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and Whitby**
Clinical Commissioning Group

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North Yorkshire County Council

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VIA EMAIL

Dear Colleagues

Re: Healthy Child Programme (HCP) First Phase Engagement

We would like to take this opportunity to write to you on behalf of the 4 North Yorkshire CCG's to share our views as part of the initial phase of the HCP engagement. We are aware the current contract comes to an end in 2020.

There are some general comments we would like to share as well as some specific areas we would like to raise with you. There is a useful summary on your website of what the HCP offers and the CCGs would like to ensure that this offer continues post 2020.

The HCP programme aims to:

- help parents develop and sustain a strong bond with children;
- support parents 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;
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner;
- focus on the health needs of children and young people ensuring they are school ready (SEND code of practice 0 to 25 years, 2017); and
- make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by five'.

The HCP needs to be a comprehensive service to monitor, evaluate and protect the health of children from the first months of pregnancy through age 19, available to every family in North Yorkshire. The offer should provide a wide variety of services aimed at providing for physical, mental and emotional well-being of the child, parents and family as a whole.

The HCP should contribute to improving the lives of children and young people through frequent monitoring and check-ups. These check-ups should be aimed at identifying the different health needs of children, young people, parents and families so they can be effectively addressed by experts in health.

Health Visitors (0 to 5 years) we would like to see Health Visitors continue to enter the homes of families to offer advice, help and resources to new parents and those with young children.

- ✓ **Regular Checkups:** beginning at the first 12 weeks of pregnancy and continuing regularly through the first weeks of life, as an opportunity for health visitors to evaluate not only physical examinations, also to take into account the environment, noting any risk factors that could affect any aspect of the child's development. Health Visitors need to be trained to accurately and confidently identify vulnerabilities in families with young infants, and also having the flexibility within the commissioned service to be able to respond in a timely way to support families as part of an integrated early help offer. If Health Visitors reduce their face to face input particularly under 2.5 years there are concerns that development checks will not take place. The universal service is lost and moves towards a targeted service. Major assessments conducted at ages one, two and a half, and before children enter school. These check-ups are vital for catching developmental disorders, sickness, or any type of abnormality, whether it is physical, mental or psychological.
- ✓ **Immunisations:** children provided with immunisation for many different communicable diseases, including polio, tetanus and many others, beginning for most 8 weeks after birth, continuing through childhood. This needs to include mass vaccinations, catch up campaigns or outbreaks.
- ✓ **Support for At-Risk Children:** home visit programs, as well as one-to-one intervention with specialists and experts working to create a safe environment for young children to grow. Health visitors to diagnose the needs of each particular family and child to give them the support they need.
- ✓ **Visual /Audiology Checks:** vision/audiology checks between ages four and five as children enter school to ensure that each student is able to understand what they are learning.
- ✓ **Promotion of Healthy Lifestyle:** Healthy diet and exercise are encouraged in a variety of different ways, beginning at an early age. The HCP to place an emphasis on breastfeeding during infancy, and seeks to educate parents as well as young children about a healthy diet.
- ✓ **Intervention for Children with Developmental Needs:** children with special educational needs or a physical or emotional disorder can be diagnosed at a young age, with routine checkup procedure, and receive the special treatment they will need earlier on as a result.
- ✓ **Psychological and Emotional Support:** health visitors assessment and intervention if needed when there are warning signs the child's/families require psychological and emotional support.
- ✓ **Special Educational Needs:** As soon as a special educational need is recognised, the HCP lays out a path to getting families the proper care and provide ongoing support to the family.

School Nurses (5 to 19 years). Starting when children enter school, the school nurse will adopt many responsibilities held by the health visitor in early life. They have a responsibility to monitor the well-being of children and young people, and the ability to intervene early. This needs to continue into further education and the justice system.

