

**North Yorkshire and York Health Visiting and School Nursing
Commissioned Service.**
**Incorporating Universal and Targeted Services for Children, Young People and their
Families.**

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Date ratified – April 2008
Date of Review – April 2009

February 2008

	Action
Antenatal	Start the Child and Family Health Assessment process, provision of health visiting service and key health promotion messages.
Soon after birth	General physical examination with particular emphasis on the eyes, heart, and hips. Responsibility of medical practitioner / trained midwife
5-8 days old	Blood Spot screening for hypothyroidism, phenylketonuria, cystic fibrosis, sickle cell disorders by the midwifery service.
Within the first week of life	Newborn Hearing Screening Programme conducted in hospital or via out patient appointment. Responsibility of Midwifery service. HV service to promote uptake.
Initial Post Natal Visit	Continuation of the Child and Family Health Assessment process, provision of health visiting service and key health promotion messages. Responsibility of Health Visitor to make contact within 10-14 days of birth.
6-8 weeks old	General physical examination with particular emphasis on the eyes, heart, and hips. The responsibility of GP or other appropriately trained practitioner. Offer of contact with Health Visitor to continue Child and Family Health Assessment and conduct maternal mood assessment.
2 months	Immunisation – responsibility of General Practice
3 months	Immunisation – responsibility of General Practice
3-4 months	Completion of the Child and Family Health Assessment by Health Visitor. Further input to be negotiated and offered according to need.
4 months	Immunisation- responsibility of General Practice
8-12 months	Review by a Health Visitor with support from Primary Health Care Team. Review Child and Family Health Assessment with further input to be negotiated and offered according to need. . A full assessment of children’s circumstances and needs by 1 year of age required. NICE Guidelines. NSF.
12 months	Immunisation –responsibility of General Practice
13 months	Immunisation – responsibility of General Practice
24 months	Review by a Health Visitor with support from Primary Health Care Team. Review Child and Family Health Assessment with further input to be negotiated and offered according to need.
3 years 4 months – 5 years	Pre-school Immunisation Booster -responsibility of General Practice
Around 4 years when child enters full time school	Review health visiting service with support from other agencies including education. Review Child and Family Health Assessment , height, weight , with further input to be negotiated and offered according to need
Year 6	Height and Weight measurement as part of DOH National Measurement Programme coordinated by school health team
Year 10	Immunisation- responsibility of General practice.

Introduction and Aim

The North Yorkshire and York Health Visiting and School Nursing Services Commissioned Service and Specification links with the NSF for Children, Young People and Maternity Services and aims to:

- Ensure assessment of the child's and family's health needs
- Deliver key health promotion messages
- Support childhood immunisation
- Identify the need for early intervention to address needs¹

It is recognised that the health visiting and school nursing services commissioned services are not carried out in isolation, but forms part of a wider process of ensuring children's health through the delivery of the two Children and Young People's Plans for North Yorkshire and York.²

- The delivery of services through Children's Centres / Extended Schools will develop as more Children's Centres come on stream.

Scope of guidance:

This practice guidance is for Health Visiting and School Nursing practitioners, including Health Visitors, School Nurses, and Assistant Practitioners, delivering the commissioned services programme to children aged 0-19 years of age and their families in North Yorkshire and York.

¹ NSF for Children, Young People and Maternity Care Standard 1 Department of Health 2004

² Every Child Matters The Children and Young People's Plan for North Yorkshire and City of York, YOR-OK 2007 to 2010

