of infections.

- Review quality of prescribing, where required, with the nominated Medicines Management Prescribing Adviser to North Yorkshire County Council on a regular basis and agree on action plans to address any concerns raised.
- Participate in inspections, where required, in relation to the safe and secure handling of medicines (for example, the Council, CQC, etc).

44. Regulatory Compliance

- The Service will:
 - Comply, where applicable, with the registration and regulatory compliance guidance and quality standards of CQC and any other applicable regulatory body
 - Provide the Council with a copy of the Provider's CQC registration
 - Respond, where applicable, to all requirements and enforcement actions issued by CQC or any other applicable regulatory body;
 - Notify the Council of service inspections relevant to the Services commissioned in this Specification and provide copies of reports and improvement or enforcement actions and the related Provider progress reports; and
 - Notify the Council of the registered Provider's CQC overall summary ratings.
- The Service will comply with the mandatory registration and revalidation requirements of the NMC for registered nurses, midwives and Public Health Nurses. The Service will comply with all standards and guidance as required by the NMC.

45. Child Protection and Safeguarding

Safeguarding is a core part of the Service, and runs through all levels of service delivery. The Service will provide appropriate and effective safeguarding services and will be expected to adhere to relevant national and local requirements and guidance, and implement wherever necessary.

A new safeguarding model was implemented in September 2020 which describes more clearly the role and responsibilities of the Service in safeguarding. This is to enable the effective use of resources and to avoid duplication of efforts within the system.

In summary, the Service will:

- Work in partnership with other key stakeholders to help promote the welfare and safety of children and young people.
- Work collaboratively to support children and young people where there are identified health needs, or where they are in the child protection system, providing therapeutic public health interventions for the child and family, and referring children and families to specialist medical support, where appropriate
- Contribute to reducing the number of children who enter the safeguarding system through preventative and early help work as part of their Community, Universal and Universal Plus role
- Support safeguarding and access and contribution to targeted family support
- Deliver accordingly in line with local inter-agency and internal safeguarding policies and procedures as determined by the North Yorkshire Children's Safeguarding Partnership
- Be aware of children with an early help assessment, child in need, child protection or Looked After Child plan. Work with designated school safeguarding leads and local authority services, providing assessments and reports as required

Appendix D

- Contribute to multi-agency decision-making, assessments, planning and interventions, relating to children in need, children at risk of harm and Looked After Children (LAC). This includes providing Review LAC Child health assessments (in accordance with Promoting the Health and Wellbeing of Looked After Children Statutory Guidance 2015) and reports in accordance with the local Safeguarding Children Board policies and procedures and national guidance such as Working Together to Safeguard Children (HM Government, 2015)
- Where appropriate and the child or young person is known to the Service, senior team members will attend child protection conferences or meetings when they are the *most appropriate* health representative and there is a specific outcome to contribute.
- Be responsible for all general enquiries, contributing to individual case management issues, handling or crisis and emergency situations with other partners as required, informing the Council of such activity through routine contract monitoring arrangements or directly where it relates to a crisis or an emergency that warrants this being shared as a matter of urgency
- Contribute to the completion of an annual section 11 safeguarding children's audit (Produced by the Safeguarding Children's Board).
- Have a named nurse for safeguarding children and ensure that all staff (including administrative and voluntary staff) are compliant with child protection and Children and Adult Safeguarding Policies. For example, ensure all staff employed are aware of and trained to a level appropriate to their role in accordance with the intercollegiate document and abide by national and local guidance and legislation on safeguarding (children and adults).
- Ensure staff has access to sufficient safeguarding support, supervision, advice, training and guidance.
- Ensure staff will be competent in joint working with safeguarding teams and Designated Health Professionals i.e. Designated Nurse and Designated Doctor for Child Protection/Safeguarding Children (see link <http://www.safeguardingchildren.co.uk/section-2-procedures.html> for further information regarding Designated Health Professionals).
- Comply with the North Yorkshire Safeguarding Adults and Safeguarding Children Board's policies and procedures These can be found at the following webpage links: [North Yorkshire Safeguarding Children Partnership \(www.safeguardingchildren.co.uk\)](http://www.safeguardingchildren.co.uk) and [North Yorkshire Adults Safeguarding Partnership \(http://www.nypartnerships.org.uk/index.aspx?articleid=17008\)](http://www.nypartnerships.org.uk/index.aspx?articleid=17008)
- Have robust child protection and adult safeguarding policies and procedures. When working in outreach settings the Service shall ensure that all staff employed by the Service are familiar with and have due regard to the settings' child protection policy and safeguarding procedures.
- Ensure compliance with the Mental Capacity Act where clinicians employed by the Service have contact with young people aged 16-17, those with learning difficulties or where there is impairment in decision making.
- Ensure it has Policies in place to safeguard the safety of its employed staff that may be lone working.

