North Somerset Council Specification

Contract title:

0-19 Public Health Nursing Services

1. Overview

1.1. National context

The importance of giving every child the best start in life and reducing health inequalities throughout life were highlighted in the original Marmot Review: Fair Society, Healthy Lives (2010)[1] and reaffirmed in the Marmot Review 10 Years On (2020)[2]. Both emphasise the significance of building on support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce the lifelong impacts of inequality at the start of life.

Ensuring every child has the 'best start in life' is one of Public Health England's (PHE) key national priorities for public health[3]. 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.

The 0-19 Healthy Child Programme (HCP)[4,5,6] is a universal public health programme available to all children, young people and families from the antenatal period until 19 years of age.

The 0-5 elements of the HCP are led by health visiting services and the 5-19 elements are led by school nursing services. Together they provide place-based services and work in partnership with education and other providers where needed. The universal reach of the HCP provides an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes.

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[1] www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
[2] www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on
[3] www.gov.uk/government/publications/phe-strategy-2020-to-2025
[4] www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
[5] www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old
[6] www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence

The HCP is an evidence-based programme of best practice, capturing how good health, wellbeing and resilience can be achieved through collaborative work and integrated delivery of robust children and young people's public health. The HCP (0-19) aims to:

- help parents, carers and guardians develop and sustain a strong bond with children
- support parents, carers and guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'

Being ready for school is assessed as every child will have reached a level of development, which enables them to:

- communicate their needs and have good vocabulary
- become independent in eating, getting dressed and going to the toilet
- take turns, sit still and listen and play
- socialise with peers, form friendships and separate from parent(s)
- have physical good health, including dental health
- be well nourished and within the healthy weight for height range
- have protection against vaccine-preventable infectious diseases, having received all childhood immunisations

It also involves:

- continued support through school age years to help every child to thrive and gain maximum benefit from education, driving high educational achievement
- identifying and helping children, young people and families with problems that might affect their chances later in life, including building resilience to cope with the pressures of life

What this means for the provider:

The 0-19 Public Health Nursing Service will have an important role as leader of the HCP across North Somerset and forms a key part of local integrated pathways recognising that all partner services and agencies also have a contributory role in delivery.

The provider of the service will need to be responsive and adaptable in the context of changes made to national policy over the time of the contract. This includes considering

the priorities set out in the Green Paper 'Advancing our health: prevention in the 2020s[7]' particularly the focus on personalised prevention, a commitment to modernise the HCP and a focus on the role of new technologies.

The NHS Long Term Plan[8] (2019) also prioritises a 'strong start in life for children and young people' and states that the NHS will create a Children and Young People's Transformation Programme to deliver the plan in conjunction with the Maternity Transformation Programme (MTP) already in place. The provider should act as a key stakeholder in the implementation and delivery of both system-wide transformation programmes locally.

The HCP was first published in 2009 and has been updated and supplemented by additional evidence as it has emerged. In 2020 PHE began an incremental modernisation programme of the HCP considering new evidence and policy developments. The provider will therefore need to consider how they will respond to the publication of the revised model, commissioning guidance and high impact areas and ensure any changes to the national programme are embraced and implemented locally. The updated HCP will also consider the challengers and impact of COVID-19.

[7] www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s
[8] www.longtermplan.nhs.uk/

1.2. Local context

Under the terms of the Health and Social Care Act 2012[9] upper-tier local authorities are responsible for improving the health of their local population. This includes the statutory responsibility for delivering and commissioning public health services for children and young people aged 0-19 years. North Somerset Council is therefore responsible for commissioning public health services for children and young people living in North Somerset, including 0-19 Public Health Nursing.

The aspirations set out in the North Somerset Council's Corporate Plan[10] (2020-24) align with the national ambition to deliver the HCP in order to improve children's outcomes and reduce inequalities. The Council has signed up to a vision to be Open, Fair and Green (see **Figure 1**), and this vision should be reflected in the ethos of the services provided to children, young people and families across North Somerset.

Figure 1: *Source: North Somerset Corporate Plan 2020-24*

[9] www.legislation.gov.uk/ukpga/2012/7/contents/enacted
[10] www.n-somerset.gov.uk/council-democracy/priorities-strategies/organisational-priorities

North Somerset Council's Corporate Plan[11] includes the following priorities, as shown in Figure 1, which align with the delivery of an effective 0-19 Public Health Nursing Service:

- A commitment to protect the most vulnerable people in our communities
- An approach which enables young people to lead independent and fulfilling lives
- A focus on tackling inequalities and improving outcomes
- A collaborative way of working with partners and families to support children to achieve their full potential

The North Somerset Joint Health and Wellbeing Strategy, to be published in 2021, will include a focus on how communities, partners and stakeholders will work together to tackle such health inequalities and key health priorities relating to infants, children, young people and families.

North Somerset Council declared a 'Climate Emergency' in 2019 with the aspiration to drive greener change and slow global heating, to make North Somerset a beautiful place to live for generations to come[12]. Some of the council's commitments include:

- an overarching goal to become carbon neutral by 2030
- encouraging greener choices in local infrastructure, building and planning
- an increase in green and wild spaces, to encourage local wildlife and absorb carbon emissions

The NHS has also committed to reducing the carbon footprint and reducing the environmental impact of our health services with the aspiration to reach net zero NHS for direct emissions by 2040, with an ambition to reach an 80% reduction by 2028-2032[13]. This will be achieved through considering a wide spectrum of areas including:

- estates and facilities
- medicines
- supply chain
- travel and transport
- food, catering and nutrition
- research, innovating and offsetting

It is recognised that action to reduce carbon emissions, and to regenerate our environment will also bring health and wellbeing benefits for the population. Through improving air quality, reducing sedentary living, warmer homes, improved diet and enabled access to green space[14].

[11] www.n-somerset.gov.uk/council-democracy/priorities-strategies/organisational-priorities
[12] www.n-somerset.gov.uk/council-democracy/priorities-strategies/climate-emergency
[13] www.england.nhs.uk/greenernhs/a-net-zero-nhs/
[14] www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30167-4/fulltext#seccestitle70

The provider should act to reduce its own carbon emissions during the time of this contract, with a view for the service to become carbon neutral by 2030, by considering:

- **Direct emissions -** The provider should measure and report the service and organisation's direct emissions and have a plan on how these will be reduced. This will include supporting employees to reduce mileage and promoting green travel alternatives, e.g. through use of pool electric vehicles, offering salary sacrifice schemes for bikes / electric vehicles, having offices with suitable cycling / showering / electric charging facilities. The provider should also consider the direct emissions linked to its estates and energy creation/usage, and utilise opportunities to improve these, e.g. using green business grants.
- **Direct waste management/reduction –** The provider should consider how they will reduce the amount of waste they produce and ensure it is disposed of correctly.
- **Promote behaviour change amongst staff, service users and wider community –** The service will represent North Somerset Council's green values and will be seeing families, children and young people at key 'moments of change' and a time that behaviours are learnt and changed. The provider should consider providing 'carbon literacy' (or similar) training to staff to improve awareness of actions that can be taken and ensure they are confident in the environmental messages they can provide to families and the wider community (see section 3.2).

This Specification should be delivered in the context of North Somerset's Council's Children's Services improvement journey with prevention and early help at the earliest opportunity at its core. The 0-19 Public Health Nursing Service should work as part of the partnership and in-line with the shared vision: 'To make North Somerset a truly great place for children and young people to thrive; where all have the best possible life and opportunities, including those who are vulnerable, disadvantaged and/or have special educational or additional needs.' This includes an expectation for flexible, evidence-based, child centred, and family focussed services. The planned transition of some of North Somerset children's centres (0-5 years) to family centres (0-19 years) provides new opportunities for future service collaboration and multi-agency working.

North Somerset Council has committed to work in a trauma informed, strength-based way with the whole family and their network to bring about sustainable positive change. The Council is developing an Adversity and Trauma Strategy and providers should consider how they will provide a service in line with this approach.

North Somerset Council is committed to working in partnership with NHS Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) and the

Healthier Together Integrated Care System[15] for Bristol, South Gloucestershire and North Somerset to ensure sustainable, improved health outcomes for children and young people, to support the best start in life.

The BNSSG Local Maternity System (LMS) aims to achieve the ambitions and recommendations of the National Maternity Review: Better Births[16] and the Maternity Transformation Programme[17] locally. The health visiting service is a key service supporting women, couples and families before, during and after birth and should act as a key stakeholder in the delivery of the local LMS transformation plan, particularly in the workstream areas focussing on prevention and postnatal care.

What this means for the provider:

As the provider of this key service for children, young people and families in North Somerset, the provider should ensure the service reflects North Somerset's vision for children and their families and respond to the identified priorities. The provider should demonstrate how the commissioned service meets the Council's aspiration to be open, fair and green.

Evidence suggests that having a joined-up whole-systems approach to prevention and early intervention will have the biggest impact on health outcomes and reducing health inequalities. The provider will be a key partner in North Somerset children's health and support system and should provider leadership at a strategic level to contribute to development and improvement of policies, pathways and strategies to support delivery of high quality, evidence-based, consistent care.

During the contract term, the national policy context and architecture, responsibilities and models of service delivery among partner organisations across health and care may be subject to change and development. The provider will need to be responsive to such changes in order to ensure a seamless and integrated service with effective partnerships.

During the contract term, North Somerset Council may wish to make changes to the requirements as outlined in this specification to reflect the evolving responsibilities, requirements and priorities of local authorities due to economic, political or other circumstances. Any changes will not compromise the statutory basis of the service and

[15] bnssghealthiertogether.org.uk/
[16] www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/
[17] www.england.nhs.uk/mat-transformation/

would be managed in accordance with the provisions relating to variations and changes to the contract as set out in the contract terms.

1.3. North Somerset 0-19 population and demographics

North Somerset Council's Joint Strategic Needs Assessment (JSNA)[18], and the 2019 0-19 Children and Young People's Health Needs Assessment, highlight the significant impact that good health and wellbeing can have on a child or young person's development. These documents identify the current and future needs for children, young people and families in North Somerset and highlight the large inequalities that exist across the population, as well as indicating the evidence-based interventions and measures that could improve sustainable outcomes for these groups.

1.3.1. Population

In North Somerset in 2019, there were 2023 live births and approximately 45,930 children and young people aged 0-19 years (ONS). Children and young people made up 21.4% of the total population of the local authority area (ONS).

ONS 2018-based population projections suggest that the population of children and young people is expected to increase to 49,276 over the time of this contract and the provider should plan for this potential increase in population size (see Table 1).

Table 1: 2018-based subnational population projections for North Somerset population 0-19 years. Source: ONS

AGE GROUP Years	**2022** Contract start	**2027** Contract start +5 years	**2032** Contract start + 10 years
0-4	10,943	11,250	11,623
5-9	12,696	11,835	12,152
10-14	13,460	13,283	12,405
15-19	11,340	12,910	12,689
0-19	48438.5	49278.3	48869.2

1.3.2. Ethnicity

The population of North Somerset is less ethnically diverse than the England average with 97% of the total population classifying themselves as belonging to a white ethnic group (Source: 2011 Census, ONS).

[18] www.n-somerset.gov.uk/council-democracy/statistics-data/joint-strategic-needs-assessment-jsna-health-social-care

It is estimated that there are approximately 109 children from Gypsy, Roma and Traveller families in North Somerset schools (Source: Vulnerable Learners Service), although the total number is likely to be higher as the number of children from Gypsy and Traveller families accessing secondary education is low.

1.3.3. Deprivation

A child is said to be living in poverty if their household income is less than 60% of the national average income. In 2018-9, 11.4% of children under 16 years living in North Somerset (4,428 children) were living in a low-income family (Source: PHE Local Authority Health Profile). This is lower than the South West regional (13.5%) and England averages (18.4%) in 2018-9.

1.3.4. Inequalities

Whilst North Somerset is generally an affluent area, it has the 3rd highest inequality in the country, as measured by the range in national ranking between the most and least deprived Lower Super Output Areas (LSOAs) in the district. The map in **Figure 2** shows the indices of multiple deprivation (IMD) 2019 deciles across North Somerset. North Somerset has 5 LSOAs within the most deprived 5% in England, all within the South and Central wards of Weston-super-Mare. Two LSOAs on the Bournville Estate in Weston-super-Mare South Ward were within the most deprived 1% nationally.

