

**0-19 Healthy Child Programme and Public Health Nursing Services**

Service Specification

April 2018 – March

A Prime Provider Model.

July 2017- July 2020 (2024).

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| 1. **Overview** |
| * 1. **0-19 (25) Healthy Child Programme** |
| Lancashire County Council (LCC) intends to appoint a provider who will ensure the delivery of its future 0 - 19 (25) years Healthy Child Programme (HCP), as outlined within the delivery specification. Transitional support will be available for young people, up to 25 years, with special educational needs and disabilities (SEND). The service will be provided by a skill mixed team led by Specialist Public Health Nurses - either Health Visitors or School Nurses.    The aim is to delegate service delivery to the successful provider who will then be held to account for its quality and performance. The successful provider will be required to deliver LCC's 0-19 (25) years Healthy Child Programme working collaboratively with other organisations, specifically LCC's Well-Being Early Help and Prevention services (WPEH), delivering services for children, young people and families, and contributing to the delivery of strategies and drivers from the local authority and local strategic boards. The elements of this programme will include:   * Public health nursing - including the 4-5-6 service model from the antenatal period up to 19 years for children, young people and families (up to 25 years with SEND). * Support for all children, young people and families at the four service levels (community, universal, universal plus and universal partnership plus). * Early identification of need, screening, developmental health reviews, focus on high impact areas, and the provision of the National Child Measurement Programme (NCMP) * Health improvement with a focus on prevention.     **Figure 1**. Healthy Child Programme public health nursing service (0-19).  The successful provider, in partnership with commissioning and WPEH colleagues, will develop, deliver and lead others in collaborative innovative solutions to meet local need and provide an increased emphasis on prevention at all service levels. Service users will receive a seamless delivery of care, delivered on a population and community basis, which is family centred and delivered by the right person, at the right time and in the right place, to meet individual child and family needs.   * + 1. **Service Development**   The successful Provider will work closely with Lancashire County Council to undertake a review and develop a design for future service delivery that maximises the effective use of available resources. The design will focus the delivery of Wellbeing Prevention and Early Help services and public health nursing shared provision meeting the following broad objectives:   1. Authority and Service Provider working in one delivery framework for Children, Young People and Families that provides the Healthy Child programme and an early help and support, 2. Having identified case holder's for Children, Young People and Families from the one collective workforce, 3. Assisting in promoting communication and marketing of the one service framework of public health nursing and early help delivery being provided as a collective service provision, 4. Developing information sharing processes and consent processes to facilitate a one delivery framework approach, and 5. Produce service delivery policy and procedure that ensure provision is co-delivered and cohesive pathways.   The successful Provider and the Authority will jointly design new ways of delivering services in line with the objectives, where improvements to service delivery, current pathways and/or commissioning activities present opportunities to realise greater efficiency. The successful tenderer will be required to produce an overall solution design.  The realisation of an efficient service with embedded co-delivery is clearly critical to our plans. The successful Provider will therefore be required to demonstrate a proven track record of identifying opportunities for the redesign of services.  The successful Provider will deliver the following outputs based on undertaking in-depth reviews with the Authority:  a)            A detailed assessment and development of the efficiency opportunities jointly identified.  Output a) is to be delivered to the Authority no later than the end of the 1st year of the contract.  b)            An outline end to end service design.  Output b) is to be delivered to the Authority no later than the midpoint of the 2nd year of the contract.  c)            A final end to end service design which is to be received in a form and substance satisfactory to the Authority.  Output c) is to be delivered to the Authority no later than the end of the 2nd year of the contract. |
| * 1. **Population Coverage** |
| All children and young people and their families (0-19) who are resident or attending school in the local authority area will receive the Healthy Child Programme (HCP) universally proportionate to need. The service will ensure equality of access for all children and young people aged 0-19 years (25years with SEND) and their families, regardless of disability, gender reassignment, marriage and civil partnership, sex or sexual orientation and race – this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.  The successful provider will ensure the school aged population is offered the HCP, this is not subject to school setting and will include offering the programme to children educated at home, and children missing from education.  The service will ensure that any coverage/boundary issues that may arise are dealt with in collaboration with neighbouring providers. 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.  **0-5 Years:** The HCP offer for children and families aged 0-5 years must be delivered to a defined geographical population in line with Lancashire County Council boundaries. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP. If the intervention is refused this must be recorded and actioned as appropriate depending on the assessment made of risk by a Specialist Community Public Health Nurse.  **5-19 Years:** The HCP service in Lancashire will be provided to every child (their family and community) aged 5-19 years who is educated in a Lancashire school or college. The service support will be available on an all year round basis. This offer must also include children and young people who are home educated, not in education, employment or training (NEET) and live within Lancashire. If consent is not given for the intervention this must be recorded and actioned as appropriate depending on the assessment made of risk by a Specialist Community Public Health Nurse.  All educational settings (school aged) in Lancashire will be offered the school nursing service offer. Wider services will also ensure that those not in an educational or employment setting aged 5-19 can access HCP provision.  Where migration in and out of Lancashire County Council occurs for the purpose of attending school or another place of education outside of Lancashire, the commissioner can confirm that reciprocal arrangements are in place with Pan Lancashire commissioners (Blackburn with Darwen and Blackpool Council) to secure continuity of care, ensuring that all children receive the core HCP offer.  **Looked After Children 0-19 Years:**  The successful provider will work closely with the designated nurses for Children in Local Authority Care. The service will provide all review Children Looked After (CLA) assessments for children or young people that are placed within Lancashire. |
| 1. **Population Needs** |
| The provider will adjust the service workforce so that 'universal proportionate' delivery is provided. The service will aim to improve health outcomes for all and also reduce health inequalities by targeting resources to those most in need.  Child health population needs have been identified based at district level over Lancashire. These can be found at:  -  The provider will also be expected to utilise a range of local data sources, their own understanding of local health and community needs, and apply holistic individual assessment to reduce the gap between the worst and best community profiles. This will be an ongoing process. |
| 1. **Scope** |
| * 1. **Service Aims** |
| The aim is to ensure that all children and young people receive the full service offer, including universal access and early response to needs, with timely access to support or referral to specialist services. Health visiting and school nursing teams will contribute to improved local outcomes and reduce health inequalities for children and young people, through maximising specialist knowledge, skills, professional judgment, autonomy and leadership.  The successful provider will deliver the 0-19 (25) years HCP and contribute to the following high level aims:   |  | | --- | | * + 1. **Aims** | | * The health of all children, young people and families in Lancashire will be improved by ensuring the HCP is universally offered and accessible to all. | | * That every child, young person and family, and all the services who work with them, know what the HCP offer in Lancashire is, and are able to access the right support at a time and in a place that meets their needs. | | * Local delivery and responses will ensure the greatest health improvements will be seen with those with greatest need so that health inequalities are reduced. | | * Demonstrable improvement in child and family health and wellbeing in line with the relevant Public Health Outcomes Framework (PHOF) and Child Health Profile indicators demonstrated through key performance indicators as set out in this specification.   https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938133000/pat/6/par/E12000002/ati/102/are/E10000017/iid/10401/age/211/sex/4 | | * Support 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 as a foundation on which to build support in the early years and beyond. | | * Provide 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. | | * Children, young people and families will have need identified early and health improvement and preventive health support will be embedded within the support they receive. | | * Enable children to be ready to learn at 2, ready for school by 5, and to achieve the best possible educational outcomes. | | * Support families and young people to engage with their local community through education, training and employment opportunities. | | * Support children, young people and families to navigate the health and social care services to ensure timely access and support. | | * Work 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. | | * The HCP delivery will be provided as a collaborative and integrated response and develop further coordinated and integrated ways of working in partnership with interdependent services and children and young people's services. | | * Take the lead in developing effective partnerships and acting as advocate to deliver change to support improvements in health and wellbeing of all children and families. | | * Work 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. | | * Ensure early identification of children, young people and families where early help and additional evidence-based preventive programmes will promote and protect health in an effort to reduce the risk of poor future health and wellbeing; work to ensure that families are identified and supported to improve the breadth of their health and wellbeing needs through the [Troubled Families Programme](https://www.gov.uk/government/publications/troubled-families-supporting-health-needs), and to contribute to the health outcomes of the Troubled Families programme, meeting the health needs of the whole family. | | * Contribute to supporting vulnerable children and safeguarding children and young people. | | * Demonstrable improvement in child and family health and wellbeing in line with the relevant PHOF and Child Health Profile indicators. Demonstrated through key performance indicators as set out in this specification.   <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938133000/pat/6/par/E12000002/ati/102/are/E10000017/iid/10401/age/211/sex/4> | |
