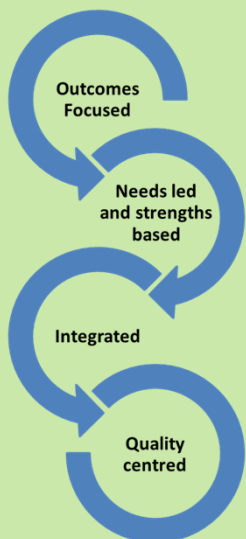


Norfolk Healthy Child Programme (NHCP) Service

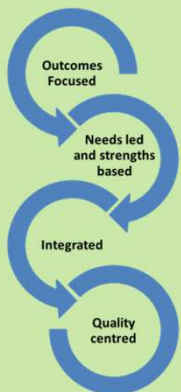
Commissioned by Public Health, Norfolk County Council and
provided by Cambridgeshire Community Services NHS Trust

August 2015



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1. Introduction

Cambridgeshire Community Services NHS Trust will be providing the **Norfolk Healthy Child Programme (HCP) Service** from 1 October 2015 in Great Yarmouth and Waveney from 1 November 2015 in the rest of the County.

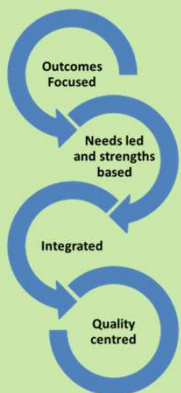
The purpose of this document is to provide staff and other stakeholders with information about the aims of the HCP service, the service offer and plans for implementing changes.

The service offer described will take time to implement as we are committed to working with staff, children, young people and their families and other stakeholders to design , develop and implement the detail and will do this in a planned and phased way. Implementation plans will also be aligned to increasing the capacity of the NHCP service - there are more staff in the service's workforce model than are transferring.

For the first 6 months services will continue as they are currently being delivered and we will be focusing on:

- Putting in place a leadership and management structure
- Moving to a 6 locality team (to mirror the early help hubs) and Countywide service structure
- Undertaking reviews of current service delivery and pathways – identifying what is working well and how this can be shared and spread across the County and, identifying improvements that staff and other stakeholders would like to make to improve outcomes
- Designing and planning aspects of the service offer that will be new (see page 15)
- Undertaking a “culture inquiry”, to identify actions we can take to ensure staff experience an inclusive and positive organisational culture

We are working with the current Provider organisations to ensure a safe transfer of staff and services, including ensuring all safeguarding arrangements are in place and that staff have all the tools and equipment they need to undertake their roles from Day 1 (e.g. mobile phones, mobile working devices, access to SystmOne, baby weighing scales etc).



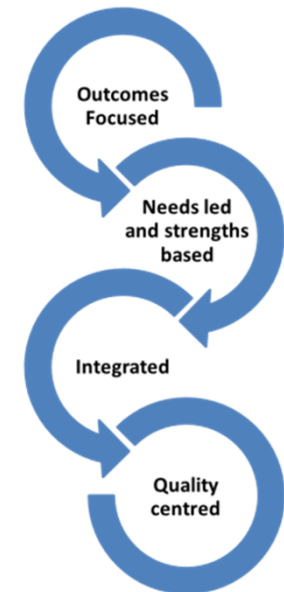
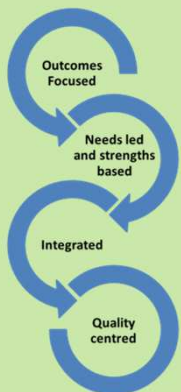
2. Aims and Principles of the HCP Service

Aims

- To protect and promote the health and wellbeing of all children, young people and their families - with the greatest improvements seen for those in greatest need so that health inequalities are reduced.
- To achieve positive outcomes for the Service User through an integrated programme that is delivered by coordinated partnership working.
- To be simple to access, with a clear range of pathways and choices.
- To be liked, valued and trusted by its users, partners and staff.

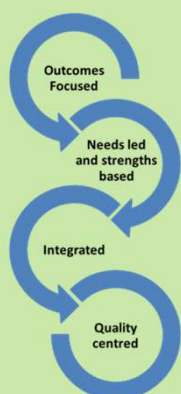
Principles

- **Outcomes focused** – the service is designed to improve outcomes for children, young people and their families in Norfolk
- **Needs led and strengths based:**
 - All children, young people and their families will receive services that meet their needs
 - Services will be accessible and tailored to meet the needs of children and young people with “protected characteristics” and from more deprived areas of the County
 - Service delivery will recognise that everyone has unique strengths, interests, abilities and knowledge; support and interventions will build on these.
- **Integrated** – integrated working is central to making a real difference to the health and wellbeing of children, young people and their families in Norfolk:
 - All current HCP teams will be integrated to provide one NHCP service that is consistent, scalable and also addresses the priorities in each locality
 - The service will be delivered by co-ordinated partnership working and will take a “no wrong door” approach, acting as a facilitator to support integration across different organisations, so that service users experience seamless and coordinated care
- **Quality Centred** – quality will be at the heart of service delivery and services will:
 - Focus on prevention and early intervention
 - Reduce inequality
 - Use information to Make Every Contact Count
 - Use evidence based interventions