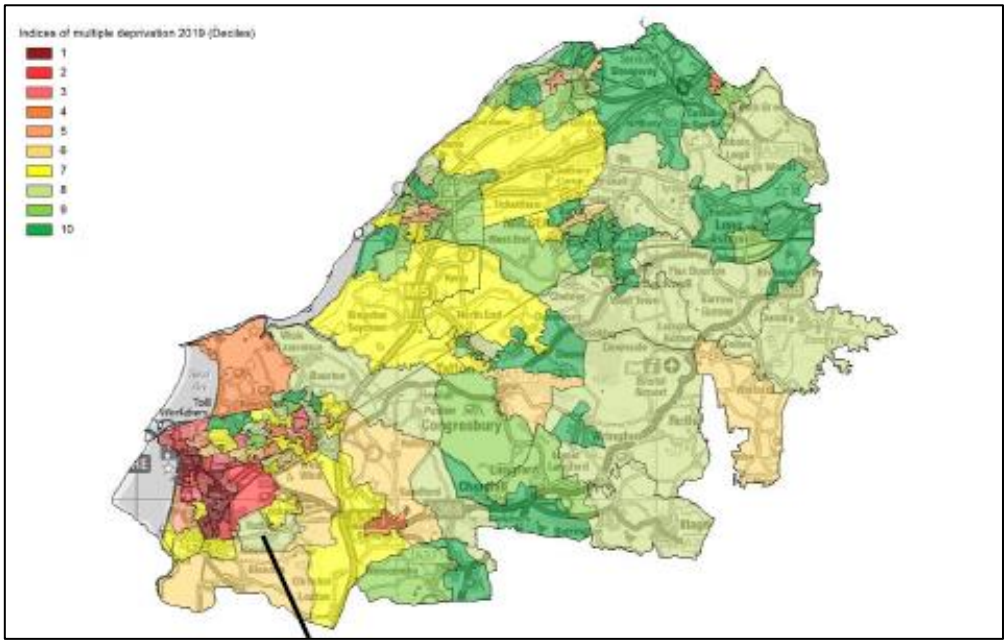


Figure 2: *Map of North Somerset showing IMD 2019 deciles, showing the 10% most deprived areas are all within Weston-super-Mare with the other LSOA deciles split across North Somerset. Source: Historic maps @ and database right 'Crown Copyright and Landmark Information Group Lts (All right reserved 2019). Imagery copyright Getmapping PLC www.getmapping.com. @ Crown Copyright and database rights 2019 Ordanance Survey 100023397*

1.3.5. Health and wellbeing outcomes

The PHE Public Health Outcomes Framework (PHOF)[19] and Child and Maternal Heath Profiles[20] include a range of health and wellbeing outcomes for children, young people and families. These indicators are presented in a standardised format showing trends over time, local benchmarking and relevant inequalities.

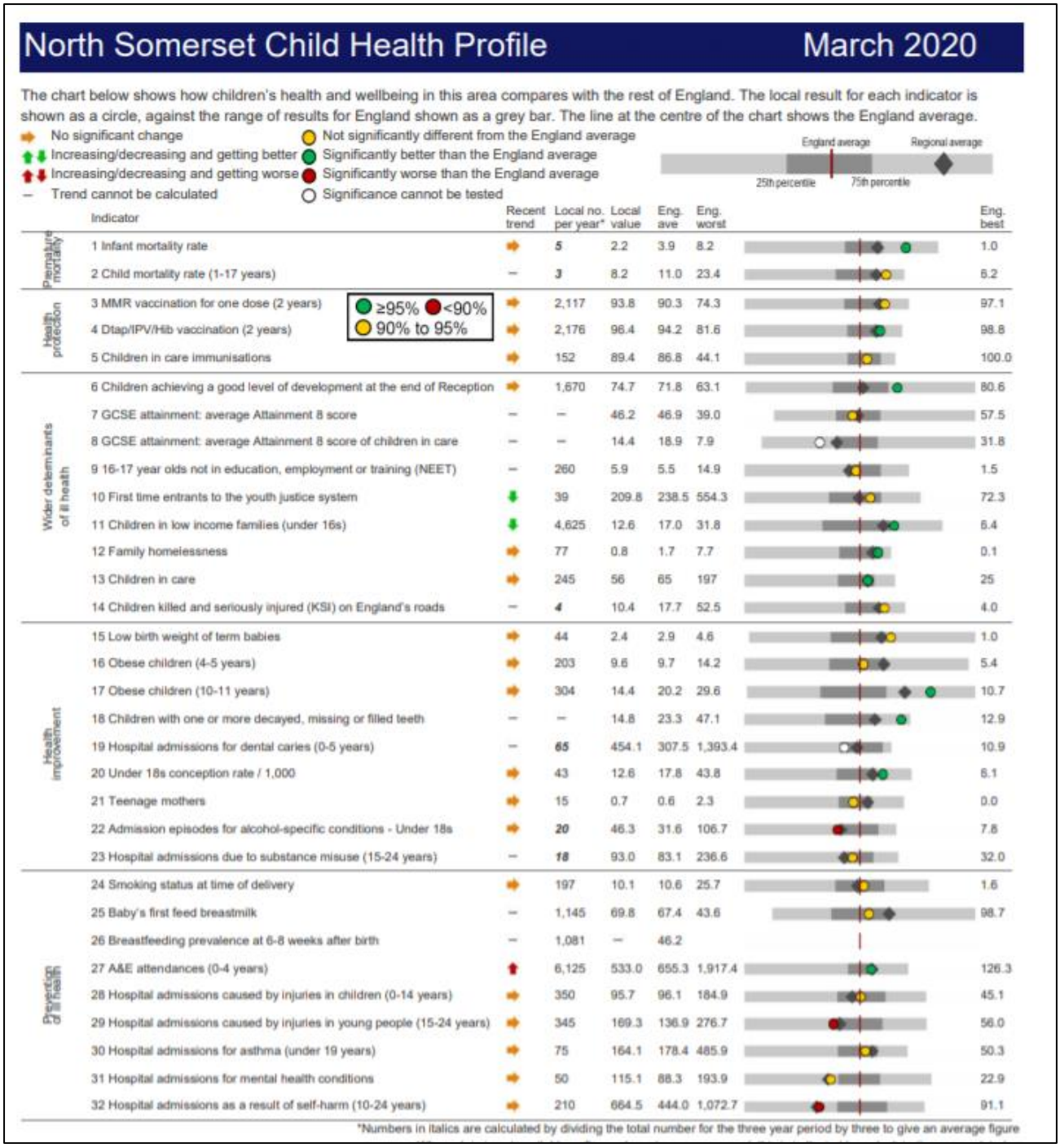
The PHE Child Health Profile for North Somerset (see **Figure 3**) shows overall, when comparing local indicators with England averages, the health and wellbeing of children in North Somerset is similar to England. Across most indicators, North Somerset is better or in line with the South West and/or England average. However, there are some indicators where health outcomes in North Somerset are worse than the average for the South West region or England average, these include admission episodes for alcohol-specific conditions for children aged under 18; hospital admissions caused by injuries in young people aged 15-24; and hospital admissions as a result of self-harm among those aged 10-24 years.

It is important to note that the data in the PHE Public Health Profiles provide an overall figure for each indicator in North Somerset and do not take account of the large inequalities and variation across health outcomes within the Local Authority area.

The COVID-19 pandemic has also created additional challenges for children and young people, including in relation to mental health and wellbeing, education and development, economic impacts, adverse experiences and increased vulnerability among those with additional needs; and delays to service delivery, for instance relating to developmental reviews, screening and immunisation.

The commissioned 0-19 Public Health Nursing Service will support the collection of localised data sets which will be analysed to enhance local knowledge and understanding of health inequalities and outcomes, and to contribute to the North Somerset Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategy and associated strategic and service plans and reviews.

[19] fingertips.phe.org.uk/profile/public-health-outcomes-framework
[20] fingertips.phe.org.uk/profile/child-health-profiles



North Somerset Child Health Profile — March 2020

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- No significant change
- Increasing/decreasing and getting better
- Increasing/decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than the England average
- Significantly worse than the England average
- Significance cannot be tested

England average · Regional average · 25th percentile · 75th percentile

≥95% · <90% · 90% to 95%

	Indicator	Recent trend	Local no. per year*	Local value	Eng. ave	Eng. worst	Eng. best
Premature mortality	1 Infant mortality rate	→	*5*	2.2	3.9	8.2	1.0
	2 Child mortality rate (1-17 years)	–	*3*	8.2	11.0	23.4	6.2
Health protection	3 MMR vaccination for one dose (2 years)	→	2,117	93.8	90.3	74.3	97.1
	4 Dtap/IPV/Hib vaccination (2 years)	→	2,176	96.4	94.2	81.6	98.8
	5 Children in care immunisations	→	152	89.4	86.8	44.1	100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of Reception	→	1,670	74.7	71.8	63.1	80.6
	7 GCSE attainment: average Attainment 8 score	–	–	46.2	46.9	39.0	57.5
	8 GCSE attainment: average Attainment 8 score of children in care	–	–	14.4	18.9	7.9	31.8
	9 16-17 year olds not in education, employment or training (NEET)	–	260	5.9	5.5	14.9	1.5
	10 First time entrants to the youth justice system	↓	39	209.8	238.5	554.3	72.3
	11 Children in low income families (under 16s)	↓	4,625	12.6	17.0	31.8	6.4
	12 Family homelessness	→	77	0.8	1.7	7.7	0.1
	13 Children in care	→	245	56	65	197	25
	14 Children killed and seriously injured (KSI) on England's roads	–	*4*	10.4	17.7	52.5	4.0
Health improvement	15 Low birth weight of term babies	→	44	2.4	2.9	4.6	1.0
	16 Obese children (4-5 years)	→	203	9.6	9.7	14.2	5.4
	17 Obese children (10-11 years)	→	304	14.4	20.2	29.6	10.7
	18 Children with one or more decayed, missing or filled teeth	–	–	14.8	23.3	47.1	12.9
	19 Hospital admissions for dental caries (0-5 years)	–	*65*	454.1	307.5	1,393.4	10.9
	20 Under 18s conception rate / 1,000	→	43	12.6	17.8	43.8	8.1
	21 Teenage mothers	→	15	0.7	0.6	2.3	0.0
	22 Admission episodes for alcohol-specific conditions - Under 18s	→	*20*	46.3	31.6	106.7	7.8
	23 Hospital admissions due to substance misuse (15-24 years)	–	*18*	93.0	83.1	236.6	32.0
Prevention of ill health	24 Smoking status at time of delivery	→	197	10.1	10.6	25.7	1.6
	25 Baby's first feed breastmilk	–	1,145	69.8	67.4	43.6	98.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	–	1,081	–	46.2		
	27 A&E attendances (0-4 years)	↑	6,125	533.0	655.3	1,917.4	126.3
	28 Hospital admissions caused by injuries in children (0-14 years)	→	350	95.7	96.1	184.9	45.1
	29 Hospital admissions caused by injuries in young people (15-24 years)	→	345	169.3	136.9	276.7	56.0
	30 Hospital admissions for asthma (under 19 years)	→	75	164.1	178.4	485.9	50.3
	31 Hospital admissions for mental health conditions	→	50	115.1	88.3	193.9	22.9
	32 Hospital admissions as a result of self-harm (10-24 years)	→	210	664.5	444.0	1,072.7	91.1

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

Figure 3: *North Somerset Child Health Profile. March 2020. Source: https://fingertips.phe.org.uk/profile/child-health-profiles*

What this means for the provider:

The provider will demonstrate their in-depth understanding of the needs of children and young people in North Somerset and will apply this knowledge appropriately across all workstreams. Service plans and interventions will be informed by need, including ongoing changes to need relating to impacts of the Covid-19 pandemic on health and wellbeing and service delivery, and outcomes will be monitored, to demonstrate the sustainable impact the services have on health outcomes and reducing inequalities across the population of North Somerset.

The provider will recognise the areas and population cohorts where health outcomes in North Somerset are worse than the regional or national average and will consider actions to be implemented by the service to contribute to improving these outcomes. It should recognise that where outcomes for North Somerset are better or in line with the national average, we should be acting to further improve these outcomes and reduce inequalities in outcomes where these exist.

The provider will demonstrate an understanding of their role in tackling the health inequalities that exist across North Somerset. The provider will provide evidence that they have implemented interventions with consideration for the drivers of health inequalities in the locality and their local outcomes data will demonstrate how the interventions have had a positive effect on improving health and wellbeing, and the experiences of children, young people and their families, particularly the most vulnerable.

2. Service Overview

2.1. Service Scope

Health visitors and school nurses, as public health nurses, use strength-based approaches, building non-dependent relationships to enable efficient working with children, young people and families to support behaviour change, promote health protection and to keep children safe. This is the only workforce that can engage with all families in their own homes as well as other community settings. This is essential for early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in other service areas.

Regulation requires all families with babies to be offered 5 mandated health visitor reviews before their child reaches two and a half years old. In North Somerset, all families will also be offered a universal school entry health review (SEHR), and the opportunity for individual health needs assessments at other points during school years as required. All children will also be weighed and measured as part of the mandated National Child Measurement Programme (NCMP).

4The universal health reviews and access are not the extent of the Public Health Nursing Service offer for families who may also require additional support. The 0-19 Public Health Nursing Service provides intervention and support across four levels of need (community, universal, targeted and specialist), depending on individual and family need over time. All interventions and support should be needs-led and tailored to individuals and families.

There should be an integrated whole-systems approach to delivering the service in order to create a seamless 0-19 public health nursing structure that allows teams to work flexibly to consider and respond to the needs of children, young people and their families holistically and to minimise duplication. The staff member, whoever that may be, with the right skills should be the professional who supports that family or individual in terms of early help and intervention.