- ✓ **Health and Nutrition:** The national weight and management programme needs to be a universal offer and include those children with SEND and additional needs with no distinction regarding the status of the school or college the child attends.
 - ✓ **Emotional and Psychological Support:** To provide a strong basis for monitoring and protecting the mental and emotional health of all children and young people. This includes providing further intervention for those suffering from mental illness and emotional difficulties. There is a mental health element to the Compass REACH Contract (i.e. *Mental Health Nurses which are commissioned by NYCC and provide targeted intervention for mental health and substance misuse*). Estimates of 70% of referrals to the school nurse service are for emotional & mental health this is then a core universal offer for this service.
 - ✓ **Substance Abuse Support:** Referral to support services should be available for young people in need of aid with substance abuse problems as part of the HCP.
 - ✓ **Sexual Health:** Provide advice and guidance to children and young people in relation to sexual health and relationships.
 - ✓ **Special Educational Needs:** the school nurse to provide ongoing support and intervention for children and young people with special educational needs as outlined in the SEN Code of Practice and an EHC assessment should be undertaken to evaluate the child's needs where required.
 - ✓ **Review Health Assessments ('RHA').** HCP to be responsible for conducting RHAs for LAC as requested by the specialist LAC nurse team and young people who are known to be at risk of poor health outcomes.
 - ✓ **Comply with Child Protection and Safeguarding Requirements,** ensuring that concerns about safety and wellbeing of all children and young people are identified early and are acted on.
 - ✓ **School Health Care Plans.** The HCP will ensure plans are in place for those children who require them and will sign off as requested by the Head Teacher of the school. The HCP to provide early support, advice and access/signposting to specialist health services.
 - ✓ **Health Checks (reception and Year 6).** Advice, training and support to children and young people with common health conditions epilepsy, asthma, diabetes, allergies and Level 1 continence problems. To includes those children with SEND and/or additional needs.
 - ✓ **Support for children attending special school and those with complex health conditions in mainstream schools.**
 - ✓ **Support for New Parents:** all new parents, particularly first-time parents, will require some support to help them adjust and attune to their new baby. The HCP has a key role to play in this respect, particularly around supporting breast feeding and the establishment of positive parenting practices and the 'strong bond' with a child which is such an important protective factor for that child. The very early identification of some key risk factors in the most vulnerable early months of a child's life is also imperative if the aims of the programme to ensure children are healthy and interventions made in a timely fashion are to be realised. Domestic abuse, parental mental ill health (particularly in the perinatal period), parental substance misuse, parental learning difficulty, infants with complex or additional needs are all recognised ACEs (Adverse Childhood Experiences) which can lead to poor outcomes in later life. The recent report from the Children's Commissioner (OCC, 2018) highlights the role that the 0-5 service can play in early identification and mitigation of these risk factors through an integrated service offer with a specific focus on 'health'.
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- ✓ **Support for Children and Families with Identified Vulnerabilities:** ongoing support as part of a single or multi-agency team to those children and families where there are recognised vulnerabilities, again with a specific focus on physical, emotional and mental health and wellbeing.
- ✓ **Safeguarding:** in line with statutory guidance (HM Government, 2018; RCPCH 2014) all 0-19 practitioners need to be appropriately trained and fully engaged with all safeguarding processes (i.e. strategy meetings, Child Protection Conferences, Core Groups, LAC Reviews, court processes, Case Reviews, CDOP) to ensure that all relevant health information is shared and practitioners contribute to agreed multi-agency plans to support and protect children. These requirements were embedded in the Service Specification for the HCP at point of transfer from NHSE to Public Health commissioning organisations.
- ✓ **Looked After Children:** The adverse health outcomes for children and young people entering and leaving care have been well documented in reports, and the expectations of provider and commissioning organisations clearly articulated (HM Government, 2015). At the point of transfer from NHSE to Public Health commissioning organisations, the specification referenced the provision of Review Health Assessments for looked after children from within North Yorkshire and from Out of Area. Any change to this arrangement would need to be explored in detail to ensure that all our children in care receive timely and high quality assessments of their health needs, and the development, implantation and review of a health plan which seeks to address those needs.

Additionally, support for children and their carers in pre-adoptive or new adoptive placements would help those families to enjoy optimum health outcomes and help to reduce adoption breakdowns.

- ✓ **Information Sharing with Primary Care:** we strongly feel that a clear communication standard needs to be maintained such that regular meetings between primary care and 0-19 practitioners are appropriately prioritised. Progress made around shared IT systems has been welcomed and recent developments built on so that robust information sharing is established across the county.

We hope that this is helpful in understanding the CCGs priorities for HCP 0 to 19 services and we look forward to the consultation period when the new offer will be consulted on by key stakeholders. If you require any further explanation on any of the above priority areas then please do get in touch with Jayne Hill in the first instance and she will be happy to discuss further.

Yours sincerely



Janet Probert
Chief Officer

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