Definition of Terms

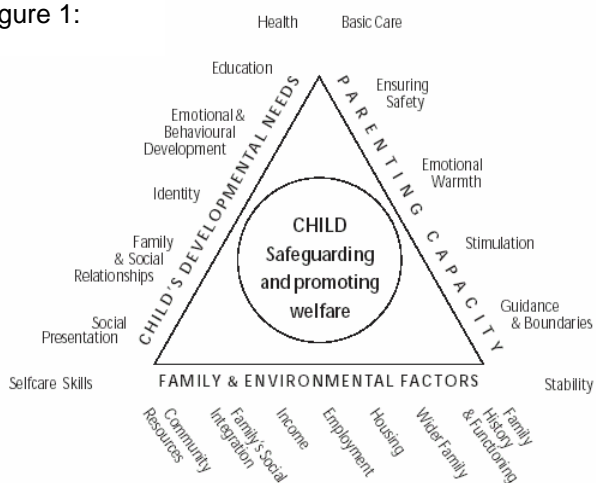
Child Health Promotion - describes planned and informed interventions that are designed to improve physical or mental health or prevent disease, disability and premature death. Health in this sense is a positive holistic state³

Every Child Matters – 5 Outcomes

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Wellbeing

Child and Family Health Needs Assessment - refers to an holistic assessment using any tools or models that identify specific health needs and risks to the individual and/or their family. The preferred model is the Framework for the Assessment of Children in

Figure 1:



Need and their Families⁴ and its associated assessment tools. A child and family health assessment should be completed on every child by 3-4 months of age and when any child transfers into a health visiting or school nursing caseload from outside North Yorkshire and York. This assessment framework contributes to both the North Yorkshire and York Common Assessment Framework [CAF] processes.

David Hall 2003
their Families DH 2000

The aim of the child and family health assessment is to fully assess the family member's health and parenting needs. The process needs to include:

- The health needs of all family members
- The developmental needs of all children and the capacity of the parents/caregivers to respond appropriately to those needs
- The impact of the wider family and the environment on health and parenting capacity
- The 5 outcomes from Every Child Matters will be incorporated into all health assessments

As part of the child and family health assessment every woman will be asked about domestic abuse ⁵ whether she is currently experiencing or has ever experienced domestic abuse.

An agreed health visiting or school nursing intervention plan with the family will be developed from this assessment, identifying those families requiring additional support. Individually assessed and planned interventions will aim towards improving the outcomes for children and families. Therefore a health visiting or school nursing intervention plan with individual families may differ both in terms of number of contacts, place of contact and health visiting or school nursing team members offering contact.

⁵ Responding to Domestic Abuse: A Handbook for Health Professionals Department of Health 2005

Health Visiting and School Nursing Commissioned Services				
Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
		<p>Antenatal Contact: This offers an opportunity for the HV to introduce the Health Visiting Service and start the child and family health assessment. It forms the basis of future negotiated Health Visiting interventions and agreed programmes of care.</p> <ul style="list-style-type: none"> ■ Preliminary child and family health assessment of the needs of the family members for advice, support and other services ■ To introduce the health visiting service, roles and responsibilities of the team and establish a relationship that facilitates future support and intervention. ■ Discussion and offer of information on: Postnatal well being Early child care issues, in particular the benefits and techniques of breastfeeding and the prevention of Sudden Infant Death Syndrome [SIDS] and Shaken Baby Syndrome ■ Completion of appropriate documentation. Care of next infant programme – initiated by Acute Trust. 	<ol style="list-style-type: none"> 1. All women known by the health visitor to be pregnant will be sent or given written information about the health visiting service 2. All parents identified as vulnerable will be offered an antenatal home visit. Assessment of the needs of the family and unborn child will commence. 3. Information re. Local Children's Centre will be shared with the family. 4. For teenage parents – information will be shared about local Mum 2 Be Group 	<p>The package of health promotion material forms the foundation of information that is given to a family. It builds on The Birth to Five Book and PHCHR (Red book)</p> <p>Identified health promotion areas for this contact are:</p> <ul style="list-style-type: none"> ■ Role of the HV ■ Infant feeding including Healthy Start and promotion of Breastfeeding ■ Prevention of SIDS [including co-sleeping] ■ Prevention of Shaken Baby Syndrome ■ Mental well being, including postnatal depression and attachment ■ Safety ■ Smoking cessation brief intervention with referral to appropriate smoking cessation services ■ Domestic abuse ■ CONI Scheme to be delivered in conjunction with Acute Trust