Health Visiting Services: The 0-5 service will be provided to all families during pregnancy and with infants and children resident in North Somerset. The 0-5 service includes child health surveillance, health promotion, health protection and health improvement and support outlined in the HCP 0-5, and includes the role of the health visiting service in:

- leading and delivering the five mandated health visiting reviews
- delivering against the six high impact areas for early years
- continuity of family public healthcare from maternity to health visiting services
- contributing to early help and safeguarding

- identifying and supporting vulnerable children and families[21]
- addressing inequalities and contributing to the partnership Early Help offer and Troubled Families Programme

School Nursing Services: The 5-19 service will be delivered to all school-aged children in North Somerset. The 5-19 service includes child health surveillance, health promotion, health protection and health improvement and support outlined in the HCP 5-19, and includes the role of the school nursing service in:

- leading and delivering the school entry health review (SEHR) for all children, and delivering individual health needs assessments as required
- delivering against the six high impact areas for school-aged years
- supporting transition for school-aged children, for example transition between health visiting and school nursing, and into adult services
- contributing to early help and safeguarding
- supporting vulnerable children and those not in school, for example, children in care, young carers, young offenders and children who are home educated or not in education, employment or training (NEET)
- addressing inequalities and contributing to the partnership Early Help offer and Troubled Families Programme

2.2.4 Service aims and objectives

This service specification is ambitious; we want to achieve the best possible sustainable outcomes for children, young people and families living in North Somerset. We want our children, young people and families to be able to access the right help at the right time. We want them to be supported by professionals who can build trusted relationships to understand families and to support them in identifying their needs in order to improve or protect their health and wellbeing.

The **aim** of the service is to ensure that all children and young people receive the full Healthy Child Programme 0-19 offer. This includes universal reach for all children and offering services which are personalised to meet individual need and the early identification and support of additional and/or complex needs. This supports the specialist public health nursing contribution to improve local outcomes and reduce health inequalities for children and young people. Health visitors and school nurses demonstrate defined clinical and public health skills, professional judgment, autonomy and leadership.

[21] 'Vulnerable children' are defined as any children at greater risk of experiencing physical or emotional harm and/ or experiencing poor outcomes because of one or more factors in their lives.

The **objectives** of the 0-19 Public Health Nursing Service are considered at three levels: individual, community and population.

At an individual level:

- Contributing to Better Births16[16] and the Maternity Transformation Programme[17]
- Supporting families to give children the best start in life based on current evidence of 1001 Critical Days: The Importance of the Conception to Age Two Period[22] as a foundation on which to build support in the early years and beyond.
- Providing expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health.
- Ensuring early identification and support of children, young people and families where early help and additional evidence-based preventive programmes will promote and protect health to reduce the risk of poor future health and wellbeing.
- Working with North Somerset's High Impact Families[23] programme to ensure the health aspects meet the health needs of the whole family.
- Enabling children to be ready to learn at 2, ready for school by 5 and to achieve the best possible educational outcomes throughout their school years.
- Building resilience, strength and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, family context and support.
- Building personal and family responsibility, laying the foundation for an independent life

At a community level

- Promoting optimal health and wellbeing and resilience through school aged years.
- Supporting families and young people to engage with their local community through education, training and employment opportunities.
- Supporting children, young people and families to navigate the health and social care services to ensure timely access and support.
- Working in partnership with local communities to build community capacity; demonstrating population value, utilising asset-based approaches, best use of resources and outcomes; and ensuring effective use of community-based assets.

At a population level:

- Taking the lead in developing effective partnerships and acting as advocates to deliver change and support improvements in health and wellbeing of all children, young people and families.

[22] www.wavetrust.org/1001-critical-days-the-importance-of-the-conception-to-age-two-period
[23] nsod.n-somerset.gov.uk/kb5/northsomerset/directory/service.page?id=OEqE7Z3tUwU

- Working in partnership with other professionals and stakeholders, ensuring care and support helps to keep children and young people healthy and safe within their community
- Providing seamless, high quality, accessible and comprehensive service, promoting social inclusion and equality and respecting diversity.

The service should be delivered in a way that:

- Identifies and responds to population health needs through working closely with the community, stakeholders, and local commissioners.
- Considers the experience and involvement of children, young people and families when designing the service and potential improvements.
- Clearly demonstrates the impact of the service on improving outcomes and reducing health inequalities through the collection of robust data and service user feedback.

2.3. Service Outcomes

2.3.1. Nationally defined outcomes

The HCP identifies six High Impact Areas (HIAs) for early years and six HIAs for school aged years. These areas link to current policy drivers and recent evidence where health visitors and school nurses have a significant impact on improving outcomes for all children, young people, families and communities, and especially those needing more support, and the impact of health inequalities.

The service should support families across all the HCP HIAs to enable seamless support across the 0-19 life course. More detail on each HIA can be found in the Supporting public health: children, young people and families guidance documents[24].

Health visitors **lead** the HCP 0-5 years and delivery across the six early years HIAs:

- 0-5 HIA 1: Supporting the transition to parenthood
- 0-5 HIA 2: Supporting maternal and family mental health
- 0-5 HIA 3: Supporting breastfeeding
- 0-5 HIA 4: Supporting healthy weight and nutrition
- 0-5 HIA 5: Improving health literacy, managing minor illnesses and reducing accidents
- 0-5 HIA 6: Ready to learn and narrowing the word gap

School nurses **lead** the HCP 5-19 years and delivery across the six school aged HIAs:

- 5-19 HIA 1: Supporting resilience and wellbeing
- 5-19 HIA 2: Improving health behaviours and reducing risk
- 5-19 HIA 3: Supporting healthy lifestyles

[24] www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

- 5-19 HIA 4: Reducing vulnerabilities and improving life chances
- 5-19 HIA 5: Supporting additional and complex health needs
- 5-19 HIA 6: Supporting self-care and improving health literacy

Transition to parenthood starts before and during pregnancy and promoting preconception care and being fit for pregnancy are key aspects of the HCP. Therefore, in addition to the health visiting and school nursing HIAs, 6 maternity HIAs have been introduced under the 2020 modernisation of the HCP. These maternity HIAs describe the areas where Local Maternity Systems (LMS) have the highest impact on the health and wellbeing of women and their babies from preconception to 6 to 8 weeks post-partum. Care during this time will be mainly led by maternity services, however the service also plays a key role in promoting these HIAs at the antenatal and early postnatal contacts, and during the preconception period, particularly between pregnancies.

The 6 Maternity (preconception to 6 to 8 weeks post-partum) are:

- MA HIA 1: Improving planning & preparation for pregnancy
- MA HIA 2: Supporting good parental mental health
- MA HIA 3: Supporting healthy weight before and between pregnancies
- MA HIA 4: Reducing the incidence of harms caused by alcohol in pregnancy
- MA HIA 5: Supporting parents to have a smoke free pregnancy
- MA HIA 6: Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies

The modernisation of the HCP also encourages consideration to be given to the needs of young people aged 19-25, especially the most vulnerable and those with a statutory requirement, including those with Special Educational Needs and Disability (SEND), long-term conditions and those in the care system. The HIAs for the 19-25 age group are yet to be developed, however the service should be aware that these are anticipated as part of the modernisation of the HCP and are likely to link with the school nursing role in supporting young people with the transition to adulthood. There is, therefore, potential for some elements of the service to be extended up to age 25 years in future, depending on the national policy direction and if agreed appropriate by the commissioner and provider.

2.3.1. Locally defined outcomes

The service Performance and Outcomes Framework, including key performance indicators (KPIs), (see Schedule 6A: Reporting Requirements) provide the reporting requirements and performance measures for the service. They will be measured in line with national outcome measures and commissioning reporting requirements, and will help demonstrate how the 0-19 Public Health Nursing Service positively contributes to the following outcomes for children and young people:

0-5 Early Years High Impact Area Outcomes

0-5 HIA 1	Supporting the transition to parenthood	Reducing under 18 conceptions
		Reducing smoking at time of delivery
		Reducing low birth weight of term babies
		Reducing Infant mortality
0-5 HIA 2	Supporting maternal and family mental health	*National outcome measures in development*
0-5 HIA 3	Supporting breastfeeding	Increasing breastfeeding initiation
		Increasing breastfeeding at 6 to 8 weeks
0-5 HIA 4	Supporting healthy weight and nutrition	Reducing excess weight at 4-5 years
0-5 HIA 5	Improving health literacy, managing minor illnesses and reducing accidents	Reducing A&E attendances (0- 4 years)
		Reducing emergency hospital admissions (0-4 years)
		Reducing hospital admissions for unintentional and deliberate injuries (0-4 years)
0-5 HIA 6	Ready to learn and narrowing the word gap	Reducing the number of children with tooth decay (Children with one or more decayed, missing or filled teeth)
		Reducing the number children admitted as inpatients to hospital for tooth extractions due to decay (0 to 5 years)
		Increasing vaccination coverage (children who have received two doses of MMR vaccine at 5 years old)
		Increasing use of ASQ-3 to measure child development outcomes at 2- 2½ years
		Improving child development outcomes at 2- 2½ years – communication skills
		Improving child development outcomes at 2- 2½ years – gross motor skills
		Improving child development outcomes at 2- 2½ years – fine motor skills
		Improving child development outcomes at 2- 2½ years – problem solving skills
		Improving child development outcomes at 2- 2½ years – personal-social skills
		Improving child development outcomes at 2- 2½ years – all five domains
		Increasing school readiness - children achieving a good level of development at the end of reception year
5-9 School Aged Years High Impact Area Outcomes:		
5-19 HIA 1	Supporting resilience and wellbeing	Reducing hospital admissions as a result of self-harm (10 to 24 years)
		Reducing hospital admissions as a result of self-harm (10 to 14 years)

		Reducing hospital admissions as a result of self-harm (15 to 19 years)
5-19 HIA 2	Improving health behaviours and reducing risk	Reducing children killed or seriously injured (KSI) in road traffic accidents
		Reducing hospital admissions caused by unintentional and deliberate injuries in children (0 to 14 years)
5-19 HIA 3	Supporting healthy lifestyles	Reducing prevalence of smoking among 15 year olds
		Reducing excess weight at 10-11 years
		Improving chlamydia detection rate (15-24 year olds)
5-19 HIA 4	Reducing vulnerabilities and improving life chances	Increasing school attendance / reducing absence
		Reducing teenage mothers aged under 18 years
5-19 HIA 5	Supporting additional and complex health needs	Reducing hospital admission for children and young people aged under 18 for alcohol specific conditions
		Reducing hospital admissions due to substance misuse (15-24 year olds)
		Reducing unplanned admission for asthmas, diabetes or epilepsy in under 19 years
		Reducing first time entrants to the Youth Justice System (10-17 year olds)
5-19 HIA 6	Supporting self-care and improving health literacy	Increasing attainment at age 16 (average Attainment 8 score at end of KS4)
		Reducing 16 to 17 year olds not in education, employment or training (NEET), or whose activity is not known

The service performance and outcomes will be reviewed by the provider and commissioner at monthly Performance Management Meetings. This will include a standard review of the service performance, staffing, issues and incidents, compliments and complaints and general service updates from the previous month. These meeting will also provide an opportunity for more focused agenda items to consider specific topic areas and potential areas for service improvements.

In order to make the greatest impact on improving child health outcomes and reducing inequalities, where possible, local outcome measures and targets will be shared across the system. These measures and targets will be agreed by all partners, monitored through the local strategic partnerships and regularly reviewed to ensure they remain realistic and aspirational. For example, shared breastfeeding outcome targets are set by the North Somerset Infant Feeding Strategy Group which has representation from public health, midwifery, health visiting, children's centres, and volunteer breastfeeding peer supporters. As leaders of the HCP locally, the provider should play an active role in defining and monitoring any shared system outcome targets.

2.3.2. Annual Reports

The provider will produce annual reports (covering the previous financial year) including quantitative data, and qualitative evidence (e.g. case studies, patient stories and service user feedback), describing the impact the service has had across the following areas:

1. **Reducing health inequalities:** The provider will demonstrate in an annual report how the service is contributing to the reduction in health inequalities across North Somerset. The report will show how the service has improved service access across the four levels of service (community, universal, targeted and specialist) and contributed to the improvement across the HIA outcomes for children, young people and families from vulnerable and harder to reach population groups e.g. those from areas of deprivation, inclusion health groups, and those with protected characteristics.

2. **Clinical governance:** The provider should demonstrate in an annual report how the clinical governance pillars (see 4.1.1) have been met, any areas for improvement and how these will be addressed.

3. **Climate Emergency:** The provider should demonstrate in an annual report how they are working toward reducing organisational carbon emissions and progress towards any identified actions to address the climate emergency (see section 1.2). This should include the provider reporting:
    - Actions taken to reduce direct emissions including reporting the services annual transport emissions (mileage and % of miles done using electric vehicles / green travel).
    - Actions taken to improve waste management / reduction.
    - Actions taken to influence environmental behaviours and behaviour change amongst staff and service users.

4. **The Specialist Breastfeeding Service**: This report is required as part of the annual UNICEF UK Baby Friendly Initiative (BFI) Gold accreditation evidence and should identify areas for progression within the specialist service, as well as provide information to inform wider system improvements and future training needs for staff and volunteer peer supporters based on the cases seen. The report should be presented at the North Somerset Infant Feeding Strategy Group and should include both activity data and qualitative feedback from service users.

5. **Family Mental Health:** This report will demonstrate the services contribution to supporting Family Mental Health, including the contribution and impact of providing specialist parental and infant mental health interventions within the service.