Key Points

The Norfolk Healthy Child Programme Service will be an **Outcomes Focused** Service; focused on **contributing** to improving outcomes associated with the Wider Determinants of Health, Health Improvement, Health Protection and Healthcare Public Health



3. Outcomes

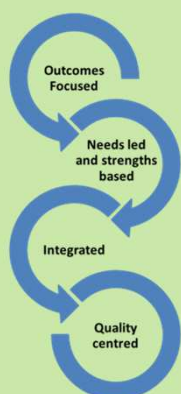
The NHCP service is designed to contribute to improving outcomes for Children, Young People and their families set out below.

The Wider Determinants of Health	Health Improvement	Health Protection
Improved rates of school readiness	Increase in CYP with positive attachment	Increase vaccination coverage
Improved academic results in the most disadvantaged children, closing the attainment gap between the richest and poorest	Increase in CYP with healthy weight	Improve identification of poor vision and hearing for CYP
Improved school attendance	Increase in numbers of babies and infants fed breast milk	
Reduction in NEET	Improved mental health	Healthcare Public Health
Reduction in the number of young people requiring safeguarding	Increased rates of smoke free parents and children	Improve oral health
CYP who have the greatest need make the greatest improvement	Increase in numbers of CYP protected from the effects of drug and alcohol	Reduction in preventable sight loss
Reduction in unintentional and deliberate injury in under 18s	Positive choices about sexual health	
Reduction of CYP killed or seriously injured on Norfolk's roads	Reduction in youth offending	

Key Points

The Norfolk Healthy Child Programme Service will be delivered through a **6** locality structure that is aligned to the Early Help Hubs.

All HCP teams will be working in an **integrated** way within each locality.



4.1 Integrated Locality Service

The following services will be integrated into **one Countywide , equitable and locality focused**

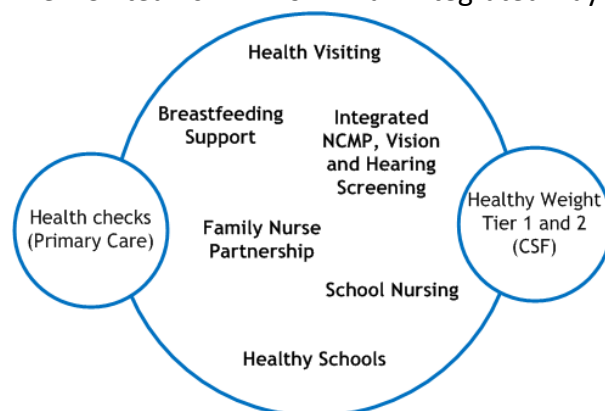
Healthy Child Programme Service:

- Health Visiting (currently provided by East Coast Community Health (ECCH) and Norfolk Community Health and Care (NCHC) NHS Trust.
- School Nursing (currently provided by NCHC)
- National Child Measurement Programme (currently provided by ECCH and NCHC)
- Vision Screening (currently provided by QEHC, ECCH and NCHC)
- Hearing Screening (currently provided by ECCH and NCHC)
- Family Nurse Partnership (currently provided by ECCH and NCHC)
- Healthy Schools Team (currently provided by ECCH and Norfolk County Council)
- Healthy Weight Management Services (currently provided by ECCH and Community Sports Foundation)

The NHCP Service will be delivered through a **6 locality** structure that is aligned to the **Early Help Hubs**:

- North (North Norfolk and Broadland)
- Norwich
- Breckland
- South Norfolk
- Kings Lynn and West Norfolk
- Great Yarmouth

The HCP teams will work in an integrated way to provide the HCP service for each locality.



NB:

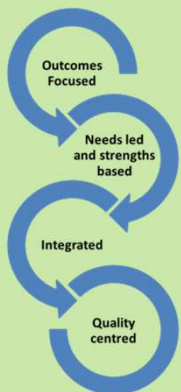
Health Checks will be delivered by Primary Care through Icen Healthcare Ltd (GP Consortium) and the Healthy Weight services will be delivered by the Community Sports Foundation. Whilst these services will be delivered by other organisations (through formal sub-contracting and performance review arrangements with CCS), they will be part of the integrated locality service for those elements of the service that they are providing.