46. Data Requirements

- The Service will be wholly responsible for maintaining up-to-date datasets and will implement dataset changes as required and adhere to data reporting requirements as directed by the Council.

North Yorkshire 0-19 Healthy Child Service Specification

- The Service is responsible for the submission of nationally agreed datasets adhering to reporting requirements and submission deadlines with include (subject to change in line with reporting requirements) but not limited to:¹⁰
 - National Child Measurement Programme (NCMP) – NHS Digital
 - Community Services Dataset (CSDS) – NHS Digital
 - Health Visiting Service Delivery Metrics – PHE
- The Service is required to generate data extracts for the datasets relevant to the service that are created during the life of the Contract (e.g. local outcome framework measures - **Appendix**) and specified additional reporting requirements to ensure activity and performance is quantified.
- The Service will be compliant with the requirements and data flows to the current local Child Health Information Service (CHIS)¹¹ to:
 - Enable data collection to support the delivery, review and performance management of services; and
 - Ensure compliance with the **....clinical system?** which requires all clinical systems to be able to receipt and process a range of child health informatics and be interoperable with other service providers for the secure and timely transfer of electronic data.
- The Service will work collaboratively with commissioners and NHS England as part of the developing redesign Healthy Children: Transforming Child Health Information (NHS England 2016)¹².
- The Service will be required during the mobilisation period, to develop a system which will capture data to evidence the outcomes required in this Specification and to demonstrate compliance and quality standards.
- The Service will discuss data analysis with the Council at contract management meetings to enable informed commissioning decisions relating to activity and trends.
- The Service shall contribute to health needs analysis using tools such as the Early Years Profile.
- The Council may request anonymised data extracts including local level District population and if so will be provided as soon as is reasonably possible.
- The Service will be responsible for all general enquiries, contributing to individual case management issues, handling or crisis and emergency situations with other partners as required, informing the commissioner of such activity through routine contract monitoring arrangements or directly where it relates to a crisis or an emergency that warrants this being shared as a matter of urgency.

47. Information Technology (IT) System

- The Service will use a government approved system identified in the NHS' GP Systems of Choice (GPSoC) framework for its Electronic Health Care Record (EHCR) which is able to fully integrate with the primary care trust's system so that:

¹⁰ Further information is available at: <http://content.digital.nhs.uk/maternityandchildren/CYPHS>

¹¹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417076/Child_Health_Information_240315.pdf

¹² <https://www.england.nhs.uk/wp-content/uploads/2016/11/healthy-children-transforming-childhealth-info.pdf>

- There is a shared care record available at the point of care between this service and primary care in North Yorkshire.
- Safeguarding is at the heart of this shared EHCR.
- SystemONE is the system used by the primary care system in the North Yorkshire and the Service should ensure that the system that it uses is compatible.
- The Personal Child Held Record (PCHR) will be completed routinely by professionals supporting parents and carers. The system needs to be able to share with midwifery and GP and Early Help, and needs to be able to allow tracking across services using identifier (NHS number). The Service will also need to share data for the purposes of improving health, care and services through research and planning.
- Appropriate records will be kept in the Child Health Information System (CHIS) or similar system to enable high-quality data collection to support the delivery, review and performance management of services in line with national service level agreements with CHIS where necessary.
- The Service will ensure that employees are trained to use the IT system effectively.
- The Service will be responsible for the provision of and on-going support, upgrades, maintenance and replacement of any IT system hardware, software and associated licenses.

48. Information Governance (IG)

- The Service must have in place a robust IG framework.
- The Service will ensure that all employees understand their obligations in relation to IG and training is provided where necessary.
- The Provider is required to demonstrate that they are either:
 - registered with the NHS Digital IG Toolkit achieving Level 2 for all requirements; or
 - the same standards are met through a different IG quality system of a similar standard.
- The Service will ensure the processing, transfer and storage of Service User identifiable data is secure and complies with all relevant and current legislation and guidance.
- The Service will establish a secure process to share patient identifiable data with urgent and emergency care services.
- The Service will be registered with the Information Commissioner Office (ICO) and comply with the standards set by the ICO.

