

**Health Visiting and
School Public Health Service**
Consultation Document

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Introduction

Kent County Council has a vision to improve and protect the health and wellbeing of the people of Kent, enabling them to lead healthy lives, with a particular focus on the differences in outcomes within and between communities.

KCC is a Strategic Commissioning Authority. This means that KCC will seek to provide services in the most efficient way by developing detailed contracts, service specifications and desired outcomes. Services are then delivered by KCC staff or private and voluntary sector agencies depending on how best public money can be spent.

Public Health is a specialist department within KCC that receives a grant from central government to deliver and commission services to improve health outcomes and reduce health inequalities so that all people can live healthier for longer. Legal and best practice guidance shows that this is best supported through the provision of early and effective preventative work and a strong focus on ensuring that children and young people in Kent get the best start in life.

KCC now has responsibility for Health Visiting and the School Public Health Service and has been considering its approach to these services to ensure that they deliver the best outcomes to the residents of Kent.

Why we are consulting

KCC is seeking views on the proposed service delivery models for Health Visiting and the School Public Health Service. Consultation responses will be used to improve services and ensure that they are designed around the needs of Kent residents. Residents are at the heart of what we do and how we deliver services.

We continue to actively engage all stakeholders, undertake ongoing service evaluation, research and focus group work to tailor all services to local needs. We value the opinion of all current, past and potential services users and want to create the opportunity for the wider public to shape service delivery in the future.

Kent County Council would like to hear your views on future models we have proposed to deliver services to children and young people, and which will best achieve the desired outcomes for the 0-19 population.

Background and Context

KCC became responsible for the School Public Health Service in April 2013 and the Health Visiting service in October 2015. Together, these services focus on promoting the health and wellbeing of the 0-19 population in Kent. KCC will be commissioning these services with new contracts expected to commence in October 2016.

This is the first time these services will be directly commissioned by KCC, presenting an opportunity to consult on how they may be improved or tailored to better suit the people of Kent. The four proposed delivery models have all been developed in line with the National Framework.

'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020', sets out a vision for the council 'to focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses'.

We are committed to supporting this, and to ensuring that children and young people in Kent do get the best start in life. With this in mind, it is essential that these services are delivered efficiently and effectively, and are accessible to residents countywide.

Health Visiting

The Health Visiting Service workforce consists of Nursing & Midwifery Council registered (NMC) Specialist Community Public Health Nurses (SCPHN) and teams who provide expert information, assessments and support for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors (HVs) help to empower parents to make decisions that affect their family's health and wellbeing. Their role is central to improving the health outcomes of populations and reducing inequalities.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP). This is a preventative public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. This includes safeguarding children and working to promote health and development in the early years.

The Public Health Outcomes linked to this service are:

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies;
- Reducing smoking during pregnancy;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;

- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay in children aged 5.

THE CURRENT MODEL

The service delivers 5 universal health visits; antenatal, new baby, 6-8 weeks, 1 year and 2-21/2 year. Depending on the needs of children and families, additional engagement and support may be offered, which may involve signposting, referring into and working with other children's services and specialist professionals.

Through regular contact with families, Health Visitors focus on the following:

- Supporting transition to parenthood
- Assessing and addressing maternal mental health issues (e.g. pre / post natal depression)
- Providing advice and support around breastfeeding
- Promoting healthy lifestyles and behaviour (in terms of diet, healthy weight, physical exercise and the impact of parental health behaviour)
- Managing minor illnesses and preventing accidents
- Encouraging positive child development to ensure children are healthy and ready for school

KCC reviewed the national service specifications before taking responsibility for the service and has already started making appropriate amendments and improvements that reflect the specific needs of Kent.

School Public Health Service

The School Public Health Service provides expert advice, information and support to children and young people aged 5-19 in school settings across Kent. Specialist Community Public Health Nurses (SCPHN) lead in the delivery of the Healthy Child Programme. In addition, the service is commissioned by NHS England to deliver school elements of the National Child Immunisation Programme.