4.1 Integrated Locality Service

Smaller HCP teams will be providing services in each locality but managed on a county-wide basis (e.g. Breast feeding support, Integrated NCMP, Vision and Hearing Screening, Healthy Schools and Family Nurse Partnership). The management structure is set out in section 6.1.

The HCP service will be delivered in a range of settings e.g. homes, Children's Centres, Schools, GP Practices and other community settings.

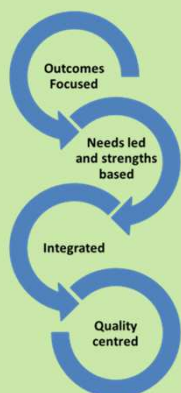
For staff bases, the aim is to move to a 6 locality hub and spoke model. However, as we want to minimise the amount of organisational change that staff will experience from Day 1, we are in discussions with current Providers to see if staff can for the interim, where possible, remain in their current bases. East Coast Community Health Care has confirmed that staff can remain in Europa House and Universal House in Great Yarmouth. Positive discussions continue with Norfolk Community Health and Care NHS Trust.



Key Points

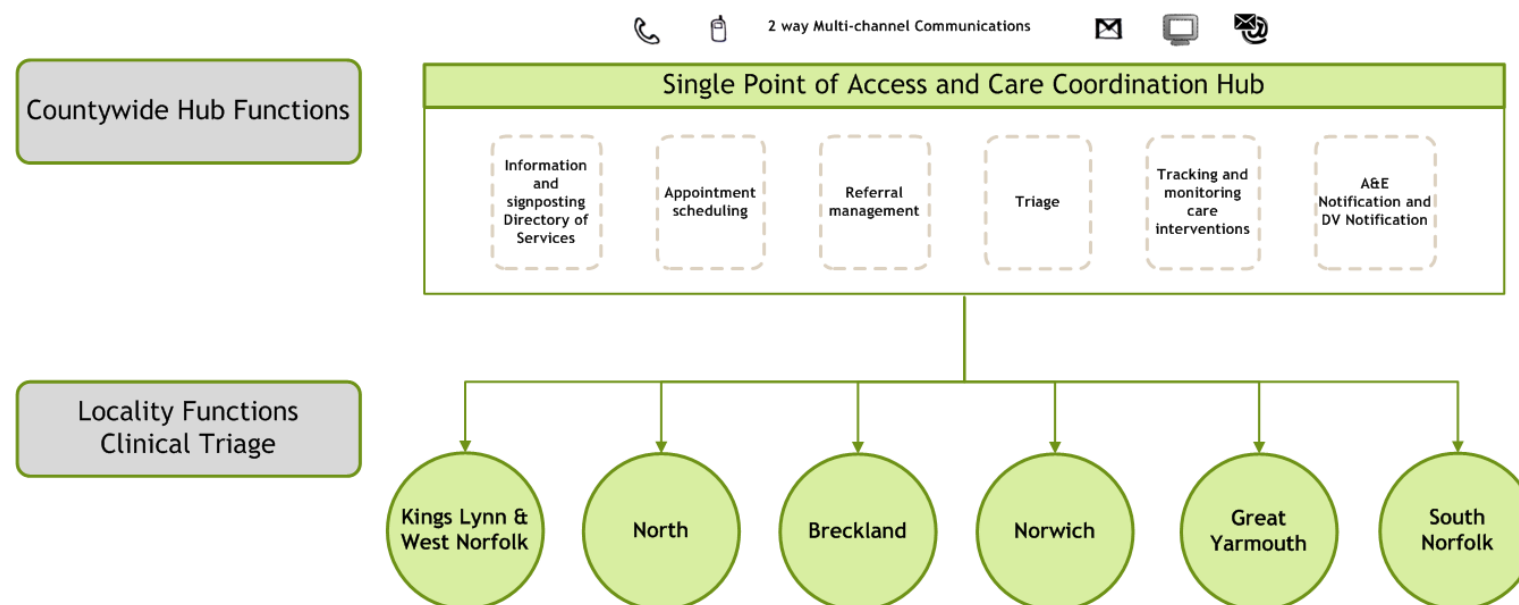
To make **access simple and responsive** for children, young people, their families and other stakeholders, a Single Point of Access and Care Coordination will be established.

Care Coordination will mean that the right support is provided at the right time and people will only have to tell their “story” once.