49. Confidentiality

- The Service must demonstrate that robust confidentiality processes are in place and Caldicott Principles are adhered to in the interest of patient safety:
 - justify the purposes of using confidential information
 - only use it when absolutely necessary
 - use the minimum that is required
 - access should be on a strict need to know basis
 - everyone must understand his or her responsibilities
 - understand and comply with the Law

- the duty to share information can be as important as the duty to protect patient confidentiality
- These Caldicott Principles as well as the Data Protection Act 2018 and The Common Law Duty of Confidentiality should not be a barrier to sharing relevant, proportionate information to safeguard and protect children and young people.
- The Service must have a named Caldicott Guardian, who shall be responsible for ensuring that all employees comply with the data standards produced by the Information Standards Board for Health and Social Care.
- The Service will ensure that data is not revealed or passed on to any third party who is not authorised to receive such data.
- Where there is any doubt as to whether or not someone has legitimate access to information, checks should be made before any information is disclosed, in cases where the right to confidentiality is overruled by issues of safeguarding, the Individual concerned should be informed wherever possible if other agencies are to be involved.
- Providers should also refer to 'Record Keeping: Guidance for Nurses and Midwives', NMC, 2015.¹³

50. Data Information, Systems and Confidentiality

- The Terms and Conditions in**Schedule....** set out the provisions in relation to Data Protection for the Service of those terms clearly defining the processing which is to take place under the Contract.
- Transfer and Storage of Data:
 - The Service shall at all times adhere to requirements of the General Data Protection Regulations and Data Protection Act 2018 in the transfer and storage and processing of data specific to this contract. Where data is held on Provider IT systems, Providers should also comply with the requirements under clause 5.6 below.
- Data sharing / consent:
 - The Service shall obtain all appropriate consents prior to the sharing of any data to a third party.
- Freedom of Information:
 - The Service shall comply with all reasonable requests for information made under the Freedom of Information Act 2000 in relation to the services provided.
- Confidentiality:

The Service will receive Confidential Information from the Council or other stakeholders and shall undertake to keep such information secret and strictly confidential and shall not disclose any such Confidential Information to any third party, without the Discloser's prior written consent, subject to the provisions outlined in Clause 30 of the Terms and Conditions specific to this contract.
- Contract closure:

The Service must comply with obligations relating to document retention and destruction in accordance with statutory guidance and the NHS Records Management Code of Practice for Health and Social Care 2016 as referenced in the Data Schedule at **Schedule of the s75**.
- Data ownership / Intellectual property rights:

¹³ <https://www.nmc.org.uk/standards/code/record-keeping/>

- Under the General Data Protection Regulations, for the purposes of this Contract, the Council is the Data Controller and the Provider is the Data Processor.
- All Intellectual Property Rights furnished to or made available to the Provider by the Council shall remain the property of the Council, along with those prepared by or for the Service for use, or intended use, in relation to the performance of its obligations under the Contract shall belong to the Council. Further information regarding Intellectual Property can be found at Clause 29 of the Terms and Conditions specific to this contract.

51. Technical Security Requirements

The Service will:

- Ensure that any Council data which resides on a mobile, removable or physically uncontrolled device is stored encrypted using a product which has been formally assured through a recognised certification process.
- Ensure that any Council data which it causes to be transmitted over any public network (including the Internet, mobile networks or un-protected enterprise network) or to a mobile device shall be encrypted when transmitted.
- Must operate an appropriate access control regime to ensure users and administrators are uniquely identified.
- Ensure that any device which is used to process Council data meets all of the security requirements set out in the National Cyber Security Centre (NCSC) End User Devices Platform Security Guidance.
- At their own cost and expense, procure an IT Health Check from a certified supplier and penetration test performed prior to any live data being transferred into their systems.
- Perform a technical information risk assessment on the service supplied and be able to demonstrate what controls are in place to address those risks.
- Collect audit records which relate to security events in delivery of the Service or that would support the analysis of potential and actual compromises. The retention period for audit records and event logs shall be a minimum of 6 months.
- Must be able to demonstrate they can supply a copy of all data on request or at termination, and must be able to securely erase or destroy all data and media that the Council data has been stored and processed on.
- Not, and will procure that none of its sub-contractors, process the Council's data outside the European Economic Area (EEA).
- Implement security patches to vulnerabilities in accordance with the timescales specified in the NCSC Cloud Security Principle 5.
- Ensure that the service is designed in accordance with NCSC principles, security design principles for digital services, bulk data and cloud security principle.
- Implement such additional measures as agreed with the Council from time to time in order to ensure that such information is safeguarded in accordance with the applicable legislative and regulatory obligations.