| * 1. **Key Outcomes** |
| The service will contribute to improving the following 0-19 year's public health outcomes. Associated measurables can be found within the key performance indicator table.   |  |  | | --- | --- | | * + 1. **Public Health Domain: Wider Determinants of Health** | | |  | Children, young people and families receive a proportionate universal offer to ensure that those that have the greatest need make the greatest improvement, closing the gap in inequality in health outcomes. | |  | More children and young people achieve positive physical and emotional milestones (contributing to improved rates of school readiness). | |  | More children and young people, particularly the most disadvantaged children, improve academic results to close the attainment gap between the most and least deprived. | |  | More children and young people develop and achieve their potential, through improved rates of school attendance. | |  | More 16–19 year olds are able to achieve their potential through increasing the percentage of 16–19 year olds in employment, education and training, and reducing the numbers not in employment, education and training (NEET). | |  | Children and young people are safe and protected, resulting in:  A reduction in hospital admissions caused by unintentional injuries to children and young people,  A reduction in the number of children and young people killed or seriously injured on the road. | |  | Community assets are actively identified, understood, developed and promoted to improve health and wellbeing. | |  | Full UNICEF baby friendly community accreditation achieved and maintained. |  |  |  | | --- | --- | | * + 1. **Public Health Domain: Health Improvement** | | | **3.2.2.1** | Families are prepared for the transition to parenthood. | | **3.2.2.2** | More children and young people have a positive attachment with their parents and carers. | | **3.2.2.3** | More babies are fed breast milk, through an increase in breastfeeding initiation and prevalence. | | **3.2.2.4** | More families feel competent and confident to follow safer sleep guidelines reducing incidences of sudden infant death (SUDI). | | **3.2.2.5** | More children and young people are a healthy weight, through a reduction in the number children who are overweight and obese. | | **3.2.2.6** | More pregnant women, parents, carers, children and young people have better mental health. | | **3.2.2.7** | More pregnant women, parents, carers, children and young people are smoke free, reducing the prevalence of smoking locally. | | **3.2.2.8** | Children and young people, parents and carers are supported to reduce substance misuse. | | **3.2.2.9** | Children and young people, parents and carers are supported to reduce teenage conceptions and improve sexual health. |  |  |  | | --- | --- | | * + 1. **Public Health Domain: Health Protection** | | | **3.2.3.1** | Increased population immunisation coverage for children and young people to reduce the prevalence of preventable ill health. | | **3.2.3.2** | Decrease in the number of children who become the subject of a child protection plan. | | **3.2.3.3** | Reduction in the rates of infant and child mortality. |  |  |  | | --- | --- | | * + 1. **Public Health Domain: Healthcare Public Health** | | | **3.2.4.1** | Children, young people and families have access to preventative health and self-care education, and locality based expertise to manage minor illness and injuries. | | **3.2.4.2** | Decrease in the rates of children and young people's accident and emergency attendance and non-elective rates of paediatric hospital admissions. | | **3.2.4.3** | More children and young people have better oral health to prevent tooth decay. | |
| * 1. **Service Description** |
| |  | | --- | | * + 1. **0-19 (25) Framework** | | The service will lead and co-ordinate local delivery of the 0-19 (25) years HCP, using the 4-5-6 models as the core framework; providing at 0-5 years and 5-19 (25) years the 4 levels of service offer, 5 health reviews and focus upon the 6 High Impact Areas. See figure 1. | | The service will provide a public health nursing service that integrates with primary and secondary care, early years, childcare, educational settings, LCC's Wellbeing and Early Help (WPEH) service and social care. Delivery will be provided within local communities, utilising neighbourhood centres where practical and provide locality teams and nominated leads known to stakeholders, including a named health visitor or school nurse for General Practitioners, WPEH teams, nurseries and schools, neighbourhood centres and integrated care hubs. | | The provider is expected to operate an integrated 0-19 (25) HCP service delivery as part of a multi-agency team within Neighbourhood Centres to ensure new and innovative ways of working with LCC's WPEH services, making the effective use of our shared resources, i.e. workforce, commissioning, estates and training, improving information sharing and outcomes for families. | | The service will deliver the universal HCP by appropriately qualified staff, which includes health promotion, screening and reviews, promotion of immunisation uptake and early intervention in response to need. The service will provide involvement in key public health interventions in communities and as specified within the HCP. | | The service will work with