4.2 Single Point of Access and Care Coordination

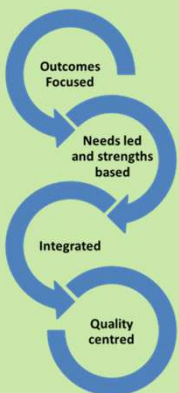
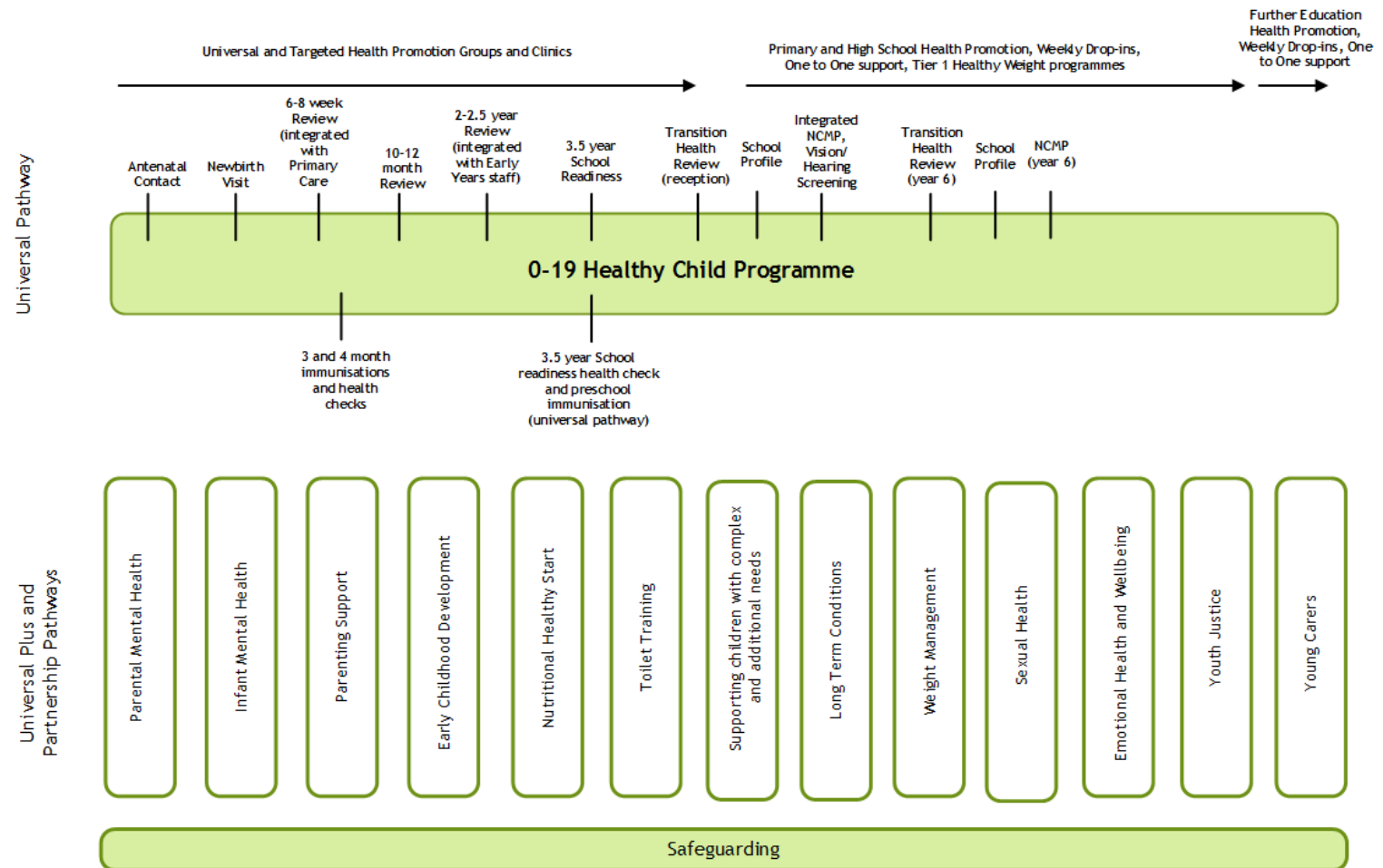
As we move to a 6 locality hub and spoke model, we will introduce a Single Point of Access and Care Coordination Hub which will operate as set out in the diagram below.



Implementing a Single Point of Access and Care Coordination Hub represents a significant change and to ensure that this is done effectively it will require detailed process mapping /planning and involvement of a range of stakeholders including referrers, HCP staff, children, young people and their families. This will be a key area of the service offer that we will design in partnership with all stakeholders during the first 6 months and will include learning from the existing Single Point of Access for School Nursing.