52. Future Proofing

The Service will:

- Keep up to date with technical developments as they become available and shall ensure that provision is made to build innovative solutions into the service model, without compromising on compliance or quality. This should be achieved so that the delivery of a high quality and responsive service is maintained.
- Review and continuously improve the Service making use of technology and computer applications where appropriate and will seek and act on Service User, and staff feedback to support continuous improvement and development.
- Ensure service and support reflects local health needs and priorities including the sustainability and transformation of services. The Service will prioritise babies, children's and young people's health. There will be an appreciation that the health and wellbeing needs of babies, children and young people are crucial to securing long-term population health and reducing the local burden of healthcare provision.

A TRANSFORMED WORKFORCE

The workforce is critical to the vision of the service for children, young people and families and transforming the workforce is the key to achieving this. We know that there are system barriers that prevent frontline practitioners from working with families in the way they know best. Over the life of the contract, the Council will work with the Service and other local partners to identify and where possible remove these barriers and create enabling working cultures and environments.

The Service will play an important role in the achieving this transformed workforce through the right leadership and workforce competency and development.

53. Strategic and Operational Leadership

The Service will:

- Have in place an organisational management structure (OMS) which provides a description of the key leadership roles and responsibilities, reporting relationships and accountabilities.
- The OMS will support delivery of a safe, effective and efficient service in line with the requirements of this Service Specification.
- For the purpose of delivering an integrated 0-19 service, show the links between the organisation's roles, responsibilities and accountabilities and those of all other local organisations.

54. Workforce Competency and Development

The Service will:

- Have in place a multi-disciplinary team of appropriately qualified Public Health Nurses and a *skill mix of staff* which is diverse and reflects the needs of the population.

Appendix D

- Ensure all public health nurses are registered or working towards registration with the Nursing and Midwifery Council.
- Have in place an appropriately qualified named clinical lead(s), responsible for ensuring clear and consistent governance processes are in place. The clinical lead will be accountable for the clinical quality of the Service and will work closely with the senior leads in other key partners.
- Ensure supervision arrangements are in place for all staff, in line with national guidance, and measures are in place to maintain competency standards of all Staff.
- Develop a robust workforce development plan which should demonstrate service development in response to client experience, feedback from families and staff.
- Align and prioritise delivery in line with local population needs, inequalities and outcomes.
- Ensure a focus on Building Community Capacity and collaborate in interagency approaches and training, to enable innovative and creative Public Health nursing services to meet local needs and to add to the body of research evidence for the profession.
- Ensure:
 - Robust workforce analyses and plans are developed which include: numbers of new students needed; number of apprentices/trainees; recruitment/retention plans; numbers of retirees; potential other leavers; and
 - Organisational processes and managerial support are in place to ensure that mentors and practice teachers are able to provide high quality placements for students.
- Ensure all employees, including agency/locums can demonstrate professional competency and understand all relevant policies and processes.
- Have in place individual training and development plans for all employees, including agency/locum, and will undertake annual appraisals, with peer review where appropriate, to ensure their CPD.
- Ensure all staff are up to date and competent in key public health training – e.g. stop-smoking, smoke free homes, substance misuse, sexual health, obesity, infant nutrition, immunisations, breastfeeding and it will promote and support a healthy workforce.
 - Manage strong emotions, sensitive issues and undertake courageous conversations.

MOBILISATION

55. Mobilisation Plan

- There will be a Mobilisation Period in accordance with the provisions set out in the **Section 75 Agreement**.
- The Service will have in place a detailed mobilisation plan, which shall set out how each aspect of the Service will be mobilised, including key milestones.
- The Mobilisation Period will be from **....Dates**. The Service will be expected to start provision of the service on **the 1st April 2021**.
- The Service and the Council will meet (**timescale?**) during the mobilisation period to ensure key milestones have been met and that any remedial/corrective action has been taken.

1.13 Client Feedback and Engagement

The Service will be able to evidence that the experience and involvement of families is regularly gathered and taken in to account to inform service delivery and improvement.

They will use established consistent tools for measuring outcomes.

Service impact will also be demonstrated through service user feedback.

The Service should also have a well-publicised feedback and complaints procedure which includes quality standards related to how complaints are dealt with and responded to.

The Service is required to have a process for dealing with and responding to Serious Incidents including those related to safeguarding and child protection.

1.15 Performance and Contract Management

Quarterly service review meetings will be held between the Service and the Council. The Service shall provide a quarterly report of activity data and performance against the measures identified in the Performance and Monitoring Framework. Performance reports shall be produced and sent to the Council at least one week in advance of the review meeting. The format of the performance report will be agreed between the Council and the Service.

Review meetings will be held on the Council's premises unless the parties agree otherwise. The Council will not pay for any expenses for attendance at any of these review meetings.