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Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
Newborn Hearing Programme		All babies in North Yorkshire and York are offered the Newborn Hearing Screen, often on day 1 whilst still in hospital. If they are not seen in hospital they will be sent an outpatient appointment.. For further information see www.nhsp.info .		
Newborn Blood Spot Programme		All babies in North Yorkshire and York are offered screening for phenylketonuria, congenital hypothyroidism, sickle cell disorders, and cystic fibrosis via the blood spot heel sample taken at day 5-8 by community midwives. For more information see: www.newbornscreening-bloodspot.org.uk/		
Initial Postnatal Visit: This is in response to the birth notification received from the Child Health Department. The contact offers the opportunity for the HV to initiate or continue the child and family health assessment process		<ul style="list-style-type: none"> ■ Assessment of the health and well being of the mother including birth experience ■ Assessment of the impact of the birth on the father, any siblings or significant members of the extended family ■ Respond to parental and/or professional concerns about growth and wellbeing assessment of the newborn ■ Review if had hearing screen ■ Assessment of vulnerability towards TB ■ Provide health information and support on early childcare and positive 	<ol style="list-style-type: none"> 1. All families will have contact with the Health Visiting service between 10-14 days. 2. All families will be offered a home visit by a health visitor between 0 – 21 days following birth 	<p>The key health promotion areas build on information given at the Antenatal Contact. Identified health promotion areas for this contact are:</p> <ul style="list-style-type: none"> ■ SIDS including smoking cessation and co-sleeping and smoke free homes – referral to appropriate smoking cessation services ■ Infant feeding including Healthy Start and promotion of Breastfeeding ■ Prevention of Shaken Baby Syndrome ■ Immunisation programme ■ Postnatal exercises, contraception and sexual health ■ Maternal mental health well being including postnatal

Health Visiting and School Nursing Commissioned Services				
Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
		relationships between care givers and their children <ul style="list-style-type: none"> ■ A&E information to be followed up appropriately ■ Complete all appropriate documentation 		depression and attachment <ul style="list-style-type: none"> ■ Appropriate use of health services ■ Safety
6-8 week contact to include mood assessment: This relates to the detection and intervention strategies used by HV in relation to postnatal depression. A Mood Assessment using an appropriate tool should be undertaken as part of the child and family health assessment		<ul style="list-style-type: none"> ■ Continue assessment of the health and well being of the mother including a post birth mood assessment ■ Continue assessment of the impact of the birth on the father, any siblings or significant members of the extended family ■ Respond to parental and/or professional concerns about growth and wellbeing assessment of the newborn ■ Provide health information and support on early childcare and positive relationships between care givers and their 	<ol style="list-style-type: none"> 1. All families will be offered a contact by a health visitor between 6-8 weeks to enable a Mood Assessment to take place. 2. The contact will either be at home or in another venue conducive to a one to one situation and where privacy and dignity are assured. Mood assessment will not be performed in an open clinic or posted to mothers in the form of a questionnaire 	Identified health promotion areas for this contact are: <ul style="list-style-type: none"> ■ SIDS including smoking cessation brief intervention, co-sleeping and smoke free homes ■ Infant feeding including weaning guidelines⁶ and continued support to Breast feeders to enable them to continue ■ Prevention of Shaken Baby Syndrome ■ Maternal mental health well being including attachment ■ Appropriate use of health services ■ Management of Minor Illness ■ Promote infant mental health through encouraging appropriate attachment