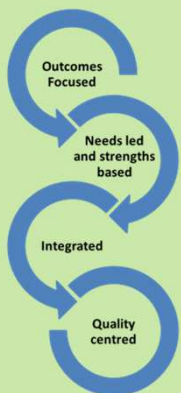
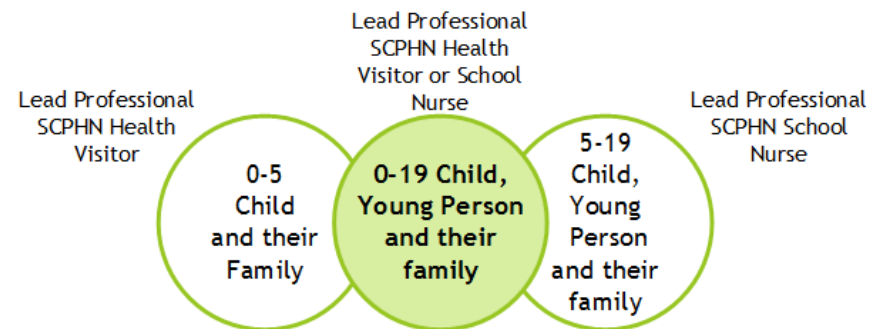
4.3 Delivering the 0-19yrs Healthy Child Programme

A high level summary of the interventions that the HCP Service will provide is set out below:



4.3 Delivering the 0-19yrs Healthy Child Programme

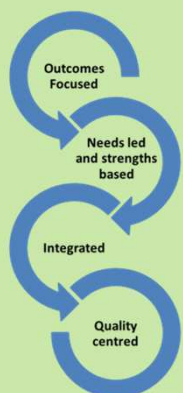
For families with children aged 0-5 years and older children, the HCP Service will ensure that there is an integrated approach to providing support to these families. A lead professional will be allocated based on the predominant need of the family. This lead professional will be responsible for ensuring that the whole family needs are met. This relationship is illustrated in the diagram below:



Key Points

The HCP Service will provide:

- All mandated elements of the Universal Programme
- Additional Universal interventions for all families
- Targeted Universal interventions
- Universal Plus and Partnership Plus interventions



4.4 Delivering the 0-5yrs Healthy Child Programme

Mandated elements of the HCP

- (i) Antenatal Contact
- (ii) New Baby Review
- (iii) 6-8 week Review
- (iv) 10-12 month review
- (v) Integrated 2-2.5 year Review

Additional Universal Interventions

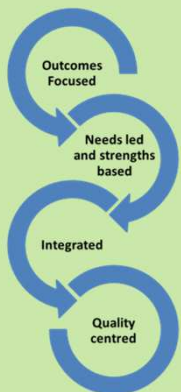
- (i) Well Baby Clinics
- (ii) Parenting Programmes
 - Antenatal: Preparation for Parenthood
 - Postnatal Groups
 - Healthy Baby Workshops
- (iii) 3 and 4 month Health Checks
 - Provided by Primary Care when undertaking 3 and 4 month immunisations
 - Focus on the Early Years High Impact Area 5 – Managing minor illness and reducing accidents
- (iv) 3.5 year school readiness check
 - For children on the Universal Pathway check will be provided by Primary Care when toddlers receive their preschool immunisation
 - For children profiles as Universal Plus or Partnership , check will be provided by the NHCP team
- (v) Transfers in and out of County

4.4 Delivering the 0-5yrs Healthy Child Programme

Targeted Universal Interventions

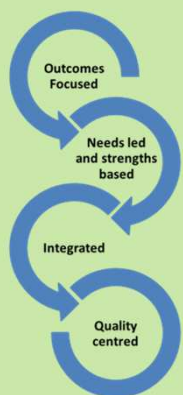
- (i) Multi-cultural Parenting Programmes
- (ii) Enhanced support for young parents (NB: not on the Family Nurse Partnership caseload)
- (iii) Enhanced Breast feeding support
- (iv) Healthy Toddler workshops
- (v) Healthy Pre-schooler workshops
- (vi) Healthy Eating and Nutrition for the Really Young (HENRY)
- (vii) Care for next infant (CONI)

The service offer described will take time to implement as we are committed to working with staff, children, young people and their families and other stakeholders to design , develop and implement the detail and will do this in a planned and phased way. Implementation plans will also be aligned to increasing the capacity of the NHCP service.



Key Points

The Healthy Schools and School Nursing Teams will work together to provide services that will improve outcomes for school aged children and young people.



4.5 Delivering the 5-19yrs Healthy Child Programme

The Healthy Schools team is integral to enabling the wider HCP service to engage with and work with schools. We will ensure that the important links between this team and the Council's School Improvement agenda and other initiatives such as the Early Help Hubs are maintained.