The Service will provide when requested exception reports where there are queries or anomalies in their performance reports and/or data. Exception reports may also be requested where there have been good outcomes to demonstrate what has been effective.

An annual contract review meeting will be held to assess performance over the previous year. At this meeting the Service shall produce an annual report. The annual review meeting will include a review of budget and performance against measures as well as agreeing any developments or new performance measures for the Service for the forthcoming year. The performance measures will be reviewed annually and may be amended to specifically address emerging needs or trends.

Staff performance

The Service shall provide exception reports where staff performance is identified by the Council as having an adverse impact on the delivery of the Service.

Organisational Performance

The Service and the Council will work together to demonstrate the value of this contract in delivering outcomes for children, young people and adults, for example when either organisation is subject to an inspection by a government or professional body.

The Service shall provide information for needs assessment and any other monitoring reports required by the Council, the Children's Safeguarding Partnership, the Health and Wellbeing Board or other relevant Committees or Boards.

Auditing Impact and Outcomes

To provide assurance that frontline practice is safe and delivering its stated objectives, the Service shall carry out relevant audit exercises and use the findings to inform and improve practice. The Service will submit an annual audit/service transformation plan to be agreed with the Council.

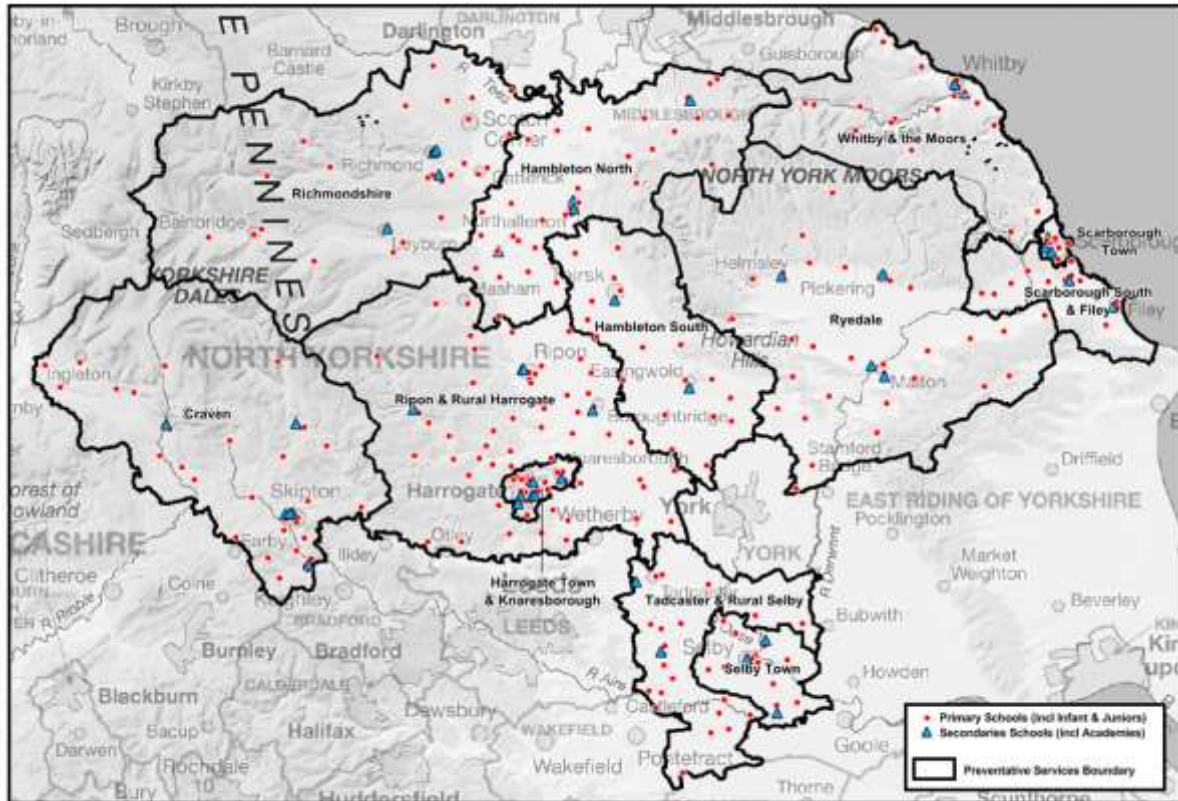
Commissioner visits – Not relevant! – to be replaced by partnership board arrangements

To provide additional assurance the Council will conduct twice yearly visits to discuss performance and progress across the wider service. The Council will adopt a supportive approach to the visits in helping the Service raise standards and/or commit to continuous improvement where required.