6. **Children in Care Nursing:** The provider should present to the commissioner quarterly reports demonstrating the number of children in care, review health assessments completed by the service, and referrals and health interventions in place (e.g. including dental checks, receipt of mental health services and immunisations completed).

3. Service Description

3.1. Service Model

The service model will be based on the four levels of the service of the HCP (community, universal, targeted and specialist), depending on individual and family need. All levels are crucial to improving the health and wellbeing of all children and young people and reducing health inequalities.

Community level of service
As leaders and key deliverers of the HCP 0-19 years, the service has a key role to play in establishing good working relationships with all stakeholder and partner services. The service should work collaboratively with partners to align wider prevention, early help and community-based programmes and services to provide a whole-systems approach to prevention and supporting the provision of early universal access to information for health issues. 0-19 Public Health Nursing Service will have a broad knowledge of the needs and the resources and assets available in each local community to support children, young people and their families. The service should work to develop these community resources and assets and make sure families and young people know about them and how to access them. The service should apply the following approaches when delivering the service: 1. **A place-based approach** - A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities. North Somerset Council advocates the use of place-based approaches for reducing health inequalities, and the Population Intervention Triangle (PIT) as a framework for place-based action on health inequalities[25]. The PIT framework recognises that effective place-based action requires action on civic, service and community interventions, along with system leadership and planning. It highlights the potential of community-centred interventions to contribute to the health

[25] www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities

and wellbeing of local people and reduce health inequalities. The service should recognise opportunities to address and influence issues and wider determinants that exist at the community level, such as poor housing, social isolation, poor or fragmented services, or duplication or gaps in service provision.

Assets within communities, such as skills and knowledge, social networks, local groups and community organisations, are building blocks for good health. Community-centred approaches and building resilience in communities so that people can take control of their health and wellbeing are core elements of the expected delivery model for this service. This includes considering the contribution that community groups, peer support and volunteers (including people with lived experience) can have on the health and wellbeing on children, young people and families. The provider should be able to demonstrate a plan for investing resources in building capacity in the voluntary and community sector in order to improve reach into the community, understanding of needs and preferences, and better delivery of effective interventions to support improved outcomes.

The provider should also work with partners to demonstrate its contribution to the civic sphere and the policies it deploys as an organisation and an employer (e.g. smoke-free policies, breastfeeding friendly, cycling to work schemes, and use of the Social Value Act).

2. **A Making Every Contact Count (MECC)[26] approach** – The service should support clients effectively to make lifestyle behaviour changes by using a MECC approach and Healthy Conversation Skills (HCS). The service should ensure that all contacts and opportunistic interactions promote and encourage healthy conversations and engage and motivate service users to improve their lifestyles. Adopting a MECC approach will help promote healthy lifestyle behaviours, improve access to support and/or actions that will have a positive effect on the health and wellbeing of children, young people and families.

   The service should use MECC techniques and HCS to help signpost or refer service users to community-based programmes and services for additional support e.g. health promotion services to support healthy weight, smoking cessation, breastfeeding, contraception and sexual health.

   As well as using MECC approaches directly with service users, the service should opportunistically raise health and wellbeing topics with the wider family and community. For example, offering grandparents or the wider family a referral to smoking cessation

[26] www.makingeverycontactcount.co.uk/

services, or acting as a trusted health professional to support members of harder-to-reach communities to access health care services.

3. **A Health promotion approach** – Health clinics and other opportunistic community events should be used as health promotion opportunities to discuss health topics with the wider community.

   The service should work with partners to establish jointly delivered targeted community events to address specific health topics or reach certain populations or communities.

   The service should make use of PHE promotion materials and campaigns[27] e.g. Start4life / Change4life / One You / Help Us Help You, as well as the calendar of national awareness days/weeks throughout the year.

   The service should participate in the joint development of local health promotion resources and materials to ensure families receive consistent messages across services and ensure that such health promotion strategies are integrated into service delivery in health visiting and school nursing teams.

4. **A Whole school / setting approach** - The service should use its everyday interactions with schools and early years settings to promote and advocate for a whole school / setting approach to health and wellbeing.

   Working as local leaders, the service should support schools and early years settings with meeting their statutory duties to support the wellbeing of their pupils and in the development and delivery of statutory Relationship Education (RE) and Relationship and Sex Education (RSE), and Health Education curriculum.

   This may include providing whole school training on certain health topics, attending school assemblies or parents' evenings, school pop-up health fairs, and providing health and wellbeing information through school / early years communication channels.

   North Somerset Council coordinates the Healthy Schools Programme locally and the service should play a part in supporting and encouraging schools to take part in the programme to ensure North Somerset schools are health promoting environments. The school nursing service should use its public health influence and leadership to help schools assess and address the health needs of their population e.g. through raising identified needs and guidance for addressing these needs through attendance at school governance meetings or local Healthy Schools network events.

[27] campaignresources.phe.gov.uk/resources/campaigns

Universal level of service

Between the ages of 0-19 years the service should offer a universal service to all children, young people and families living in North Somerset.

Universal Public Health Nursing Services are essential for primary prevention, early identification of need and provision of early help. Universal services lead to early support and harm reduction.

The use of community-based assets is central to the universal offer, where health visitors and school nurses are well placed to identify and signpost to local community support. Contact points or universal health and wellbeing reviews can be utilised to identify needs and to develop a support offer or signpost to specialist services if required.

Between the ages of 0-5 years the service will ensure that every family has access to the health visiting service and will be offered:

- The five mandated developmental reviews
- Access to health visiting led drop-in clinics and groups in a children's centre or other community venue
- Access to timely health advice, support and evidence-based information.

Between the ages of 5-19 years the service will ensure that every child / young person has access to the school nursing service and will be offered:

- A School Entry Health Review (SEHR) in reception year, to include vision screening
- The National Child Measurement Programme in reception and year six
- Access to a school nursing led drop-in clinic (or equivalent) in secondary schools or other community venues
- Access to timely health advice, support and evidence-based information.

Targeted level of service

The service should utilise needs assessment to determine targeted interventions which can be met within the service. A targeted level of service should be offered to all children, young people and families that require timely, personalised, expert advice and support for a specific issue. This additional level of support may only be required at a specific point in

time to support a specific need and the service should respond to this. Intervening early with an enhanced offer of support will prevent any problems developing or worsening.

Between the ages of 0-5 years this may include offering advice and support or a specific care package / intervention to support parental or infant mental health, parenting skills, breastfeeding, introducing solids, or sleep problems.

Between the ages of 5-19 years this may include offering advice and support or a specific care package / intervention to support healthy lifestyles or reducing risky behaviours, continence, contraception and sexual health, or identification and support around mental health and emotional wellbeing.

A targeted level of support will be proactively offered, in partnership with other services, to support children, young people and families who have specific vulnerabilities and may therefore be potentially at risk of poor health outcomes. 'Vulnerable children' are defined as any children at greater risk of experiencing physical or emotional harm and/ or experiencing poor outcomes because of one or more factors in their lives.

The service should promote an approach in line with PHE's 'No child left behind' guidance[28]. This report sets out an approach which encompasses prevention, intervening early when problems arise and creating an environment throughout the life course where negative impact is mitigated.

Children and young people can be exposed to a range of factors which make them more vulnerable to poorer outcomes and these should be considered when assessing the needs of the child, young person and/or family. Action is required to support vulnerable children, young people and families that considers:

- the individual level, where the approach emphasises that poorer circumstances and adverse experiences in a person's early life do not lead inevitably to poorer opportunities and outcomes but places children at increased risk of disadvantage.
- family and other care settings which provide a safe and secure environment are an essential protective factor so that, even when circumstances may mean that a child is at greater risk of poorer outcomes, they are more resilient, thus reducing the potentially harmful impact.
- a place-based public health approach to prevention emphasises the role of the community in creating environments where the right conditions are in place to support children to thrive.

[28] www.gov.uk/government/publications/vulnerability-in-childhood-a-public-health-informed-approach

Specialist levels of service

Specialist services provide access to specialist practitioner treatment. The service will refer and signpost service users to specialist interventions and services provided by other agencies according to integrated local pathways. The provider will continue to work with families and offer support and interventions alongside other agencies to coordinate holistic, wrap around support for children, young people and families with acute, complex or ongoing needs.

Within the 0-19 Public Health Nursing Service children, young people and families should have access to specialist support from health professionals with additional specialist training or professional background. For example, the service will provide:

- A Specialist Breastfeeding Service
- A Children in Care Nursing Service
- Access to support and interventions from specialist clinicians and champions in Parental & Infant Mental Health and other specialisms linked to the Healthy Child Programme according to local need.

Whilst receiving specialist support the Public Health Nursing Service will continue to provide the universal offer to families and work in partnership with other agencies.

3.2. Service Specifics

The service will deliver the following elements of the Healthy Child Programme 0-19 to children, young people and families in North Somerset:

1. Antenatal visit – (nationally mandated)	• From 28 weeks of pregnancy, contact to be made by the health visiting service and an antenatal health promoting visit delivered, providing a comprehensive and holistic assessment of the expectant mother and father's needs, including: o Assessing the mental health and wellbeing of both parents o Assessing family strengths, needs and risks; providing parents with the opportunity to discuss their concerns and aspirations, and supporting the transition into parenthood o Providing information and advice on the Healthy Child Programme, including: local child health clinics (or equivalent), breastfeeding and nutrition, relationship building and early brain development, dental health, postnatal depression, domestic violence and abuse, female genital mutilation (FGM), home and car safety, vitamins, smoking cessation, safer sleep and prevention of Sudden Infant Death Syndrome (SIDS), children's centre services and local support networks o Checking eligibility for Healthy Start vouchers
2. New baby review visit (nationally mandated)	• The new baby review should be delivered in line with best practice guidance, ideally within 10 to 14 days of the birth date, and no later than 21 days, and will include: o Promoting of immunisations, specifically: o adherence to vaccination schedule for babies born to women who are hepatitis B positive o assess maternal rubella status and follow up of two MMR vaccinations (to protect future pregnancies)

	○ Checking of the status of all screening results and taking prompt action to ensure appropriate referral and treatment pathways are followed in line with UK National Screening Committee standards[37], specifically: ○ new born blood spot screening – including all transfers in aged 1 and under; ensuring results for all conditions are present ○ results of new born and infant physical examinations ○ hearing screening outcome ○ Providing information and advice on the Healthy Child Programme topic areas appropriate to age of child, including general health of the new-born baby, breastfeeding / infant feeding, neonatal jaundice, smoking in the home, dental health, emotional health and wellbeing, reducing risk of sudden infant death syndrome (SIDS), safety in the home and accident prevention, contraception, immunisation, the parent-child relationship and ways of promoting development.
3. 6 to 8 week review (nationally mandated)	• Review of health and development at 6 to 8 weeks, including: ○ Checking new born blood spot screening completed ○ Ensuring first immunisations given/booked ○ Monitoring if physical examination taken place or given. The baby's GP (or nominated primary care examiner) will have responsibility for ensuring the 6–8 week new born Infant Physical Examination screen is completed for all registered babies and providing the 6-8 week postnatal check for all mothers. ○ Promotion of immunisations, specifically: ○ promoting adherence to vaccination schedule for babies born to women who are hepatitis B positive ○ assessing maternal rubella vaccination history ○ Checking the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK National Screening Committee standards[37] as above in initial check. ○ Providing information and advice on the Healthy Child Programme topic areas appropriate to age of child, including breastfeeding / infant feeding, heathy diet and weight, emotional health and wellbeing, oral health, safety in the home and accident prevention, healthy sleep patterns, managing minor ailments, promoting development, and smoking in the home.

4. 3 to 4 months contact	• All families are proactively contacted at 3-4 months with information related to their child's stage of development and maternal health with emphasis on: infant feeding, growth and development, physical and social development, home learning environment, interaction, oral hygiene, maternal mental health. This contact could be conducted through group-based interaction or through an alternative contact offer providing information and support.
5. 6 months contact	• All families are proactively contacted at 6 months with information related to their child's stage of development and maternal health with emphasis on: minor illness and accident prevention, infant feeding, growth and development, home learning environment, speech, language and communication development, mental health returning to work. This contact could be conducted through group-based interaction or through an alternative contact offer providing information and support.
6. One-year developmental review (nationally mandated)	• Review of health and development at one-year, including: o Best practice to use recognised tool for review such as ASQ-3 and ASQ:SE2 o Providing information and advice on the Healthy Child Programme topic areas appropriate to age of child, including healthy diet and weight including vitamin D, breastfeeding, oral health, healthy sleep patterns, immunisations, managing minor ailments, prevention of accidents and socialisation, promotion of development, play and a language-rich home learning environment.
7. 2–2½ year developmental	• Holistic review of child health, development and growth at age 2-2½, to identify children who are not developing as expected and/or in need of additional support, including: o Assessing child growth and development, communication and language, social, emotional and behavioural development and health and wellbeing.

review (nationally mandated)	○ Mandatory use of the Ages and Stages Questionnaires (ASQ-3™ and ASQ:SE2) for all 2–2½ year developmental reviews covering 5 separate areas of development: communication; gross motor; fine motor; problem solving; personal-social. Where a child already has an identified disability or developmental delay, health visiting teams will need to agree with parents whether they wish to complete the ASQ-3™ and ASQ:SE2 and use professional judgement to agree the best approach. ○ Supporting parents and caregivers by providing information on ways to promote early speech, language and communication (SLC[29]), identifying children with signs of SLC delay using appropriate tools, and ensuring uptake of evidence-based early intervention or specialist support. ○ Providing information and advice on the Healthy Child Programme topic areas appropriate to age of child including healthy diet and weight, breastfeeding, dental health, responsive parenting; behaviour management, including sleep; promotion of development, play and a language-rich home learning environment; and the promotion of free early years childcare offer for eligible families. • If a child is receiving a targeted/specialist level of service and is already attending an early years' service, the health review should be integrated with the Early Years Progress Check carried out at age 2. Once achieved, this integrated approach should be extended to a wider range of children and families receiving the service, focusing initially on those where additional need and/or a specific health need has been identified during the review. • Where a child has a special educational need or disability, the heath visitor should check whether the child has an integrated Education, Health and Care (EHC) plan or if work is underway to develop one. Where a child does not have an EHC plan, the health visitor may want to discuss with the family whether they should request one.
8. School entry health review (SEHR)	• Ensure a smooth transition and handover between health visiting to school nursing services to support school readiness and ensure any additional needs are picked up. • All families should be offered a school entry health (and development) review in reception year to identify where additional support may be needed for the child to reach their full health and wellbeing potential.