The Public Health Outcomes linked to this service are:

4 - 11 year olds

- Reducing excess weight in children
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14
- School Readiness

11 - 18 year olds

- Smoking prevalence at age 15
- Alcohol-related admissions to hospital
- Under 18 conceptions
- Chlamydia Diagnosis
- Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- Emotional well-being of looked after children

In addition the service will contribute to:

- Increases in young people's self-reported emotional health and wellbeing
- Reductions in child admissions for mental health
- Reductions in young people's hospital admissions for self-harm
- Reducing pupil absence

THE CURRENT MODEL

Currently the service is delivered across the 5-19 age range, and starts with the handover of cases from Health Visiting followed by the Year R health review, which includes audiology and vision screening. The National Child Measurement Programme (NCMP) is undertaken at Year R and Year 6. Outside of this, school-aged children can be referred into the service to address particular public health needs, such as substance misuse or healthy weight.

Packages of care to delivered to address these needs and referrals to additional services are made when necessary.

The service offers support, advice and signposting around particular issues, including:

- Healthy weight and active lifestyles (advice on diet and exercise)
- Substance misuse (drug, alcohol and smoking)
- Sexual health (risk behaviour and contraception)
- Behaviour Management
- Emotional health and wellbeing
- Parenting

Whole school health improvement is promoted across all schools with a focus on those schools where need is greatest. The offer to each school is articulated in school and district level plans.

Review of the service has identified that service delivery has been inconsistent across Kent and the Health Review at Year 6, part of the Healthy Child Programme, is not currently delivered.

Service data shows that it delivers more packages of care in primary schools than in secondary schools. Groups of young people outside of mainstream school settings, like Pupil Referral Units and young offenders have not consistently received a service despite having greater and more complex needs. In addition, the offer to the tertiary education sector is not consistent. Lastly, the service is not visible to the adolescent population for whom there are concerns about emotional health.

Future Models of Delivery

The transfer of commissioning responsibility for the health visiting service to KCC presents a new and exciting opportunity to ensure that the health and wellbeing needs of children and young people in Kent are being met in the best way.

KCC has reviewed the existing services and engaged with stakeholders involved in supporting children and young people. This process has identified good practice which will be maintained and also highlighted opportunities for improvement.

Based on this service evaluation and stakeholder engagement work, the following models have been developed:

Model 1: Current Model

0-4

Health Visiting Service

Focus on needs of children 0-4 before handing over to SPHS

5-19

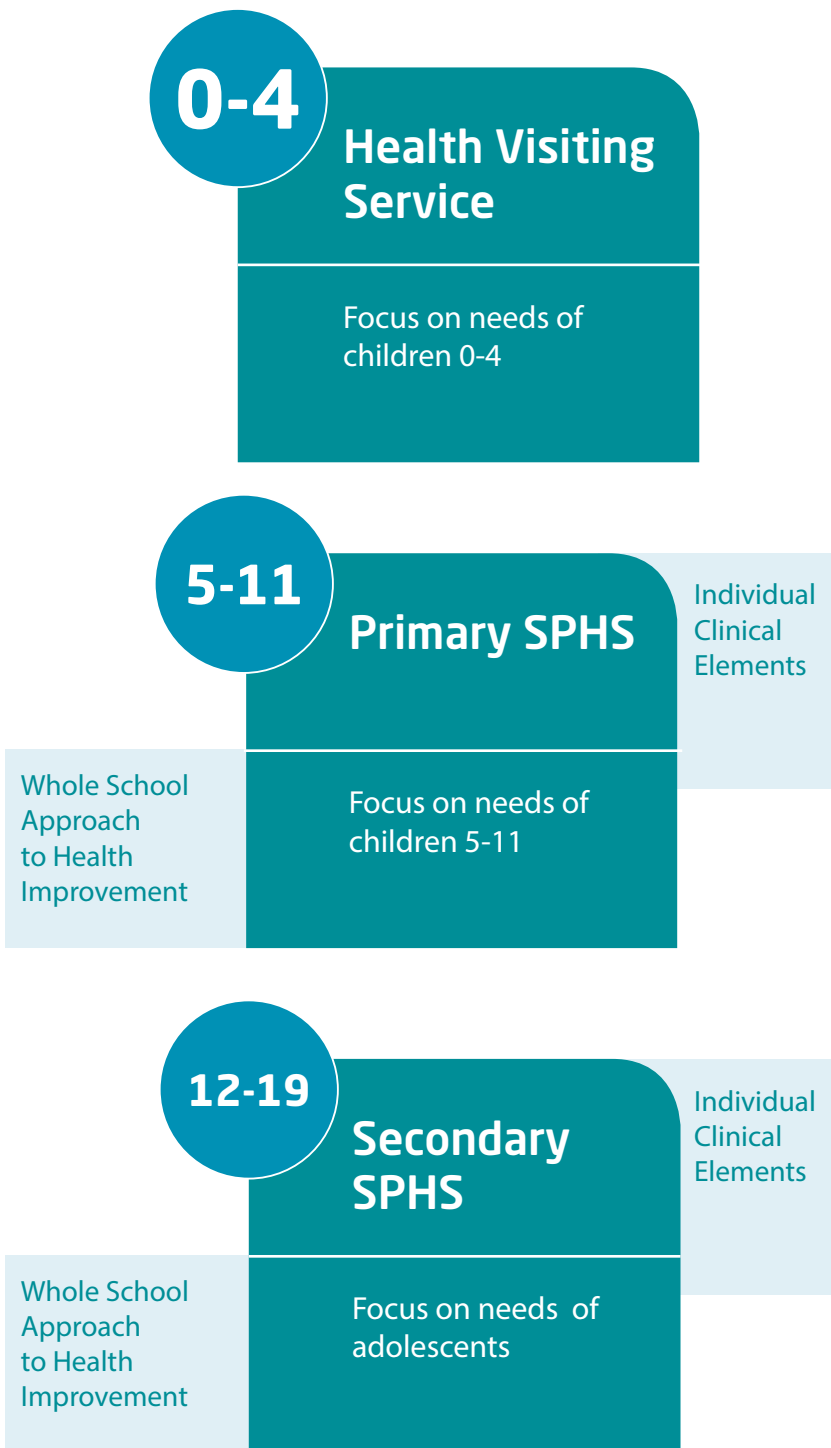
SHPS

Focus on needs of all primary and secondary aged children

The current model delivers an age specific service for 0-4 year olds and a separate service to all school aged children, which focusses on both the individual public health needs of children and takes a whole school approach to health improvement.

The handover and change in service from Health Visiting to the School Public Health Service occurs at school entry which represents a key stage of transition for the child.

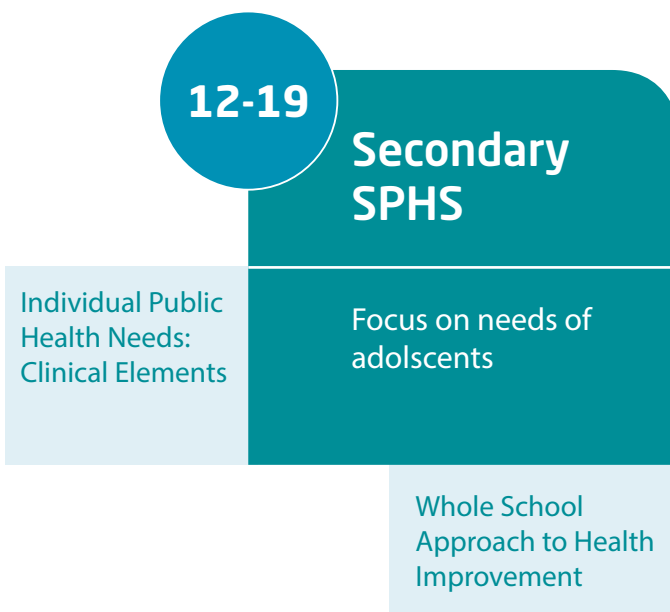
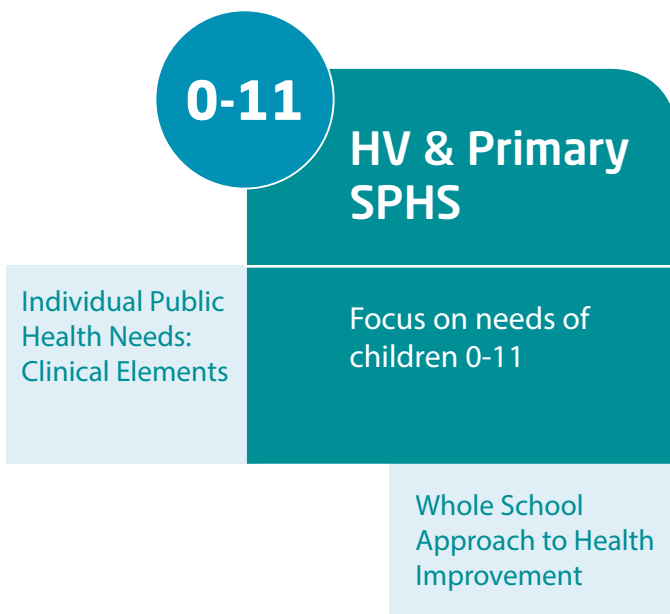
Model 2



Model 2 provides the opportunity for the services to be delivered in line with the developmental needs of the population and retain a focus on the mandated clinical elements of the Healthy Child Programme 0-11. This approach ensures that individual clinical needs are met alongside delivering age appropriate health improvement services. The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach. The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 2 retains the transition from Health Visiting to the School Public Health Service and introduces an additional transition from primary to secondary school.