Review all appendices

Appendix 1

CYPS Early Help Service Areas & Primary & Secondary School Locations



The number of primary and secondary schools by prevention service area is illustrated in the following table:

Area	Number of Primary Schools		Number of Secondary Schools		Independent Schools
	Maintained	Academy	Maintained	Academy	
Craven	33	2	5	3	2
Hambleton North	32	2	4	1	
Hambleton South	20		2		
Harrogate Town & Knaresborough	18	5	4	4	2
Richmondshire	30		4		
Ripon & Rural Harrogate	55	1	4	1	4
Ryedale	33		4	1	2
Scarborough Town	6	1	4	1	1
Scarborough South & Filey	14		2	1	
Selby Town	18		4		1
Tadcaster & Rural Selby	21	1	2		1

North Yorkshire 0-19 Healthy Child Service Specification

Whitby & the Moors	21		2		
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Table Illustrating Number of Children and Young People by Proposed Prevention Service Area

Area	Number of Children & Young People							
	0 to 19 Pop (Mid '14 estimate)	Under 5 Pop (Mid '14 estimate)	5 to 19 Pop (Mid '14 estimate)	Eligible for FSM (Oct 2015)	Children Subject CPP (Dec 15)	Children with an open involvement (Dec 15)	Families Identified within DSF phase 2 (Dec 15)	Persistent Absent Pupils (2013/14)
Craven	11522	2522	9000	471	30	106	402	80
Hambleton North	11324	2702	8622	511	25	108	368	201
Hambleton South	7436	1774	5662	221	9	54	193	89
Harrogate Town & Knaresborough	20453	5122	15331	746	30	195	534	186
Richmondshire	11510	2863	8647	367	17	126	312	208
Ripon & Rural Harrogate	15673	3208	12465	385	14	110	348	105
Ryedale	10897	2471	8426	477	24	91	291	142
Scarborough Town	10058	2636	7422	973	52	249	551	271
Scarborough South & Filey	6383	1506	4877	649	37	111	288	120
Selby Town	9579	2529	7050	633	31	106	386	168
Tadcaster & Rural Selby	9827	2307	7520	246	10	63	211	95
Whitby & the Moors	5245	1150	4095	285	8	47	238	58

FSM – Free School Meals
 CPP – Child Protection Plan
 CiN – Child in Need
 DSF – Developing Stronger Families
 TAC – Team Around Child

Appendix 2 - National Policy, Guidance and Applicable Quality Standards

Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 amended August 2010)

Better health outcomes for children and young people Pledge

Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London

Allen, G. (2011b) Early Intervention: Smart Investment, Massive Savings. HM Government: London

NHS Outcomes Framework 2014 to 2015 (DH, 2013)

Public Health Outcomes Framework 2013 to 2016 (DH, 2014)

The Marmot Review (2010) Strategic Review of Health Inequalities in England, post-2010

Conception to Age two: The Age of Opportunity. WAVE Trust and DfE
UNICEF UK Baby Friendly Initiative

Rapid Review to Update Evidence for the Healthy Child Programme 0–5 (PHE, March 2015)

Promoting children and young people’s emotional health and wellbeing: A whole school and college approach (PHE and The Children and Young People’s Mental Health Coalition, March 2015)

CQC Essential Standards of Quality and Safety 2010

UK National Screening Committee Standards and Guidelines

- Newborn Bloodspot Screening
- Newborn Hearing Screening
- Newborn Infant & Physical Examination
- The Green Book- (Imms)

Key NICE public health guidance includes:

NICE guidance summary for public health outcome domain (PHE 2013)
<https://www.gov.uk/government/publications/nice-guidance-summary-for-public-health-outcome-domain>

Please note: For all reference see the [NICE website](#).