[29] www.gov.uk/government/publications/best-start-in-speech-language-and-communication

	• Holistic review to include vision screening (see element 19) and NCMP (see element 15). • Identify the needs of children with additional or complex needs and refer or signpost to appropriate specialist services if a child has any specific difficulties.
9. School-aged health needs assessments	• Undertake holistic individual health needs assessments of school aged children as needed, which can be utilised to identify needs and to develop a support offer. These reviews may be particularly beneficial at existing key contacts, development and transition points, for example at: o School transition e.g. between primary and secondary school o Mid-teens o Leaving school to college / post-16 o Transition into adults' services
10. Universal open access to health information, advice & support	• Universal open access well baby and toddler clinics and groups – to be used as an opportunity for universal access, advice and health promotion. The clinics should provide an opportunity to support parents to monitor growth and development, this includes being alert to, and assessing for signs of, under or overweight (including as a possible sign of neglect and faltering growth) and working with families to support them in addressing the family and child's needs. Clinics and groups should primarily be delivered working in partnership with North Somerset Children's Centres / Family Hubs where possible. • Universal open access school-aged clinics and groups – to be used as an opportunity to provide access to safe, confidential, timely, responsive and accessible services to young people when they need health support and advice. All secondary schools should be offered a regular school-based clinic and the service should work with schools to agree how best to deliver this support to meet the needs of each school. • Universal open access to responsive advice and support through telephone, digital and online access, including use of ChatHealth (or equivalent) across the service. Thus, providing service users with a choice of face-to-face, telephone or digital/online support to optimise universal access to the service.

11. Targeted support for vulnerable or underserved groups of parents, children and young people	• Identification and offer of targeted and enhanced level of antenatal and postnatal support, responsive to need and in partnership, to support the transition to parenthood for parents identified with additional needs or vulnerabilities, including: o Young parents o Care leavers o Those experiencing emotional and mental health problems o Those experiencing substance misuse (drugs and alcohol) o Those experiencing domestic violence and/or abuse o Those living in area of socio-economic disadvantage o Families engaging with North Somerset's Childrens Services Family Wellbeing teams • Identification and offer of targeted and enhanced level of support, responsive to need and in partnership, to support the health and development outcomes of children, young people and families with additional needs or vulnerabilities, including: o Young carers o Children in care (and those on the edge of care) o Families engaging with North Somerset's Childrens Services Family Wellbeing teams o Children with complex or additional health needs. o Young people not in education, employment or training (NEET) o Young people in the criminal justice system o Young people at risk of abuse or violence including domestic violence and abuse, child sexual abuse, child sexual exploitation, FGM, gangs and county lines o Asylum seeking/refugee children o Gypsy, Roma and Traveller children o Homeless families or families facing housing difficulties o Families living with worklessness or poverty o Children of military families o Children or young people who have gender identity issues or are lesbian, gay, bisexual or transgender (LGBT)

	• Support the production of population health needs assessments to help understand the strengths, challenges and additional needs of vulnerable groups. The service should raise awareness of the needs identified and support the development of universal or targeted work in partnership with other professional disciplines and agencies.
12. Support for parenting skills and practice	• Use the Graded Care Profile for Neglect Assessment Tool to identify when a child is at risk of neglect. • Identify and refer parents and carers who need additional support with parenting skills and practice to targeted parenting interventions, and work in partnership with the practitioners providing the support. • Contribute to the multi-agency delivery of evidence-based parenting programmes.
13. Support for parent-child attachment and the emotional health and wellbeing of the infant/child	• Promote parent-infant relationships, secure attachment, and infant mental health using evidence-based prevention and interventions – including promoting the multi-agency Five to Thrive model universally with families during routine contacts. • Use of validated screening and assessment tools alongside professional judgement to identify infants who may be at risk of poor attachment and parents who need additional support to attune and bond to their infants. • Contribute to the development and implementation of evidence-based, integrated local pathways and interventions for infant mental health. • Access to specialist clinicians in infant mental health within the service, assessment and evidence-based interventions to promote infant mental health, maternal sensitivity, parent-infant relationships. • Refer those requiring additional support to local services depending on severity of need, including peer, community and voluntary sector mental health organisations, GPs, child and adolescent mental health services (CAMHS).
14. Support for perinatal mental health and the emotional health and	• Use of validated screening and assessment tools and professional judgement to assess mothers, and father/partner if present, emotional health and wellbeing at all mandated visits and other contacts between service and family. • Identify, assess and support parents who may need additional support and interventions within the service for their emotional and mental health e.g. listening visits. • Provide information on issues that impact on parental mental health and signpost to support from other agencies such as benefits, housing and relationship advice.

wellbeing of parents and carers	• Contribute to the development and implementation of evidence-based, integrated local pathways and interventions for perinatal and parental mental health. • Access to specialist clinicians in perinatal and parental mental health within the service, assessment and evidence-based interventions. • Refer those requiring additional support to local services depending on severity of need, including peer, community and voluntary sector mental health organisations (including support for fathers and partners), GPs, Improving Access to Psychological Therapies (IAPT) services, secondary and specialist perinatal mental health services. • Use of the Maternal Mental Health Alliance Pathway Assessment Tool to audit the service's strengths and gaps in meeting key standards for perinatal mental health.[30]

15. Support families to breastfeed and increasing the number of babies who are breastfed	• Maintain the joint UNICEF UK Baby Friendly Initiative (BFI)[31] Gold accreditation in partnership with North Somerset Children's Centre Services and ensure all services are delivered in accordance with Baby Friendly Standards.
	• Provide practical help and advice to all mothers on how to breastfeed and help with managing and resolving breastfeeding problems, and ensure mothers know how to access this.
	• Signpost families to local and national breastfeeding support services, including the local peer support groups and online support, and contribute to the further development and joint delivery of community-based support services.
	• Provide a 'Specialist Breastfeeding Service' in line with the BFI Specialist Service Guidance[32]. This service should provide specialist support to the small number of mothers with complex challenges relating to breastfeeding for whom routine community services have not been able to resolve their problem. This specialist service should:
	  ○ Be overseen by a Lactation Consultant or a BFI trained midwife or health visitor with a special interest in breastfeeding, with evidence of relevant additional training.
	  ○ Be accessible and provide clinics in at least 3 children centre locations across North Somerset, including in the areas where women are least likely to breastfeed.

[30] maternalmentalhealthalliance.org/resources/pathway-assessment-tool/
[31] www.unicef.org.uk/babyfriendly/
[32] www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/specialist-services-guidance/

	○ Have a clear referral pathway and eligibility criteria which should be made available to local health professionals, early years / children centre staff and volunteer breastfeeding peer supporters. • Where women decide not to breastfeed, they should be supported in that decision and provided with individual support as required, including continuing to promote responsive feeding, bonding and secure attachments between mother and infant, as well as proving practical support for safe formula feeding. • Build community capacity and support other community settings to become 'Baby Friendly', including providing multiagency training for partner services to access such as, children's centre and early years staff, GPs and practice nurses. • Ensure all services are provided in breastfeeding friendly environments. • Contribute at a strategic level to the development and improvement of collaborative approaches to support the promotion of breastfeeding through service attendance at the local Infant Feeding Strategy Group. • It is expected the service will link with the South West Regional group of the National Infant Feeding Network (NIFN) to receive up to date information and to ensure best practice is shared and implemented locally.
16. Promote healthy weight, healthy nutrition & physical activity	• Apply a life-course and family-centred approach to promoting healthy weight, healthy nutrition and physical activity across the service. • Support women (and the wider family) to achieve and maintain a healthy weight, including before, during and after pregnancy by: ○ Sensitively raise the issue of weight using MECC and motivational interviewing techniques during routine and opportunistic contacts to encourage families to meet the national guidelines for healthy eating and physical activity ○ Promote healthy nutrition and healthier eating advice as reflected in the Eatwell Guide[33] and including sugar reduction ○ Promote folic acid and vitamin D to women before and during pregnancy

[33] www.gov.uk/government/publications/the-eatwell-guide

	○ Inform women that physical activity is safe during pregnancy ○ Refer women with a high BMI to antenatal healthy lifestyle services (Health Exercise Nutrition (H.E.N) programme). • Promote timely and appropriate introduction to solid foods in-line with national dietary guidelines, including consideration of allergies, sugar reduction and dental health, hydration and supplement advice. • Signpost and promote eligible families to access Healthy Start[34] vouchers and vitamin supplements and provide support and advice on how to use them. The provider is responsible for ordering the Healthy Start vitamins, distributing the vitamins to local children's centres, North Somerset Council distribution points and other partners as appropriate, and for claiming for vitamins on behalf of North Somerset Council. • Provide opportunities for parents to discuss issues or concerns, advice on behaviours, attitudes and family practices around food and physical activity throughout childhood, including as a result of the NCMP. • Offer families appropriate referral to local community support as per local heathy weight pathways, such as antenatal healthy lifestyles services (H.E.N programme), tier 2 weight management services, physical activity/walking groups and community-led cooking programmes.
17. Deliver and administer the National Child Measurement Programme (nationally mandated)	• Lead, coordinate and advocate the delivery of the National Childhood Measurement Programme (NCMP) to all reception year and year 6 children at all state-funded schools in-line with the national Operational Guidance[35], including children in special schools as appropriate. As the local provider of NCMP the service will: ○ Administer and send the pre-measurement letter and leaflet to all parents ○ Plan, coordinate and deliver the measuring in schools ○ Directly enter, validate and upload the data collected into the NCMP IT System ○ Monitor the data quality throughout the collection year to ensure complete and accurate data is submitted

[34] www.healthystart.nhs.uk/
[35] www.gov.uk/government/publications/national-child-measurement-programme-operational-guidance

	○ Provide all parents with their children's results through administering and sending feedback letters, along with appropriate health promotion resources ○ Proactively follow-up with the parents of children measuring as under and very overweight to offer them personalised advice, an opportunity for a follow-up measurement (particularly for children identified on or below the 0.4th centile), and to signpost them to services to support them to help their child achieve a healthier weight. • North Somerset Council will be the NCMP Lead on the NCMP IT System and will assign the provider appropriate access in order to carry out the above functions.
18. Promote good oral (dental) health	• Include oral / dental health within overall health promotion approach to healthy nutrition and sugar reduction across the life course. Link with local Oral Health Promotion Service. • Provide brief intervention, advice and guidance around promoting good oral health at all routine and opportunistic contacts, including distribution of toothbrushing packs (where available). • Encourage attendance at a dentist by the age of one year (in line with Dental Check by One Programme) and regularly thereafter. • Identify children where families need further support, for example, those where children already have tooth decay, those who have not had any dental care and those who have been admitted to hospital because of tooth decay and signpost families to local dental services. Refer children and young people deemed to be at high-risk of developing tooth decay to the local Community Dental Service (i.e. children receiving targeted / specialist levels of service and/or those children who have a sibling who has had a dental extraction under general anaesthetic within 5 years).
19. Support families to prevent unintentional injuries and accidents	• Provide evidence-based information at routine and opportunistic contacts about the prevention of unintentional injuries and accidents, having regard for, and anticipating, child development and its consequences for safety, and tailoring to the needs of the local population, for example minority ethnic families, young parents and homeless families. • Review and triage all A&E and emergency hospital attendance notifications for children aged 0-19 and identify children who require further assessment or intervention. • Follow up where concerns are highlighted and in accordance with local procedures, for example repeat A&E attendances, families where there are known vulnerabilities, delayed presentation of injury, inconsistent explanation,

	serious head injuries, burns and fracture or dental injuries, neglect and trauma to the teeth or bruising of a non-mobile child, or where parenting was noted as an integral factor to the accident. • Support families to complete the home safety checklist and refer eligible low-income families to the North Somerset Home Safety Equipment Scheme to fit and provide home safety equipment, and/or the Fire Service for a home fire safety assessment.
20. Support families with managing minor illnesses and improving health literacy	• Provide evidence-based information at routine and opportunistic contacts to improve parents, children and young people's health literacy around: o managing minor illnesses and common childhood conditions o recognising more serious diseases such as meningitis and sepsis and when to seek urgent medical attention o reducing unnecessary antibiotic use o promoting hygiene and infection prevention and control activities o promoting sun safety o Well health topics e.g. being breast/testicle aware, promoting cancer screening programmes • Support parents to know what to do when they or their child is ill and respond to common health concerns. This may include clinicians prescribing in line with legislation and competency as community nurse prescribers and/or independent prescribers. • Promote and educate service users on the importance of self-care and self-management of minor illnesses and injuries, and sign posting them to resources and local services when appropriate, including promoting registration with a GP, dentist and optician.