⁶ Infant Feeding Recommendation DH May 2003

Health Visiting and School Nursing Commissioned Services				
Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
		children <ul style="list-style-type: none"> ■ A&E documentation to be followed up appropriately. ■ Complete all appropriate documentation 		<ul style="list-style-type: none"> ■ Information including children's centres and post natal support services
6-8 week medical examination		The 6-8 week newborn medical examination, including measurement of weight and head circumference, is the responsibility of the family GP or other appropriately trained practitioner.		
3-4 month contact: This offers the opportunity for the HV to complete the child and family health assessment process and agree with the family future health visiting intervention		<ul style="list-style-type: none"> ■ Continuation of assessment of the health and well being of the mother including reviewing mood assessment if not completed at 6-8 week contact ■ Continuation of the child and family health assessment and agree on future health visiting interventions ■ Respond to parental and/or professional concerns about growth and wellbeing assessment of the newborn ■ Provide health information, particularly around weaning 	There is no standard approach identified for the 3-4 month contact, but it must be underpinned by the previous child and family health assessment. Irrespective of the approach taken consideration should be given to ensuring there is space for a private conversation. Approaches: <ol style="list-style-type: none"> 1. 1:1 in health or social care premises by a member of the HV team 2. 1:1 by appointment at home by a member of the HV team 3. By telephone contact 4. At the local Children's Centre. <ul style="list-style-type: none"> ■ A child and family health assessment should be 	Identified health promotion areas for this contact are: <ul style="list-style-type: none"> ■ SIDS including smoking cessation brief intervention , co-sleeping and smoke free homes – referral to appropriate smoking cessation services ■ Infant feeding including weaning guidelines ■ Immunisation programme ■ Maternal mental health well being including postnatal depression ■ Promote infant mental health through attachment ■ Appropriate use of health services ■ Local groups / child care ■ Safety

Health Visiting and School Nursing Commissioned Services				
Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
		<ul style="list-style-type: none"> ■ Provide health information and support on early childcare and positive relationships between care givers and their children ■ A&E documentation to be followed up appropriately ■ Complete all appropriate documentation 	<p>completed on every child by 3-4 months of age</p> <p>OR</p> <ul style="list-style-type: none"> ■ when a child / family transfers into a health visiting caseload. 	
<p>8 – 12 month contact (by the first Birthday): This offers an opportunity for the Health Visiting team to review the child's and family's health assessment and jointly agree the health visiting intervention plan. This will include actions to address the health needs identified and agree future contact with the service.</p> <p>Full assessment of vulnerability at this stage to inform intervention within the coming year.</p>		<ul style="list-style-type: none"> ■ Review of the child and family health assessment ■ Discussion and information around identified health promotion areas ■ Respond to parental and/or professional concerns about growth and wellbeing assessment of the infant ■ Discuss parental concerns regarding health and development e.g. hearing and vision, including squint ■ Provide information and support on early childcare, promoting positive relationships 	<p>There is no standard approach for the 8-12 month contact but it must be underpinned by the previous child and family health assessment and any other knowledge obtained since the last contact e.g. A&E admission, clinic attendances, discussions with primary care team members and multidisciplinary partners.</p> <p>Approaches:</p> <ol style="list-style-type: none"> 1. Invitation to a group e.g. Birthday group 2. 1:1 by invitation or appointment in health or educational care premises by a member of the health visiting team 	<p>Identified health promotion areas for this contact are:</p> <ul style="list-style-type: none"> ■ Safety ■ Nutrition including dental health and Healthy Start ■ Smoking cessation brief interventions – referral to appropriate Smoking Cessation Services ■ Social development / play and stimulation / communication and interaction including Bookstart ■ Local groups / child care ■ Immunisation ■ Encouraging physical activity ■ Managing children's behaviours

Health Visiting and School Nursing Commissioned Services				
Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
		between care givers and their children <ul style="list-style-type: none"> ■ A&E documentation to be followed up appropriately ■ Complete all appropriate documentation 	3. 1:1 by appointment at home by a member of the health visiting team 4. Local Children's Centre 5. Opportunistic at clinic <i>NB. Opportunistic contacts within child health clinic should be seen as the least preferred option</i>	
24 month contact:				
24 month contact: This offers an opportunity for the Health Visiting Team to review the family health assessment and agreed health visiting intervention		<ul style="list-style-type: none"> ■ Review of the child and family health assessment ■ Respond to parental and/or professional concerns about growth and wellbeing assessment of the child ■ Discuss parental concerns regarding health and development e.g. speech and language development ■ Provide information and support on childcare, promoting positive relationships between care givers and their children 	There is no standard approach identified for the 24 month contact, but it must be underpinned by the previous child and family health assessment and any other knowledge obtained since last contact e.g. A&E admission, clinic attendances, discussion with primary care team members. Approaches: 1. Invitation to a group e.g. Birthday group 2. Questionnaire to parents inviting to contact health visiting team if any concerns	Identified health promotion areas for this contact are: <ul style="list-style-type: none"> ■ Safety ■ Family nutrition and eating behaviours ■ Speech and language including Bookstart ■ Smoking cessation brief interventions – referral to Smoking Cessation Services ■ Social development and interaction / play and stimulation / behaviour / sleep / toilet training ■ Immunisation ■ Nursery and wider education provision