- PH3 Prevention of sexually transmitted infections and under 18 conceptions

- PH6 - Behaviour change at population, community and individual level (Oct 2007)
- PH8 Physical activity and the environment
- PH9 - Community engagement (July 2010)
- PH11 - Maternal and child nutrition
- PH12 - Social and emotional wellbeing in primary education
- PH14 Preventing the uptake of smoking by children and young people
- PH17 - Promoting physical activity for children and young people
- PH21 - Differences in uptake in immunisations
- PH24 Alcohol-use disorders: preventing harmful drinking
- PH26 - Quitting in smoking in pregnancy and following childbirth (June 2010)
- PH27 - Weight management before, during and after pregnancy (July 2010)
- PH28 - Looked-after children and young people: Promoting the quality of life of looked- after children and young people (October 2010)
- PH29 - Strategies to prevent unintentional injuries among children and young people aged under 15 Issued (November 2010)
- PH30 Preventing unintentional injuries among the under-15s in the home
- PH31 Preventing unintentional road injuries among under-15s
- PH40 Social and emotional wellbeing – early years: NICE public health guidance 2012
- PH42- Obesity working with local communities
- PH44 Physical activity: brief advice for adults in primary care
- PH48 Smoking cessation: acute, maternity and mental health services <http://www.nice.org.uk/guidance/PH48>
- PH49 Behaviour change: individual approaches
- PH50 Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. NICE public health guidance <http://www.nice.org.uk/guidance/PH50>
- CG43 Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children
- CG45 - Antenatal and postnatal mental health: clinical management and service guidance (February 2007)
- CG62 - Antenatal care: routine care for the healthy pregnant woman (March 2008)
- CG89 - When to Suspect Child Maltreatment (July 2009)
- CG93- Donor milk banks: the operation of donor milk bank services
- CG110- Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors
- CG170 Autism: the management and support of children and young people on the autism spectrum <http://www.nice.org.uk/guidance/cg170>

- QS22 Quality standards for antenatal care
- QS31 Quality standard for the health and wellbeing of looked-after children and young people
- QS37 Postnatal Care
- QS59 Antisocial behaviour and conduct disorders in children and young people
<http://www.nice.org.uk/guidance/QS59>
- QS43 Smoking cessation: supporting people to stop smoking

- QS46 Multiple pregnancies

- QS48 Depression in children and young people

- QS51 Autism <http://www.nice.org.uk/guidance/QS51>

- Suite of Evidence based pathways and interventions

- Svanberg P O, Barlow J & Tigbe W The Parent–Infant Interaction Observation Scale:
 - reliability and validity of a screening tool. Journal of Reproductive and Infant Psychology,
 - 2013: Volume 31, Issue 1, 2013

- Milford R, Oates J. Universal screening and early intervention for maternal mental health and attachment difficulties. Community Practitioner, 2009; 82(8): 30-

Appendix 3 – Health Reviews

Review	Description
<p>Universal – Antenatal health promoting visits – a robust referral process will need to be developed and agreed with Local maternity Services.</p>	<p>Contact should be universal and include preparation for parenthood messages.</p> <p>Promotional narrative listening interview.</p> <p>This should be done as a face-to-face, 1-2-1 interview in a confidential setting where parents are identified as universal plus and universal partnership plus are given priority because of additional vulnerability including:</p> <ul style="list-style-type: none"> • age under 20 • domestic abuse; • poverty; • homelessness. • Mental health • substance misuse; • recent arrival as a migrant; • asylum seeker or refugee status; • difficulty speaking or understanding English; <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465344/2903819_PHE_Midwifery_accessible.pdf</p>