Model 3



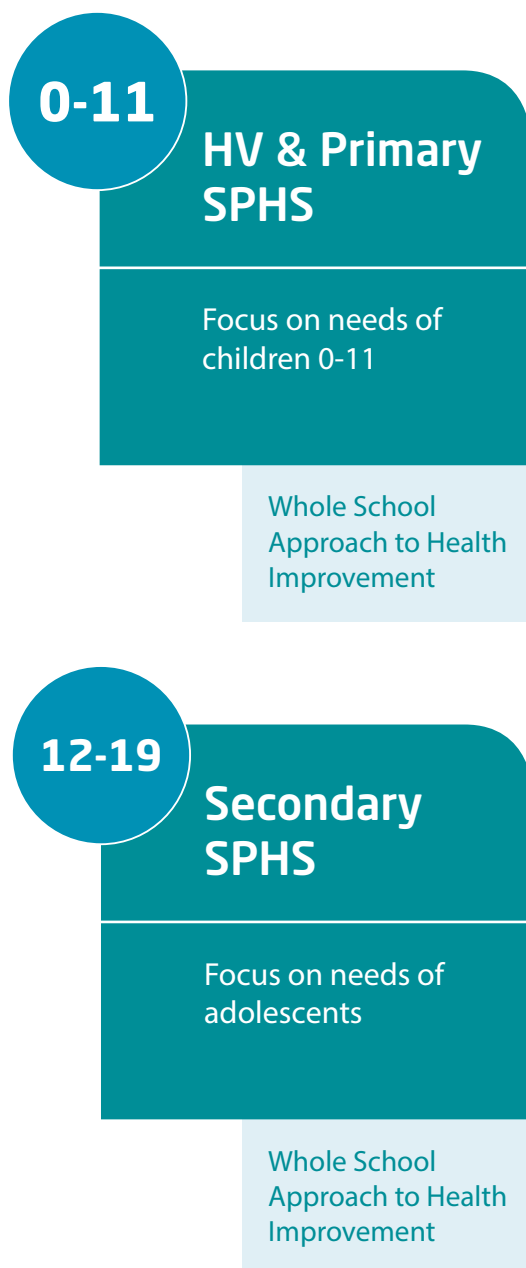
In Model 3, a single service delivers across the 0-11 age group. This maintains a focus on the clinical elements of the Healthy Child Programme 0-11 and the skills required to deliver those elements. In this model, both the clinical elements for addressing individual needs as well as the approaches adopted for health improvement focus distinctly on the needs of the 0-11 and 12-19 age groups.

The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach.

The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 3 removes the transition from Health Visiting to the Public Health School Service at school entry, providing at this time of transition. The service handover would instead take place between primary and secondary education.

Model 3b



As in Model 3, a single service delivers the individual public health needs across the 0-11 age group, which maintains a focus on the clinical elements of the Healthy Child Programme 0-11 and the skills required to deliver those elements. However, model 3b separates clinical elements from whole school approaches to health improvement, which presents the opportunity to jointly commission additional clinical services.

The adolescent health service is able to actively engage young people by developing and delivering a visible resilience focussed approach. The workforce would need to be equipped with the skills, attitudes and capacity to build relationships with adolescents and professionals in the educational settings they access.

Model 3b removes the handover from Health Visiting to the School Public Health Service at school entry, providing consistency at this time of transition. In this case, handover between services would take place when moving from primary to secondary school.

How to respond to this consultation

Whether you are a past, current or future user of these services, a carer or relative of a service user, a member of the public, an existing or potential provider of services, or another stakeholder we are keen to hear your views and experiences.