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Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
		<ul style="list-style-type: none"> ■ Provide health information and health promotion materials ■ A&E documentation to be followed up appropriately ■ Complete all appropriate documentation ■ A&E documentation to be followed up appropriately 	<ol style="list-style-type: none"> 3. Telephone call to parents 4. 1:1 by invitation or appointment in health or educational care premises by a member of the health visiting team 5. 1:1 by appointment at home by a member of the health visiting team 6. Local Children's Centre 7. Opportunistic at clinic 8. <i>NB. Opportunistic contacts within child health clinic should be seen as the least preferred option</i> 	<ul style="list-style-type: none"> ■ Encouraging physical activity ■ Managing children's behaviours
	<p>3 - 3 ½ years plus</p> <p>Many children of this age will access a Nursery Provision. Children identified as having special needs will continue to be assessed as a vulnerable child/family.</p>		<ol style="list-style-type: none"> 1. Ensure all Local Authority Nurseries are aware of Local Health Visiting/School Nurse Teams and how to contact them for advice and support. A standard contact form will be used. 	

Health Visiting and School Nursing Commissioned Services

Commissioned Programme Contact	Core content	Standard	Health Promotion Areas
Training for management of medical conditions, i.e. Asthma and Epilepsy Management, Care of Tracheostomy, Gastrostomy. Will continue between April 2008 – September 2008. This will be reviewed in September 2008			
Approach:			
<p>Around 4 years or when child enters full time education</p>	<ul style="list-style-type: none"> ■ Review of the child and family health assessment ■ Respond to parental and/or professional concerns about growth and wellbeing assessment of the child ■ Discuss parental concerns regarding health and development e.g. speech and language development ■ Provide information and support on childcare, promoting positive relationships between care givers and their children ■ Provide health information and health promotion materials ■ A&E documentation to be followed up appropriately 	<ol style="list-style-type: none"> 1. All parents will be asked to complete a health questionnaire at school entry to include vaccination and BCG status and give consent to routine screening in school 2. Any questionnaire which identifies a child with current or potential problems will be reviewed by the HV/SN team and appropriate action taken in consultation with the parents. 3. Children, parents and school staff will have written information on how to access the HV/SN service. 4. All routine referrals will be acknowledged within 10 working days. 	<ul style="list-style-type: none"> ■ Safety ■ Family nutrition and eating behaviours ■ Speech and language including Bookstart ■ Smoking cessation brief interventions – referral to appropriate smoking cessation services ■ Social development and interaction / play and stimulation / behaviour / sleep / toilet training ■ Immunisation ■ Adjustment to education provision ■ Encourage physical activity ■ Managing children's behaviour

Health Visiting and School Nursing Commissioned Services				
Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
		<ul style="list-style-type: none"> ■ Complete all appropriate documentation 		
Reception Year			Primary school children will be measured in the reception year as part of the NCMP programme	
Primary School -Year 6			Primary school children will be weighed and height measured in year 6 as part of the NCMP programme	
Ongoing Support at Primary Schools and Special Schools Annual update of Health Care Plans		<ul style="list-style-type: none"> ■ Provide health information and health promotion materials ■ Review of the child and family health assessment ■ Crucial Crew ■ A&E documentation to be followed up appropriately 	<ol style="list-style-type: none"> 1. The HV/SN Teams will respond to children, parental and teacher concerns about health and wellbeing 2. Enuresis clinics will continue as before. Clinics will be commissioned 	<p>The school will be offered a programme of health promotion and support. Delivered with school staff and other appropriate agencies</p> <p>Areas addressed include as standard</p> <ul style="list-style-type: none"> ■ Nutrition (ideally via Healthy Schools initiative) ■ Sex and relationships education. ■ Emotional and mental health and well being ■ Accidents and Injury via multi agency programmes ■ Substance misuse ■ Dental Health