21. Promote Immunisation uptake	• Review immunisation and vaccine status of children and young people according to the immunisation schedule[36] at all routine contacts and refer to GP for immunisations if unvaccinated. • Provide parents and young people with tailored information and support and provide opportunities to discuss any concerns around immunisations. • Identify and work with partners to reduce barriers to childhood immunisations, particularly for vulnerable groups.
22. Promote and deliver Screening programmes	• Ensure delivery of the health visiting aspects of the new-born screening programmes, ensuring results are recorded and acted upon in line with UK National Screening Committee Programme Standards[37]. • Lead and deliver the screening of all children between 4 and 5 years of age for visual impairment in line with National Screening Committee Guidelines[38]. Staff delivering the child vision screening programme must have access to advice, training and help from the local orthoptist lead or paediatric ophthalmologist. All children who require onward referral should be referred to the appropriate service e.g. community or hospital eye services.
23. Promote children's and young people's mental health, resilience and emotional wellbeing	• Deliver mental health promotion, prevention and early help approaches which support resilience and are informed by an understanding of childhood trauma and adversity. • Review children and young people's social and emotional development at universal contacts using evidence-based assessment tools. • Identify children and young people who may require additional support such as children with disabilities, children in care, young carers, children whose parent(s) suffer from mental health problems.

[36] www.gov.uk/government/publications/the-complete-routine-immunisation-schedule
[37] www.gov.uk/government/collections/nhs-population-screening-programme-standards
[38] www.gov.uk/government/publications/child-vision-screening/service-specification

	• Support the emotional health and wellbeing early help offer by providing evidence-based advice and guidance and signpost/refer to more support and interventions when needed, including GPs, child and adolescent mental health services (CAHMS) and wider stakeholders, for example education, youth and voluntary services, and social care. • Work with Mental Health Services to ensure smooth transition in and out of services identified in care pathways.
24. Promote good sexual health, contraception and pre-conception health	• Provide contraceptive advice to parents during mandated health visitor visits and other routine contacts through discussing future pregnancy intentions and normalise conversations about planning for pregnancy. • Advise on pre-conception care before and between pregnancies to maximise maternal and foetal health, including immunisations, vitamin supplementation, tobacco cessation, alcohol consumption and promotion of healthy weight. • Provide support and access to young people's sexual health services to reduce teenage conceptions, repeat terminations and reduce sexually transmitted infections (STIs) through: o Supporting the delivery of puberty sessions and sexual health education o Supporting an understanding of healthy/abusive relationships and sexual consent o Providing contraception advice and guidance to young people to prevent unintended pregnancies and STIs. o Promoting and delivering free condom distribution (C-card scheme) o Delivering pregnancy testing o Delivering STI screening and testing and when appropriate referring into other services for STI testing o Providing active follow-up and outreach to all young people who have had a pregnancy (termination or birth) to promote use of contraception, particularly long acting reversable contraception (LARC).

	• Refer and proactively support service users to access mainstream and specialist sexual health services e.g. Unity Sexual Health[39], BPAS, GPs and pharmacies as appropriate. The service should work with local primary care services to provide priority access to timely appointments for young people. • The service provider must ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraception, sexual and reproductive advice and treatment[40], and ensure they are also familiar with local and national guidance on working with vulnerable young people.
25. Support service users to be smoke-free	• Provide universal information and advice to service users around tobacco use. • Ask women (and partners/fathers/other family members) about smoking status during pregnancy at the antenatal contact and ask if anyone smokes in the family home or car antenatally and postnatally. • For any service users who are smokers (young people, parents or wider family members) provide very brief advice, refer to North Somerset stop smoking services (via Quit Manager), inform about passive smoking and benefits of a smoke free home and car.
26. Support service users to minimise alcohol and substance misuse	• Provide universal information and advice to service users around alcohol and drug use. • Advise women trying to become pregnant that the safest approach is not to drink alcohol at all in line with the UK Chief Medical Officer's Low Risk Drinking Guidelines[41]. • Ask parents about alcohol and substance use using MECC techniques, provide very brief advice, and where appropriate signpost and refer to local support groups, peer support programmes and specialist substance misuse services. • Use of age-specific screening and assessment tools to identify vulnerable young people and refer into services.

[39] www.unitysexualhealth.co.uk/

[40] webarchive.nationalarchives.gov.uk/20121202102500/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960

[41] www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

	• Establish referral pathways with specialist young people's substance misuse treatment services.
27. Maximise learning and achievement and support for children with additional health needs	• Provide assessment, care planning and ongoing support for children and young people with additional or complex health needs to ensure they are ready for school and supported to learn within their educational setting. This includes children with special educational needs and disabilities (SEND), long term health conditions, emotional or behavioural issues, mobility issues, continence (bladder and bowel) problems, sleep issues, communication issues, neurodevelopment issues, Autism or ADHD. • Refer or signpost to specialist support if a child has any specific difficulties, for example speech, language and communication or support for specific medical needs. • Provide annual training to school staff in supporting the development, co-ordination and implementation of individual healthcare plans for children with additional and complex health needs and school policies. This includes providing training on specific medical conditions e.g. asthma and allergies, continence issues, disability, and medicines management to ensure that appropriate provision is put in place and that school staff have the knowledge and skills to care for these children in line with the statutory guidance 'Supporting pupils with medical conditions at school'[42]. • Participation by the appropriate health professional when requested in the development, delivery and review of Education, Health and Care Plans (EHCPs) for eligible children, including the provision of health reports to an agreed timescale and in-line with the 'SEND code of practice: 0 to 25 years'[43]. • Where a child has been identified to have a learning disability, disability and/or with complex health care needs, the lead clinician will work in partnership with the paediatric team and or allied health professionals working with families within the home or as part of a multi-disciplinary team to positively plan to address the health care needs of the child and/or identify any additional support they might require to enable them to achieve their full potential. • Actively participate in multi-disciplinary team meetings as required e.g. Multi-Agency Information and Support in the Early Years (MAISEY), Top up Funding (TUF) assessment process, 0-2 funding panel.

[42] 'www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
[43] www.gov.uk/government/publications/send-code-of-practice-0-to-25

	• Work collaboratively with the local authority services, primary, secondary and specialist services to support the seamless transition of young people with additional needs into adulthood. • Work with schools to identify persistent absentees due to health, wellbeing and/or social circumstances for example due to be being a young carer, experiencing domestic or emotional abuse or parental substance misuse, teenage pregnancy, poor mental health of parent and/or child/young person or bullying. The service should work with the school to provide a supportive framework, which enable them to confidently attend school.
28. Provide children in care nursing	• Work with partners, including the Community Paediatric Team, North Somerset Social Care Team and Foster Carers, to ensure the health needs of children in care are met. • All children in care should have access to the same universal, targeted and specialist health services regardless of their legal status and placement type; they should receive the same quality of services as children who are not in care. • Ensure that all Review Health Assessments (RHAs), which promote the health and well-being of children in care, are completed by a registered nurse or registered midwife to national standards and within timescale, and identified health and well-being needs are addressed, in accordance with 'Promoting the health and well-being of looked after children' March 2015 [44]. In line with guidance the Initial Health Assessments (IHA's) will be completed by a Community Paediatrician (outside the scope of this service). All completed IHA's will direct the timescale of the RHA's. Children aged 0-4 years are required to have two RHA's a year. Children and young people aged 5-18 years are required to have an RHA annually.
29. Emergency planning and	• Respond to childhood communicable disease outbreaks and health protection incidents as directed by PHE, or the National Institute for Health Protection when relevant, and the local authority. • Respond to national or local disease outbreaks by being a source of information and support to local communities, schools and early years settings.

[44] www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

outbreak response delivery	• The provider will ensure that they have the capacity to respond as required by the commissioner to outbreak control requirements, including: o Ensuring that a Service Manager of sufficient seniority to make decisions on the allocation of staff and resources participates in outbreak control meetings or other decision-making processes o Providing clinical staff with agreed competencies to provide the necessary interventions for children aged 0–19 (and the wider population if required). o Providing administrative support for the response. o Ensuring that staff have the appropriate clinical training to contribute to outbreak control duties including phlebotomy, swabbing, administration of medicines and administration of vaccines. o Details of the duties to be undertaken by staff will be agreed between the commissioner and provider at the beginning of any outbreak and will be kept under review during the outbreak. o Where necessary Patient Group Directives (PGDs) will be written by the service provider with authorisation by the commissioner to cover the designated age group, medicine or disease. o The provider is responsible for ensuring that all staff likely to be redeployed in the event of an outbreak meet the requirements of Disclosure and Barring Service (DBS) checks and the "vetting and barring" arrangements as set out in national safeguarding documents. o The services core safeguarding responsibilities (see section 3.3) will be maintained in the event of an outbreak.
30. Promote an environmentally friendly service	• Promote green behaviours and positive environmental behaviour change with families in everyday interactions, and link with health benefits and positive impacts on family budgets, for example, promoting: o Walking and cycling o Low carbon diets o Breastfeeding o Buying second hand e.g. clothes, baby products o Reusable nappies / wipes / cloths / period products o Home energy efficiency, including signposting families experiencing fuel poverty to sources of support.

3.3. Safeguarding

Children and young people have the right to be protected from abuse and exploitation and to have their health and welfare safeguarded. Health visitors and school nurses work as part of a wider, multi-disciplinary, multi-agency network and contribute to improving sustainable outcomes for children, young people and their families.

All staff within the service hold a critical role in the contextual safeguarding of children, families and communities through the identification of risk and need, to early help and targeted work, through to safeguarding and formal child protection. The provider will provide appropriate and effective safeguarding services and will be expected to adhere to the Working Together (2018) guidance[45] and North Somerset's partnership safeguarding plan[46] and implement whenever necessary. This is especially critical where children are supported by a protection plan or where there are identified safeguarding concerns.

PHE have published a rapid review of the evidence in relation to safeguarding guidance in the Healthy Child Programme for 5 to 19 year olds[47]. The review focuses on the areas of child abuse and neglect, child sexual abuse and exploitation, intimate partner violence (IPV), female genital mutilation (FGM) and gang violence. In line with the remit of the Healthy Child Programme for 5 to 19 year olds, the focus is on prevention and early intervention.

In order that organisations, agencies and practitioners collaborate effectively, it is vital that everyone working with children and families, including those who work with parents or carers, understands the role they should play and the role of other practitioners. They should be aware of, and comply with, the published arrangements set out by the local safeguarding partners.

The provider must therefore ensure that policies and procedures relating to safeguarding are adhered to and that staff are appropriately trained to identify and respond to safeguarding concerns, including training in safeguarding children, safeguarding adults, Prevent, domestic violence and abuse, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards at a level commensurate with their role and in line with the intercollegiate document 2019[48].

The role of health visitors and school nurses in safeguarding in North Somerset includes:

- drawing on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment, in identifying signs of sexual, physical, or emotional

[45] www.gov.uk/government/publications/working-together-to-safeguard-children--2
[46] www.northsomersetsafeguarding.co.uk/
[47] www.gov.uk/government/publications/healthy-child-programme-rapid-review-on-safeguarding
[48] www.england.nhs.uk/medical-revalidation/ro/info-docs/roan-information-sheets/intercollegiate-document-on-safeguarding-guidance/

abuse or neglect. Staff should be trained and be aware of national and local policies and guidance in the recognition of domestic abuse, sexual exploitation, grooming and exploitation to support and or commit acts of terrorism (known as radicalisation), coercion, violence, Female Genital Mutilation (FGM), modern slavery, gang, electronic media abuse and other significant harms and should be proactive in their approach to addressing and escalating these issues.

- Contributing to reducing the number of children who enter the safeguarding system through partnership work with stakeholders and preventative work and early help.
- Where a child is assessed as needing support from another agency, or risks to the child's welfare and/or safety are identified by the service, the service will take advice from their agency safeguarding lead and where necessary make a timely referral (within 24 hours) to the appropriate service. The service will contribute to assessment, reporting and multi-agency support packages including early help, the Troubled Families Programme, safeguarding, or multi-disciplinary meetings for children with a disability and/or complex health needs.
- Playing an active part in supporting the identification of families who could be considered for participation in early help, including the Troubled Families Programme. This includes the sharing of personal information on a case-by-case basis in accordance with the requirements of Working Together[45], the Data Protection Act and locally agreed information sharing protocols.
- Ensuring the appropriate professional to provide health advice to safeguarding procedures, including child protection meetings, is the professional who knows the individual child and family best, and who can therefore provide the best possible advice to inform decision making.
- Recognising that in some instances, the health visitor or school nurse will be the health professional who has worked most closely with the child and who knows the child and family best. Where this is the case, they would be the most appropriate health professional to attend child protection meetings. In other cases, this may be the GP, children and young people's mental health practitioners or therapist who should be the lead practitioner.
- Health visitor and school nurse liaison roles should contribute to and support Multi-Agency Risk Assessment Conferences where required.
- Contribute to and respond to learning from Serious Case Reviews.
- The service will provide health multi agency support to the single point of entry (Front Door) into North Somerset Council's children's services. This includes:
    - Providing a suitably qualified and experienced health professional to contribute to the review of children referred to the Front Door.
    - **Note:** ring-fenced funding is provided as part of this contract for this function from the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) (see Schedule 3 - Payment).