The **Healthy Schools team** will provide:

- Support for schools to develop whole-school and community approaches to health and wellbeing
- Support schools to achieve Healthy Schools status
- Multi-agency training, advice, guidance and resources to deliver health improvement interventions and effective Personal Social and Health Education (PSHE)
- Different mechanisms for communicating health information resources
- Support schools to review their policies and evaluate the impact of any interventions that schools have introduced to improve the health and wellbeing of their pupils

Each School will have a **Named School Nurse** who will be responsible for:

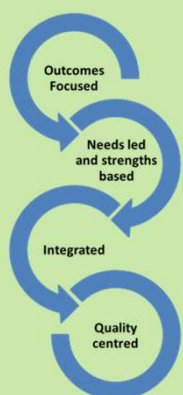
- Establishing relationships with the School staff teams
- Promoting resources and support that the HCP service can offer and how it can be accessed
- Working with schools and the Healthy Schools team to produce a school health profile and action plan
- Support schools with health related absences
- Co-ordinating the delivery of a range of support including Transition Health Reviews, open access, drop-in clinics, 1:1 support, Health promotion workshops, targeted group programmes such as Tier 1 Healthy Weight services (provided by CSF), targeted drop in clinics and parenting programmes for parents
- Providing and coordinating a service for 16-19 year olds

A countywide team will provide an **integrated NCMP, vision and hearing screening** programme.

The service offer described will take time to implement as we are committed to working with staff, children, young people and their families and other stakeholders to design , develop and implement the detail and will do this in a planned and phased way. Implementation plans will also be aligned to increasing the capacity of the NHCP service

Key Points

The HCP Service will ensure that children and young people with **“protected characteristics”** are appropriately supported to ensure that their emotional and health needs are met.



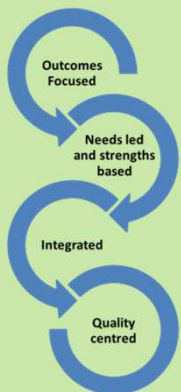
4.6 Children and young people with Protected Characteristics

- Each **Looked After Child aged 0-5 years** will have a lead health visitor and will be reviewed every six months from the date of the initial health assessment.
- Children and young people with **complex health needs** attending Complex Needs Schools will be offered the HCP services.
- The current delivery model of the **Family Nurse Partnership** will be maintained in line with the national programme e.g, 1 wte FNP Nurse for 25 places. One FNP Advisory Board for Norfolk will be established.
- The HCP Service will pay particular attention to identifying and engaging with young people who may be **carers**.
- Children and Young People who are **Educated Other Than at School**, will be offered the opportunity to access the HCP Service.
- The HCP Service will work in partnership with the local authority to identify those pupils at risk of becoming **Not in Education, Employment or Training** and working with other agencies will support these young people to ensure their health and wellbeing needs are identified and addressed
- The NHCP Service will work in Partnership with the **Youth Justice** Service by aligning a Specialist Practitioner to this team – the current secondment arrangements will continue.
- The NCHP Service will be aligned and will work in partnership with the **Early Help Hubs**

Key Points

Integrated working is fundamental to improving the health and wellbeing of children, young people and their families.

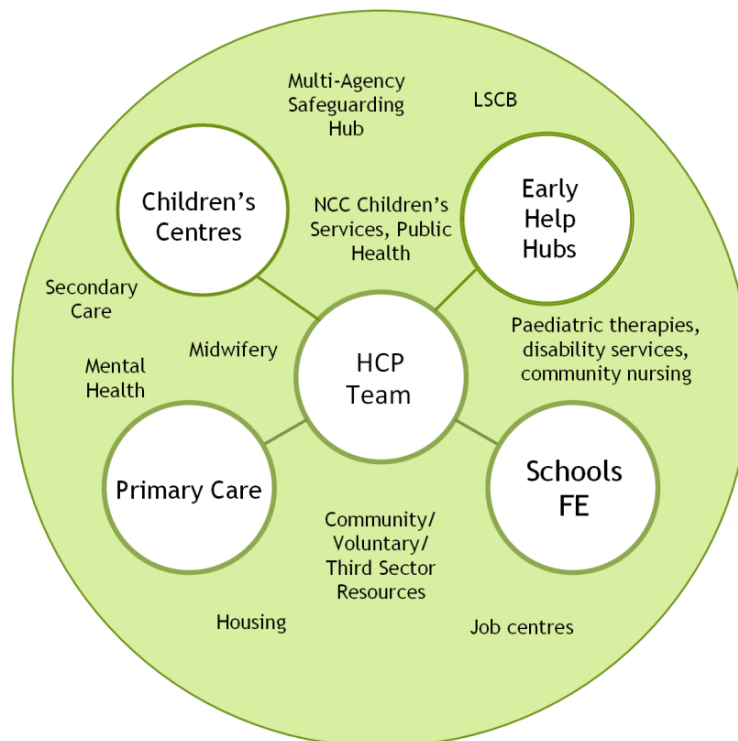
The HCP Service will facilitate integration by taking a “no wrong door” approach



4.7 Partnership Working

Integrated working is central to making a real difference to the health and wellbeing of children, young people and their families.