Please visit www.kent.gov.uk/healthychildren to complete the online questionnaire

Alternatively, complete the form attached and post to: KCC PUBLIC HEALTH CONSULTATIONS

All background documents relating to this consultation are available online, or may be requested in various formats from childrenspublichealth@kent.gov.uk

Kent County Council values all feedback and views provided. By completing the short questionnaire you will be assisting us to ensure that these services meet the needs of Kent residents.

Questionnaire

We would be grateful if you could take the time to complete this short questionnaire to give us your views of the commissioning of services for children and young people

Please respond by 14 December 2015

1 Are you responding to this consultation as: (You may tick more than one)

- Parent/ carer/ relative of 0-4 year old
- Parent/ carer/ relative of a child or young person aged 5-19 (past or present)
- A child or young person who uses/ has used these services
- A professional related to these services
- Other

If 'professional' or 'other' please explain your interest

2 Proposed models: which model of service best meets the needs of children and young people?

- 0-4 and 5-19 (current model)
- 0-4, 5-11 and 12-19 (model 2)
- 0-11 and 12-19 (model 3)
- 0-11 and 12-19 (model 3b)
- Don't know

Please tell us why?

3 What do you think are the most important public health issues for children in primary school? (Please rate the options: 5 = Most important 1 = Least important)

- School readiness and progress
- Injuries and minor ailments
- Nutrition and physical activity
- Sexual Health
- Bullying
- Puberty and development
- Smoking
- Alcohol
- Emotional wellbeing
- Self-harm
- Attainment
- Other

If other, please state:

4 What do you think are the most important public health issues for young people in secondary school? (Please rate the options:

5 = Most important

1 = Least important))

- Transfer to secondary school and progress
- Injuries and minor ailments
- Nutrition and physical activity
- Sexual Health
- Bullying
- Puberty and development
- Smoking
- Alcohol
- Emotional wellbeing
- Self-harm
- Attainment
- Other

If other, please state:

5 What skills and attitudes do you think are needed to work with the different age groups of children and young people?

6 Is there anything else you would like put forward to shape future public health services for children and young people in Kent?

About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we're asking you these questions.

We won't share the information you give us with anyone else. We'll use it only to help us make decisions, and improve our services.

If you would rather not answer any of these questions, you don't have to.

7 Are you.....? Please select one box.

Male Female I prefer not to say

8 Which of these age groups applies to you? Please select one box.

0 - 15 25-34 50-59 65-74 85 + over
 16-24 35-49 60-64 75-84 I prefer not to say

9 To which of these ethnic groups do you feel you belong? (Source: 2011 census)

Please select one box.

<input type="checkbox"/> White English	<input type="checkbox"/> Asian or Asian British Indian
<input type="checkbox"/> White Scottish	<input type="checkbox"/> Asian or Asian British Pakistani
<input type="checkbox"/> White Welsh	<input type="checkbox"/> Asian or Asian British Bangladeshi
<input type="checkbox"/> White Northern Irish	<input type="checkbox"/> Asian or Asian British other*
<input type="checkbox"/> White Irish	<input type="checkbox"/> Black or Black British Caribbean
<input type="checkbox"/> White Gypsy/Roma	<input type="checkbox"/> Black or Black British African
<input type="checkbox"/> White Irish Traveller	<input type="checkbox"/> Black or Black British other*
<input type="checkbox"/> White other*	<input type="checkbox"/> Arab
<input type="checkbox"/> Mixed White and Black Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> Mixed White and Black African	<input type="checkbox"/> I prefer not to say
<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Mixed other*
<input type="checkbox"/> Other ethnic group*	

*If your ethnic group is not specified in the list, please describe it here:

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

10 Do you consider yourself to be disabled as set out in the Equality Act 2010?

Please select one box.

Yes No I prefer not to say

11 If you answered Yes to Q10, please tell us the type of impairment that applies to you.

You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select Other, and give brief details of the impairment you have.

- Physical impairment.
- Sensory impairment (hearing, sight or both).
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy.
- Mental health condition.
- Learning disability.
- I prefer not to say.
- Other*

*If Other, please specify:

12 Do you regard yourself as belonging to any particular religion or belief?

Please select one box.

Yes No I prefer not to say

13 If you answered Yes to Q12, which one applies to you? Please select one box.

- Christian Hindu Muslim Any other religion, please specify:
- Buddhist Jewish Sikh

14 **Are you...?** *Please select one box.*

Heterosexual/Straight Gay woman/Lesbian Other

Bi/Bisexual Gay man I prefer not to say

Thank you for taking the time to complete this questionnaire.