3.4. Population covered

All children and young people aged 0-19 years, and their families, who are resident or attending any school / educational setting (inclusive of independent schools, alternative provision and further education settings) in the boundaries of North Somerset Council should

receive the service. This includes school-aged children who are not in school e.g. home educated children or young people who are NEET.

The service provider will ensure that any coverage/boundary issues that may arise are escalated to commissioners for resolution, that they are then addressed in collaboration with neighbouring commissioners and providers ensuring children remain protected and safeguarded.

Delivery of a service that meets the needs, including safeguarding, of the child or young person must take precedence over any boundary discrepancies or disagreements.

3.5. Acceptance and inclusion criteria

The service must ensure equitable access for all children and young people aged 0-19 years (until their 19th birthday) and their families living within the North Somerset local authority boundary area, regardless of any protected characteristics covered by the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership (but only in respect of eliminating unlawful discrimination), pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality), religion or belief (or lack of belief), sex, sexual orientation. This includes ensuring equal access to resources, for instance, by providing them in appropriate formats.

The service must ensure equitable access to Inclusion Health Groups[49]. These are groups of people who are not usually well provided for by healthcare services, and have poorer access, experiences and health outcomes. The definition covers people who are homeless and rough sleepers, vulnerable migrants (refugees and asylum seekers), sex workers, people with drug and alcohol dependence, those from the Gypsy, Roma and Traveller (GRT) communities, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups.

The provider should ensure that the service is provided in a way that is open and inclusive to people who identify as LGBTQ+, that reduces LGBTQ+ health inequalities, and improves the experience of care for service users from these communities.

Addressing the disadvantages experienced by women from Black, Asian and Minority Ethnic (BAME) groups and their babies is a PHE and LMS priority. The provider must ensure culturally sensitive care is always provided and:

[49] www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health

- Provide training to staff to enhance sensitive and personalised care e.g. cultural competence, unconscious bias, trauma-informed care and specialty clinical areas of relevance to people from BAME groups, locally.
- When required, arrange appropriate translation services to improve equity of access to high-quality information; offer flexibility in the number and length of appointments when interpreting services are used.
- When required, provide information about services in a variety of languages and formats.
- Audit local outcomes using national indicators such as ethnicity, language status, country of birth and migrant status to drive changes to services in order to address areas of greatest local need.

The services should meet statutory duties to remove barriers for disabled people, including parents and carers as well as children and young people. This includes taking measures to ensure that services are aware of and can accommodate special needs, and that all staff understand and work within the social model of disability. Staff will be responsible for ensuring that children and families who require information in different formats such as British Sign Language, braille, large font, easy read or Makaton are able to access these.

3.6. Service days / hours of operation.

The provider should ensure an appropriate level of service is provided throughout the year, including during school holidays.

The core service will operate standard hours of 9am – 5pm Monday to Friday but will be responsive and flexible to meet the needs of children and their families, for example by providing options for some services to be available early mornings, lunchtimes, after school, evening and weekends. The use of technology and other innovative practices should be used to help reach children, young people and families with flexibility.

3.7. Response times

- The four levels of service delivery described in section 3.1 and associated care pathways in section 3.2 should be provided in full.
- Referrals into the service should be made through a Single Point of Entry (SPE) and may come from GPs and other health partners, schools, social care, as well as self-referral from children, young people, parents and carers.
- Where a referral from another professional is rejected following review, they should be given information on the reasons for this and signposted information to the appropriate service. The referrer will be informed if the referral is accepted but the child, young person or family does not engage or attend. The SPE should also act a source of advice and information for service users and other professionals.
- All referrals from whatever source, including children, young people and families transferring into area, should receive a response within 5 working days, with contact made with the child, young person or family within 10 working days.

- Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact within two working days and be in line with North Somerset Safeguarding procedures**Error! Bookmark not defined.**.
- Timings for the nationally mandated health visiting reviews should be followed for example, a new-born visit, ideally within 10 to 14 days of the birth date.
- The service should work in partnership with local maternity care providers to develop effective information sharing between maternity and health visiting services and integrated joined up services throughout pregnancy and the early weeks of life to improve outcomes and reduce inequalities.
- As a child approaches school entry, transition from the health visiting service to the local school nursing service should be initiated. Similarly, school nursing teams will work with adult services to ensure smooth transition to adult services.
- The service should collaborate across organisational boundaries to develop care pathways that include delivery of key public health services, primary and secondary care services, and North Somerset's Council's Children's Services, to enable support to be accessed without delay and prevent children falling between the gaps in services.
- Where a child moves out-of-area, the 0-19 Public Health Nursing Service must ensure that the child's health records are transferred to the new area within two weeks of notification. Direct contact must be made to hand over all child protection cases. Systems must be in place to assess the risk to children whose whereabouts are unknown.
- When a child transfers into an area the service must check new-born blood spot status and arrange for urgent screening if necessary. The provider must develop their own local area new-born blood spot policies and pathways in partnership with local midwifery, Child Health Information Services (CHIS) and GP colleagues.
- The provider will comply with the national guidance for the management of safety concerns and incidents in screening programmes[50] and NHS England guidance for the management of serious incidents[51].
- Under the service's responsibility for undertaking Review Health Assessments (RHAs) for children in care, these must be completed to the national standards and within the statutory timeframe.

3.8. Location of provider premises

The service should be available and accessible at times and locations that meet the needs of children, young people and families. The service should ensure it is accessible in areas of high need, particularly areas with high levels of deprivation.

Where possible, children, young people and families should be offered a choice of locations that best meets their needs, for example, children's and family centres, schools and other

[50] www.screening.nhs.uk/incidents
[51] www.england.nhs.uk/patient-safety/serious-incident-framework/

educational institutions, community centres, youth clubs/groups, general practice and, where appropriate, at home.

The school nursing service should be delivered using the principles of the You're Welcome Quality Criteria[52]. When supporting vulnerable and isolated children this may include home visits or community locations other than schools.

Specific details of the location of services and activities should be based on engagement and feedback from key stakeholders, parents/carers, children and young people. Reviews should be undertaken by the provider regularly to ensure they are suitable for local need and meet the quality indicators.

As well as face-to-face delivery the provider should provide opportunities to deliver services through virtual options when appropriate, including web-based, text / messaging (e.g. ChatHealth or equivalent), telephone or video support.

3.9. Interdependencies with other services

Partnership, integration, communication and multi-agency working are key to improving outcomes for children, young people and families.

Health visiting and school nursing services embed public health and prevention across health service pathways, promoting a whole system, holistic approach to prevention and early help to make it easier for children, young people and families to receive the care and health promotion advice they need and to be referred quickly to effective prevention services.

A whole system approach to provide safer, personalised, accessible support and individualised care with a shared vision is central to improving outcomes for children young people and families. Delivering such an approach is reliant on professionals and services working together, embracing information technology (IT) and making efficient use of information to ensure and deliver high quality services.

This includes, but is not limited to, the service working in close partnership with the following key delivery partners:

- Children, young people and families
- Public Health and health promotion services
- Local Authority Children's Services, including Early Help and the Troubled Family Programme

[52] www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services

- Children's Centres and Family Hubs
- Early Years settings and childcare providers
- Schools, academies and other education providers e.g. Further Education (FE) colleges and alternative provision
- Voluntary, private and independent (PVI) sector services
- Primary care including GPs, pharmacists, dentists and opticians
- Maternity services
- Acute hospitals, including secondary health care services (inpatient and outpatient), specialist services and Accident and Emergency (A&E) departments / minor injury units (MIU)
- Children's community health care services, including community paediatrics services, community therapies, and disabled children's services
- Mental health services, including Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services and Specialist Perinatal Mental Health Services
- Screening and immunisation services
- Contraception and sexual and reproductive health services
- Substance misuse and smoking cessation services
- Police and Youth Justice, including the Young Offenders Service
- Fire & Rescue Service
- Housing Services
- Community development / neighbourhood support / parents' groups
- Community Health Information Services (CHIS)

The provider will:

- Have excellent working relationships with all stakeholders, including effective joint working at transition points, e.g. midwifery/health visitor handover, health visitor/school nurse handover, school nurse/adult services handover.
- Have senior representation on the North Somerset Health and Wellbeing Board and/or subgroups, North Somerset Children's Safeguarding Partnership, and other strategic partnership groups relevant to the HCP health promotion priority outcome areas (e.g. the North Somerset Infant Feeding Strategy Group, the Mental Health & Wellbeing Strategy Group) and develop services in line with the board's priorities.
- Where possible have an area-based service structured in line with North Somerset Council's Children's Services, working together to deliver integrated evidence-based services for children and their families, with a focus on identification, early help, promotion and prevention.
- Undertake joint visits or consultations with other professionals where appropriate.
- Ensure there are seamless referral pathways into partner services for children, young people and families that require additional support.
- Have a named team member linked to each GP practice in North Somerset with an agreed schedule of regular contact meetings to facilitate liaison, information sharing, joint working and collaborative service delivery in the best interests of children, young people and families.
- Have a named school nurse linked to each school and educational setting in North Somerset to ensure:

    - there is a direct partnership with schools to provide improved access and delivery of the HCP and the school nursing core offer including referrals and collaborative service delivery.
    - support for education services in their delivery of health improvements e.g. through the Healthy Schools Programme.
    - 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.
- Provide support for early years services in their delivery of health improvements to improve outcomes for children and their families.
- It is expected that the 0-19 Public Health Nursing Service will integrate with North Somerset's Children and Family Centres, and will:
    - Have a named 0-19 team member on each Children's and Family Centre Partnership Board to help enable and promote partnership working.
    - Jointly deliver evidence-based interventions to reduce duplication and improve outcomes for families.
    - Promote and signpost families to register with children's centres and the children's centre offer antenatally.
    - Agree a method of data collection and information sharing.
- Engage with service users to support the design, performance monitoring and evaluation of provision.

4. Applicable service standards

4.1. Applicable national standards

4.1.1. Accountability and governance

The provider must be registered with the Care Quality Commission (CQC). This is a legal requirement as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

To enable the workforce to deliver evidenced based public health within an accountable framework the provider will:

- Ensure there is a clear clinical governance framework in place including risk assessment and action to minimise and prevent risk, and continuous improvement of the service.
- Comply with national guidance for the management of safety concerns and incidents and NHS England Serious Incident Framework[51]. The provider will ensure timely reporting of any patient safety incident or serious incidents via standard reporting procedures and to North Somerset Council. Additional detail can be found in Schedule 6C - Incidents Requiring Reporting Procedure.
- Deliver the service in a way that meets the seven pillars of clinical governance:
    1. Clinical effectiveness of care and research

2. Audit of service
3. Risk management
4. Education and training
5. Patient and public involvement
6. Information and IT governance
7. Staffing and staff management

Additional detail can be found in Appendix A of the service specification.

- Be informed by knowledge of effective health visitor and school nurse practice by ensuring service delivery is underpinned by research and evidence, including implementing all relevant NICE guidance across care pathways.

The provider will monitor the service against the seven pillars and submit to North Somerset Council a report outlining how the pillars have been met and any outstanding areas for improvement. As part of the annual clinical governance report, the provider should complete and publish an annual audit to assess whether the practice conditions and working environment of the organisation's health visiting and school nursing workforce are safe, effective, caring, responsive and well led.

The provider will have established operational standards in the form of policies that cover key aspects of the service, including (but not limited to):

- Data protection
- Complaints procedure
- Confidentiality/ data sharing protocols
- Service user involvement to inform service development and optimisation
- Equality, diversity and inclusion
- Clinical supervision, appraisal
- Staff induction, training and continuing professional development
- Grievance and disciplinary
- Redundancy
- Staff leave, sickness, absence and turnover
- Working in the community (lone working, home visits)
- Child protection/ safeguarding
- Safeguarding vulnerable adults
- Risk assessment and risk management
- Whistleblowing

The Provider will have mechanisms for creating an open, honest and trusting relationship between all staff, managers and service users to ensure that:

- Problems are aired and resolved;
- Mistakes are recognised and actions taken to address them;
- New ideas are shared and given due consideration.

The Provider's policies and procedures must have clearly stated objectives; stipulate who is responsible for the implementation of the policy/procedure and arrangements for monitoring, review and development.

4.1.2. Workforce planning and development

Health visitors and school nurses are specialist public health nurses (SCPHN); they are either a registered nurse or midwife who has undertaken a year's further post registration training in child health, health promotion, public health and education. Health visitors and school nurses are registered on Part 3 of the Nursing and Midwifery Council Register as a specialist community public health nurse.