The NHCP service will be delivered through coordinated partnership working; the service will interface with other providers of services for children, young people and their families and we will work with partners to ensure integrated pathways are in place.



The HCP Service will take a “**no wrong door**” approach and will act as a facilitator to support integration across different organisations so that service users experience child/family centred, seamless and coordinated care.

CCS has developed new and exciting partnerships with Icen Healthcare Ltd (Norfolk GP Consortium) and the Community Sports Foundation – these organisations will be providing the following:

Icen Healthcare Ltd:

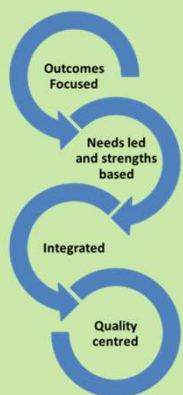
- Information sharing/reporting, Needs Profiling and Multi-disciplinary team working/meetings
- School Profiling
- Embedding MECC e.g. at 3 and 4 months immunisation health check s
- 3.5 year school readiness check
- Locality Projects to address inequalities

Community Sports Foundation:

- Tier 1 and Tier 2 Healthy Weight Services

Key Points

For the first year of the contract , 22 Key Performance Indicators (PI) have been selected from the full list of 70 performance indicators. The remaining 48 PIs will be reported against and monitored in the first year, with targets being set for Year 2 and beyond



5. Year 1 Performance Indicators

% women that received their first face to face antenatal health promotion visit from 28 weeks pregnancy with a HV SCPHN

% of women receiving a face to face New Baby Review by a HV SCPHN within 14 days

% of infants aged 6-8 weeks that received a 6-8 week assessment from the HV SCPHN

% of all infants at 6-8 week check that are totally or partially breastfed

% of new births registered with Children's Centres

% of children who received a 1 year assessment/12 month review by the time they turned 15 months

% of children that received a developmental review by the age of 2.5 years (which must include the ASQ3 assessment)

% of Health and Developmental reviews at age 2-2 ½ years that are delivered as part of the single integrated review with Early Years' Foundation Stage two year old summary

% of eligible children in Reception Class that were weighed and measured as part of NCMP

% of eligible children in Year 6 that were weighed and measured as part of the NCMP

% of Year 6 children whose parent/carers receive health and wellbeing advice and information to support their children in their transition to secondary school which includes an offer of a one-one Health and Development Review

% of Looked After Children (LAC) aged 0-5yrs who receive their six-monthly Review Healthcare Assessment

Looked After Children (LAC) aged 0-5yrs with up to date immunisations

Year 1 Performance Indicators *continued*

% of Looked After Children (LAC) aged 0-5yrs receiving a Review Healthcare Assessment for whom the actions on their previous Health Plan have been completed

% of urgent referrals, including all safeguarding referrals, who (a) received a same day or next working day response to the referrer and (b) received a HV contact with the family within 2 working days

% of transfers **to** another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team

% of transfers **from** another Healthy Child Programme (i.e. another county) for children on a Child Protection Plan where there has been a direct contact with the relevant team

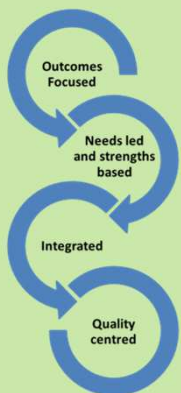
% of data completeness of all Minimum Data Set fields

% FNP nurse caseload maintained per quarter

% of children and young people completing the healthy weight services

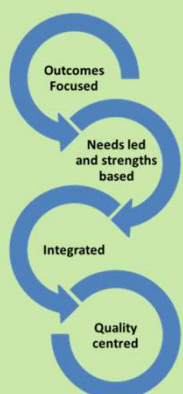
% of secondary schools provided with a written offer for a weekly drop in clinic

Average Net Promoter Score on Friends and Family test for evaluation of the whole Norfolk 0-19 HCP Service (or agreed equivalent as agreed by the Authority)