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Secondary Schools			<ol style="list-style-type: none"> 1. The approach will be the SN/HV Team service will be accessible to all children via clear lines of referral through school staff or to have access to a drop-in session at any chosen venue. 2. Parents, young people and staff will have information on how to contact the service for advice information and support 	<ul style="list-style-type: none"> ■ Encouraging physical exercise ■ Smoking Cessation Brief interventions – referral to appropriate smoking cessation services in line with the Healthy School Standard. <p>Topic delivered via weekly Drop-In sessions</p>
Key Stage 3		Lifestyle topics: <ul style="list-style-type: none"> ■ Sexual health – STI, contraception ■ Risky behaviours ■ Drugs ■ 	<ol style="list-style-type: none"> 1. The School Nurse will visit secondary schools once a week to deliver a weekly drop-in session. 2. Young People and staff within the schools will have details of the School Nurse linked to the school. 	<ul style="list-style-type: none"> ■ The School Nurse will work in conjunction with the school staff and other appropriate agencies to deliver health promotion and support
Key Stage 4		Lifestyle topics: <ul style="list-style-type: none"> ■ Sexual health – STI, contraception ■ Risky behaviours ■ Drugs 	<ol style="list-style-type: none"> 1. The School Nurse will visit secondary schools once a week to deliver a weekly drop-in session. 2. Young People and staff within the schools will have details of the School Nurse linked to the school. 	<ul style="list-style-type: none"> ■ The School Nurse will work in conjunction with the school staff and other appropriate agencies to deliver health promotion and support

Health Visiting and School Nursing Commissioned Services

Commissioned Contact	Programme	Core content	Standard	Health Promotion Areas
<p>Additional points underpinning the programme:</p> <ul style="list-style-type: none"> ■ To support this programme all families will have access to information, advice and support about a variety of groups based on need identified through the child and family health assessment. ■ Where there are identified communication difficulties appropriate support should be obtained in order to ensure that programme is able to be accessed by all parents. It is good practice that interpreters will be used with non English speaking families for all planned contacts. ■ Families should be encouraged to contact a member of the health visiting or school nursing team at any time in between these contacts if required. ■ Identification of concerns by members of the health visiting or school nursing team or others in between programme contacts will lead to a reassessment of the child / young person and family. ■ The health visiting and school nursing services will respond to mass immunization and prophylaxis campaigns in relation to outbreaks or major incidents as appropriate. ■ Communication and liaison is promoted between PCT staff and Independent Schools to support the delivery of this commissioning programme by the Independent School's nursing service. ■ All Health Visitor / School Nurse teams will, through all contacts with families and children be aware of their duty to protect and safeguard the welfare of children and will act accordingly in response to any child safeguarding issues or concerns. ■ All members of the Health Visiting / School Nursing Service will prepare reports and attend all appropriate meetings / conferences regarding the safeguarding of children and young people, ie. Case Conferences, Strategy Meetings, Core Group meetings, MARAC etc. Continued commitment to Review Health Assessments for Looked After Children. ■ Specialist Practitioners / School Nurses will ensure that their work links into the following strategies: <ul style="list-style-type: none"> Teenage pregnancy strategy Local CAMHS strategy Drugs and alcohol strategy Obesity strategy ■ BCG Clinics to continue in all areas to respond to needs. Will be commissioned. ■ All Children and Family records transferred in from outside NYYPCT area will be offered an Assessment of Need. 				