Whilst both services should be led by a registered SCPHN, the skill mix within the team should be led by local needs and underpinned by a robust workforce plan. The team will consist of a skill mix including community staff nurses, nursery nurses and nurse assistants.

In order to support an effective workforce to sustain high quality outcomes for children, young people and families, the provider will deliver the service in accordance with the following national guidance:

- Standards for Employers of Public Health Teams in England[53]
- Supporting the 0-19 public health nursing workforce: health visitors and school nurses delivering public health for children and young people (0-19): Guidance for employers[54]

The provider should have effective and robust workforce planning systems in place to determine the right number of health visitors and school nurses and other skill mix within the team, with the right level of skills and experience are available to meet current and future service demands.

This should include:

- Having effective and strategic partnerships with Health Education England (HEE) and higher education institutions and contribute to efforts to recruit and retain health visitor and school nurse students.
- Support recruitment and retention of health visitors and school nurses, which will underpin the quality and consistency of local service. This includes considering specific schemes to attract new staff into the service, convert temporary staff to substantive posts, and support return to practice staff.
- Identify and plan for the numbers of retirees and other potential leavers.
- Identify skills and competencies to inform integrated working and skill mix models within the service.
- Ensure staffs feedback and views are considered in how services are planned and organised.

[53] www.local.gov.uk/standards-employers-public-health-teams-england
[54]assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686922/PH_nursing_workforce_guidance_for_employers_and_employees.pdf

The provider should monitor staff's caseload size and ensure these are appropriate considering the complexity and other factors in the population.

To ensure safe and manageable workloads to meet service demands, the service should use an evidence-based or validated workload management system which sets transparent benchmarks for safe workload levels in each service area.

Workforce headcount and FTE numbers will be reported to the commissioner quarterly.

4.1.3. Professional registration and supervision

All Specialist Community Public Health Nurses, together with other registered nurses within the teams, will need to meet the legal requirement for professional registration and revalidation. This must be in line with statutory requirements for practice issued by the Nursing and Midwifery Council on revalidation (NMC 2015).

The provider should ensure they have policies, procedures and employer standards in place, including an appropriate supervision framework, to provide reflective clinical supervision, safeguarding supervision, management supervision, and practice teacher supervision and mechanisms of risk assessment for all 0-19 public health nursing staff as outlined in the Nursing and Midwifery Council (NMC) code[55]. All forms of supervision should have an emotionally restorative function.

The provider will ensure there is effective support through mentoring and supervision for students, trainees and newly qualified staff. This will be delivered by ensuring the provision of:

- placement capacity and high-quality placements in line with national requirements.
- enough practice teachers and mentors.
- organisational processes and managerial support in place for mentors and practice teachers in line with national requirements, including role descriptors for mentors and practice teachers.

4.1.4. Education, training & continuing professional development

The provider must ensure that:

- Staff in the service receive regular, relevant and evidence-based professional training to enable them to work with families to improve health outcomes and signpost and refer appropriately to local services. The staff training programme should be overseen by qualified practice teachers.

[55] www.nmc.org.uk/standards/code/

- Staff can access appropriate peer and professional support, continuing professional development (CPD) opportunities, professional networking opportunities, and can use learning to influence service improvement and delivery.
- Staff receive appropriate training relating to equality, diversity and inclusion to ensure equitable delivery, including for health inclusion groups, for instance: anti-racism training; unconscious bias training, autism awareness; and training or guidance regarding LGBTQ+ friendly health services (see section 3.5).
- Staff receive appropriate safeguarding training enabling them to identify and respond to safeguarding concerns and to act in compliance with safeguarding guidance and policies (see section 3.3).
- Staff attend appropriate multi-agency training relating to adversity, trauma and mental health. A Trauma-Informed System Knowledge and Skills Framework is being developed across BNSSG and the provider should consider commitment to the framework and increasing awareness of staff to provide consistency of approach to recognise and reduce trauma.
- Staff receive regular training regarding General Data Protection Regulation (GDPR), the Data Protection Act 2018 and information governance (see section 4.1.6).
- Staff have appropriate knowledge and awareness of the Children and Families Act 2014 and national guidance relating to special educational needs and disability.
- Staff have up-to-date knowledge and awareness of national and local policies and relevant guidance, including NICE guidance across care pathways, to ensure excellence in service delivery and an evidence-based, best practice approach.

4.1.5. Prescribing

Nurse prescribing enhances the health visitors' and school nurses' ability to support families to self-manage minor illnesses and reduce hospital admissions. This can include managing symptoms and providing medication knowledge to enhance advice and support, discussing treatment options and prescribing as part of a holistic approach if indicated. Health visitors and school nurses who have not undertaken this module in training, should complete it within the first 2 years of practice.

4.1.6. Record keeping, data collection and information sharing

The provider must ensure robust information governance and data protection policies and procedures are in place and understood across the service.

The Parties must comply with Data Protection Legislation (General Data Protection Regulation (GDPR) and the Data Protection Act 2018, Data Guidance, the Freedom of Information Act (FOIA), and the Environmental Information Regulations (EIR), alongside any changes to legislation or guidance.

The Healthy Children: Transforming Child Health Information Services (2016)[56] and the Digital Child Health Programme[57] set out the 2 key objectives for transforming information for children's health:

- knowing where every child is and how healthy they are
- ensuring appropriate access to information for all those involved in the care of children

In line with the above and following good information governance practice guidance, the provider:

- will have agreed data and information sharing protocols and agreements in place with partner agencies, including North Somerset Council and other healthcare providers, children's services and the police to enable effective holistic services to be provided to children and their families.
- will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children. This will improve the coordination and communication between services, and safeguard and protect children.
- will keep appropriate service-user records in an electronic, contemporaneous clinical record system to enable high-quality data collection to support the delivery, review and performance management of services.
- must ensure that their electronic clinical record system supplier can demonstrate compliance with the standards of the Healthy Child Programme IT Operating Model and audit against this on a regular basis.
- must ensure that their electronic clinical record system is functionally compatible with those of partner services systems to enable access to appropriate data enabling effective and seamless service delivery. This includes access to GP clinical systems to update child health information.
- collect the delivery metrics and outcomes indicators for the 0-19 Healthy Child Programme in a standard format that supports national and local data requirements. Providers should work with their system supplier to implement the changes needed to facilitate the DCB3009 Healthy Child Record Standard to standardise child health data in readiness to be shared via interoperability capabilities developed by NHS Digital.
- will provide North Somerset Council with access to real-time performance data to support the monitoring of activity and outcomes e.g. through PowerBI or equivalent.
- will provide North Somerset Council with anonymised patient level datasets to support the local monitoring of shared outcomes and inequalities and the development of the local JSNA. For example, health outcome data provided by postcode, ethnicity and/or age group. The sharing of anonymised patient level datasets for different health outcomes may be requested by the commissioner as data quality and local priorities develop, subject to appropriate data sharing agreements being in place between the provider and North Somerset Council.

[56] www.england.nhs.uk/publication/healthy-children-transforming-child-health-information-november-2016/
[57] digital.nhs.uk/services/digital-child-health

- will ensure accurate and appropriate data is made available to all those with a duty of care for the child including the Child Health Information Services (CHIS) to enable local, regional and national data reporting. Appropriate data sharing agreements and arrangements for operational processes will need to be in place with CHIS and other relevant partners.
- has a responsibility to submit monthly record level data to the community services dataset (CSDS) to NHS Digital and have a development plan in place to improve data quality and completeness.
- will provide North Somerset Council with quarterly data using national templates to submit to PHE in line with the interim reporting arrangements for health visiting services. These arrangements will continue until robust information can be reported from the CSDS.
- will report any incident involving personal and sensitive information to North Somerset Council immediately, so that the council can meet the 72 hours deadline for reporting incidents to the Information Commissioner.

4.1.7. Materials, tools, equipment and other technical requirements

The 0-19 Public Health Nursing Service will be required to have access to the following materials, tools, equipment, and other technical requirements:

- PHE professional pathways and guidance to support delivery. All Our Health[58] is an evidence-based framework to support evidence-based delivery and a call to action for all healthcare professionals to use their skills and relationships to maximise their impact on avoidable illness, health protection and promotion of wellbeing and resilience.
- Validated tools for assessing and identifying individual health and development needs. Clinical judgement will be used alongside formal screening and assessment tools.
- Personal Child Health Records (often referred to as 'the red book'). This is currently available as a paper version in North Somerset however during the time of this contract the provider should support the transition to the 'electronic Redbook' and the national Digital Parent Child Health Record (DPCHR).
- IT systems and mobile technology for recording interventions and outcomes, thus capturing real time data and reducing duplication.
- Access to equipment to support agile working and remote service delivery, for example, mobile phones, tablets and/or laptops.
- Equipment for measuring children's weight and height.
- Use of social networking and other web-based tools to enable workforce training, professional networking and information, and to support for children, young people and families.

[58] www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health

- National and local campaign and health promotion materials, for example, Start4Life, Change4Life, One You.

4.1.8. Applicable quality requirements

The provider and the commissioner will work in collaboration to identify opportunities for leaner working and/or cost and efficiency savings. This is likely to include consideration of how to make best use of modern technology and appropriate use of skill mix within the health visitor and school nursing team and wider workforce. New technology should be considered to support service delivery and video conferencing may be considered to offer choice and personalisation when appropriate to need.

The provider should highlight where there is an absence of local services for onward referral to more specialist support so that future commissioning plans can include mitigation for/provision of these. This is particularly urgent where need is identified but NICE guidance pathways are truncated at the onwards referral stage because local services do not currently exist.

4.2. Applicable local standards

4.2.1. Digital and Communication Strategy

The provider will have a comprehensive Digital and Communication Strategy which will detail the approach that the provider will take in order to:

- Provide service users with up to date and engaging digital content about the HCP, health and wellbeing topics, campaigns, events and local service updates. This will help enable parents and carers to be full and active partners in their children's health, and as young people grow in agency, they will be equipped with the knowledge and information to take individual health responsibility.
- Enable all children, young people and families to know about the services on offer, who is offering it, and how they can access the services. This will include developing promotional resources and providing appropriate alternative methods of access e.g., through an engaging service website and social media presence. This is particularly important in reaching service users who may be reluctant to engage directly with the service, as well as providing information and signposting outside of usual hours e.g. evenings, weekends, school holidays.
- Ensure there is excellent communication between families and practitioners and between agencies using the most appropriate, convenient and responsive method, including texting, video or online chat/messaging for young people and parents. This should increase opportunities for service user contact, provide greater choice and flexibility, and improve efficiency by providing an alternative to face-to-face contact. This should also improve engagement with seldom heard groups, for example, electively home educated families or young people who are NEET.

- Ensure that processes are in place to seek and collate the views of service users, carers and practitioners and the service model reflects feedback from engagement. This should include:
  - building reporting of service user satisfaction into data collection
  - systematically collecting service user experience through questionnaires to inform action
  - supporting local authority led consultation exercises with service users to inform action.
- Ensure the use of digital and online technology strengthens and enhances the service offer and is not used as a replacement for face-to-face support. The service should ensure that service users without access to digital technology, and families whose first language is not English, are still able to access the same level of information and support in an appropriate alternative format.

4.3. Change Management and Transformation Strategy

The provider will have a comprehensive change management and transformation strategy which will detail the approach that the provider will take in order to:

- Continue to monitor and further improve the performance and quality of the service
- Ensure the service is responsive to local and national policy changes
- Ensure that the service is appropriately integrated with and aligned to organisational change or changing infrastructure, service design and/or modes of service delivery that may arise over the course of the contract among partner organisations
- Respond to changing needs and/or capacity in the workforce
- Provide leadership for transformation and change to ensure optimal service delivery that meets the needs of a changing population effectively and efficiently.

Appendix 1: Clinical governance: the seven pillars

1. Clinical effectiveness and research
Clinical effectiveness relates to ensuring that care provided leads to providing the best outcomes for patients i.e. 'doing the right thing, at the right time, by the right person', which involves implementing NICE guidelines and other national standards to ensure optimal care, adopting an evidence-based approach and developing practice as needed.

2. Audit of services
The aim of the audit process is to ensure that clinical practice is continuously monitored, and that practice is compared against a set standard with opportunities for improvement identified and addressed. Outcomes of an audit should be transferred to plans outlining the improvements required.

3. Risk Management
Risk Management involves having robust systems in place to understand, monitor and minimise risks to patients and staff, including identifying when things go wrong, understanding factors that influenced this, learning lessons and then taking action to prevent such occurrences.

4. Education and Training
Staff should have appropriate knowledge and skills, undertaking learning and continuing professional development opportunities to ensure competence in their role.

5. Patient and Public Involvement (PPI)
PPI aims to ensure that the services provided reflect the priorities and needs of service users and that service user and public feedback is used to improve the design and delivery of services.

6. Information and IT Governance
Information and IT governance ensures that such policies and procedures are in place and adhered to across the service, meeting legal requirements of the Data Protection Act 2018 and ensuring that personal data is always safeguarded.

7. Staffing and Staff Management
Staffing and staff management relates to the requirement for skilled and well-supported staff in providing a high-quality service, including appropriate recruitment, management and retention, addressing underperformance, motivating and developing staff and providing good working conditions.