<p>Universal- New Baby Review</p>	<p>Face-to-face review by 14 days with mother and father to include:</p> <ul style="list-style-type: none"> - Initial relationship building with family following birth - Infant feeding - Promoting sensitive parenting - Promoting development - Assessing maternal mental health - SIDS prevention including promoting safe sleep - Keeping safe - Promoting community support services - Discussing consent to share information <p>- If parents wish or there are professional concerns:</p> <ol style="list-style-type: none"> 1. An assessment of baby's growth 2. On-going review and monitoring of the baby's health 3. Assessment of safeguarding concerns 4. Promotion of secure attachment. 5. Include promotion of immunisations specifically: <ol style="list-style-type: none"> a. Adherence to vaccination schedule for babies born to women who are hepatitis B positive b. Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies). 6. Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards, specifically: 7. Newborn blood spot; ensuring results for all conditions are present 8. Results of NIPE examinations 9. Hearing screening outcome. 10. Contraception (all families): provision of post natal contraception to reduce sexually transmitted infections and subsequent unplanned pregnancies <p>Additional/ complex health needs –where a child remains in hospital this visit must still take place within the given timescale the service will play a key part of discharge planning and support.</p>
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<p>Universal plus /Universal partnership plus – 4 Weeks</p>	<p>Build on and strengthen therapeutic relationship between practitioner and mother/father/ family</p> <ul style="list-style-type: none">• Engage and share public health information and guidance to promote positive attachment and health and wellbeing• Observe/ discuss developmental progress of infant• If previously disclosed, routine enquiry related to identified vulnerability• Promoting community support services• Discussing consent to share information• Agree plan of ongoing care
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<p>Universal 6 – 8 Week Assessment</p>	<p>Includes:</p> <ul style="list-style-type: none"> - On-going support with breastfeeding involving both parents - Assessing maternal mental health <p>Assessment of the mother’s mental health at six to eight weeks and three to four months, by asking appropriate questions for the identification of depression, such as those recommended by the NICE</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212906/Maternal-mental-health-pathway-090812.pdf</p> <ol style="list-style-type: none"> 1. The baby’s GP (or nominated Primary Care examiner) will have responsibility for ensuring the 6-8 week NIPE screen is completed for all registered babies 2. Include promotion of immunisations specifically: <ol style="list-style-type: none"> a. Adherence to vaccination schedule for babies born to women who are hepatitis B positive b. Assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies). c. Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards as above in initial check. <ul style="list-style-type: none"> • Promoting community support services • Discussing consent to share information • Agree plan of ongoing care
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<p>Universal plus/Universal partnership Plus</p> <p>3 – 4 months</p>	<p>At three to four months</p> <ul style="list-style-type: none"> • Supporting parenting by providing access to parenting and child health information and guidance (telephone helplines, websites, NHS Direct, etc.), and information on community support services. • Checking the status of Immunisations at three months against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B and meningococcus group C. • Checking the status of Immunisations at four months against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B, pneumococcal infection and meningococcus group C. • If parents wish, or if there is or has been professional concern about a baby’s growth or risk to normal growth (including obesity), an assessment should be carried out. This involves accurate measurement, interpretation and explanation of the baby’s weight in relation to length, to growth potential and to any earlier growth measurements of the baby. • Emphasising the importance of delayed weaning <p>Assessing maternal mental health</p> <p>Assessment of the mother’s mental health at six to eight weeks and three to four months, by asking appropriate questions for the identification of depression, such as those recommended by the NICE https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212906/Maternal-mental-health-pathway-090812.pdf</p>
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	<p>Temperament-based anticipatory guidance – practical guidance on managing crying and healthy sleep practices.</p> <p>Encouragement of parent– infant interaction using a range of media-based interventions (e.g. Baby Express newsletters).</p> <p>Promoting development Encouragement to use books, music and interactive activities to promote development and parent–baby relationship (e.g. media-based materials such as Baby Express newsletters and/or Bookstart) Promote language development;</p> <p>Keeping safe Raise awareness of accident prevention in the home and safety in cars. Be alert to risk factors and signs and symptoms of child abuse. Follow local safeguarding procedures where there is cause for concern.</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209907/S9_Happy_Healthy_Families_First_Community_EISCS_V121210.pdf</p> <ul style="list-style-type: none"> • Promoting community support services • Discussing consent to share information • Agree plan of ongoing care
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<p>Universal 9- 12 months</p>	<p>Includes:</p> <ul style="list-style-type: none"> • Assessment of the baby’s physical, emotional and social development and needs in the context of their family using evidence based tools, for example, Ages and Stages 3 and SE questionnaires; • Promote language development; • Supporting parenting, provide parents with information about attachment and developmental and parenting issues; • Monitoring growth; • Health promotion, raise awareness of dental health and prevention (ensuring that all children are accessing primary dental care services for routine preventive care and advice), healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention; • Check newborn blood spot status and arrange for urgent offer of screening if child is under 1 year; • Adherence to vaccination schedule and final serology results for <ul style="list-style-type: none"> • babies born to women who are hepatitis B positive; status of • MMR vaccination for women non-immune to rubella. • Promoting community support services • Discussing consent to share information • Agree plan of ongoing care
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Appendix D

<p>Universal By 2 – 2½ Years</p>	<p>Includes:</p> <ul style="list-style-type: none"> • Review with parents the child’s social, emotional, behavioural and language development using ASQ 3 and SE; • Respond to any parental concerns about physical health, growth, development, hearing and vision; • Where weight management issues are identified families will be encouraged and supported to access an appropriate evidence based intervention. • Offer parents guidance on behaviour management and opportunity to share concerns; • Offer parent information on what to do if worried about their child; • Promote language development; • Encourage and support to take up early years education; <p>- Give health information and guidance;</p> <p>- Review immunisation status;</p> <p>- Offer advice on nutrition and physical activity for the family;</p> <p>- Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information;</p> <p>- This review should be integrated with the Early Years Foundation Stage two year old summary as described in the service model.</p> <ul style="list-style-type: none"> • Promoting community support services • Discussing consent to share information • Agree plan of ongoing care
<p>By 4 ½ years</p>	<p>4½ years - Formal handover to School Nursing Service timed to meet the needs of the child e.g. if the Health Visitor is lead professional the handover may be delayed where this will improve outcomes for the child</p>