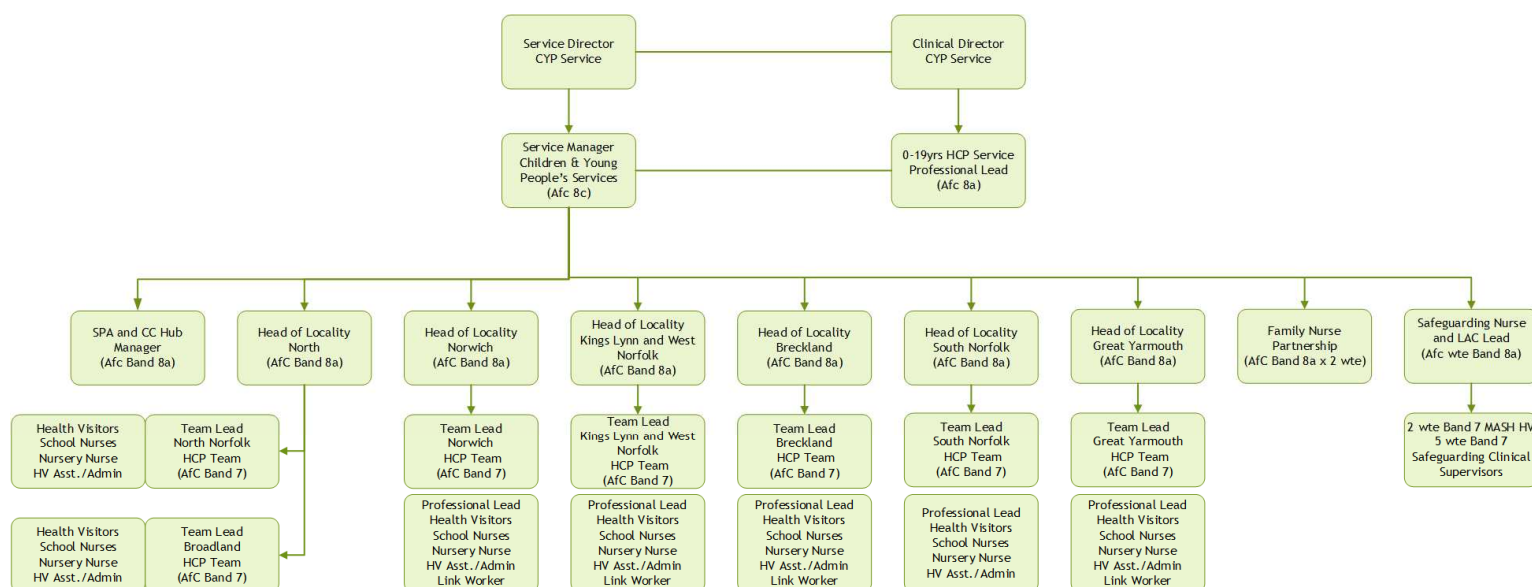
Key Points

The Leadership and Management Structure has been designed to ensure that there will be robust service and locality operational management and clinical/professional leadership.



6.1 Leadership and Management Structure

The Leadership and Management Structure has been designed to ensure that there will be robust service and locality operational management and clinical/professional leadership.



Smaller HCP teams will be providing services in each locality but managed on a county-wide basis

Countywide Service managed by allocated Head of Locality according to experience:

Breast Feeding Team

NCMP, Vision and Hearing Screening Team

Healthy Schools

Healthy Weight Management Programme (CSF Subcontractor)

6.2 Roles and Skill Mix

The HCP Service will have a **skill-mix workforce model** comprising the following roles:

- Service Manager
- Service Professional Lead
- Locality Professional Leads
- Operational managers (Heads of Localities and Team Leaders)
- Public Health Practitioners – Health Visitors and School Nurses
- Healthy Schools Practitioners
- Specialist Public Health Practitioners
- Safeguarding Named Nurse
- Safeguarding clinical supervisors
- Multi-agency Safeguarding Hub (MASH) Practitioners – school nurse(s) and health visitor(s)
- Family Nurse Partnership (FNP) Supervisors
- FNP Nurses
- Band 5 Nurses
- Nursery Nurses
- NCMP, Vision and Hearing Screeners
- Administrators and Single Point of Access (SPA) Operatives
- Link Workers
- Peer support
- CPTs
- Apprentices
- Peer Support Workers (voluntary workers)

A skill mix model will ensure that there are a broad set of skills and competencies to deliver the HCP Service.

Increasing the number of Nursery Nurses will provide an opportunity to provide interventions across pathways and not be age dependent e.g. Nursery Nurses will work as part of the school nursing teams providing interventions and support in Primary Schools.

A broader skill mix model will also provide a career structure for staff and enable the service “to grow its own”.



7. Next steps

Our highest priority is to ensure a **safe transfer of staff and services** on 1 October and 1 November to enable continuity of care delivery, with effective safeguarding arrangements in place from day 1

During the six month period post transfer, all services will continue to be delivered in the same way as they are currently, whilst we:

- embed a leadership and management structure
- move to a 6 locality team (to mirror the early help hubs) and Countywide service structure
- undertake reviews of current service delivery and pathways identifying, with staff and other stakeholders, what is working well and should be replicated across the county and what developments should be introduced to improve outcomes
- design and plan the new aspects of the service
- Undertake a “culture inquiry” and subsequent actions to ensure staff experience an inclusive and positive organisational culture

We are committed to working with all stakeholders to design , develop and implement a shared vision for the future in a planned and phased way to ensure the best outcomes for children, young people and their families