the community, stakeholders and local commissioners to identify population health needs. | | The service will work with local authority commissioners to ensure that clear care pathways and local health promotion strategies exist between health visiting and school nursing teams and key services that children, young people and families access such as WPEH services, perinatal mental health, substance misuse and sexual or reproductive health services. | | The service will ensure there are clear protocols for addressing the health needs of priority groups. | | The service will deliver public health interventions that supports all children and young people to keep children and families safe. | | The service will ensure and be able to evidence that the experience and involvement of families, carers, children and young people will be taken into account to inform service delivery and improvement. | | The service will build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children. | | The service will build personal and family responsibility, laying the foundation for an independent life. | | The service will demonstrate the impact of the service provided through improved outcomes and service user feedback. | | The service will champion and advocate culturally sensitive and non-discriminatory services that promote social inclusion, dignity and respect. | | The service will be responsive and uphold the principles of 'Every Contact Counts', the 'Six C’s', and the national nursing strategy. Health visitors will:   * Show care, compassion and commitment in how they look after families. * Find the courage to do the right thing, even if it means standing up to senior people to act for the child or parent’s best interests, in a complex and pressured environment. * Communicate well at all times particularly with the children, families and communities they serve and demonstrate competence in all their activities and interventions. | | The service will support other interdependent services who deliver elements of the HCP or have opportunity to improve health outcomes for children and young people, through advice, bespoke training as appropriate, understanding identification of need, healthy conversations, sign-posting and brief interventions | | The provider will lead on and embed co-production practice and health promoting community development into local service delivery in agreement with the commissioner. Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their communities. |      |  | | --- | | * + 1. **0-5 Years Universal Health Visiting** | | * The service will provide a named health visitor (HV) for all infants and children under 5 years. The named health visitor will provide the mandated health reviews – ante-natal, new birth visit and 6-8 week health review. * In addition to inclusion of ages and stages appropriate advice around the high impact areas, health reviews will include review of screening outcomes, new-born blood spot, NIPE examinations, hearing screen, promotion of immunisation uptake and the growth and development reviews. * Prompt action and treatment pathways will be followed in line with UK National Screening Committee (NSC) Standards as above at new baby review or other required visit. | | The service is led by HV's and supported by skill mix teams for all families with pre-school aged children. Health visitors will have caseload responsibility. According to family need a skill mixed team can support provision of the 12 month and 2 ½ year old health reviews, caseload responsibility will remain with the named HV.  In addition to high impact areas, reviews will include review of immunisation status and reviews of growth and development. | | Health and development reviews will holistically assess family strengths needs and risks, provide parents with the opportunity to discuss their concerns and aspirations, assess child growth and development, communication and language, social and emotional development and detect abnormalities. HVs must use evidence-based assessment tools. | | * The service will ensure advice and support is locally universally available, in a variety of formats that includes face to face, provision of visits, baby/child health clinics and accessible phone/text availability. | | The service will promote health and development by focusing upon the six high impact areas for 0-5 year olds. | | * **The service will ensure universal provision supports promotion of attachment and transition to parenting:** * The service will offer universal ante-natal parenting classes/groups (working in partnership with midwifery services and WPEH). * The service will assess the mother and baby relationship at postnatal contacts, with the use of evidenced based tools that will be used to identify infants at risk of poor attachment. When individually indicated the use of New-Born Behavioural Observation (NBO)/Neonatal Assessment Behavioural Scale (NBAS) tools will be used for infants aged 8 weeks and under. The service will provide universal plus support for families or children with assessed additional need. * The service will carry out holistic family assessments that are individually directed, for example housing, benefits, relationships, contraception.   PHE high impact area 1 https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/563915/Early\_years\_high\_impact\_area1\_transition\_to\_parenthood.pdf | | * **The service will ensure universal provision supports promotion of maternal mental health:** * The HV will complete a holistic needs assessment at the ante-natal contact that will include identification of current or previous mental illness utilising a locally defined pathway. * Mothers will be asked about their emotional wellbeing at each routine antenatal and postnatal contact. HVs will use Whooley depression identification questions and Generalised Anxiety Disorder assessment (GAD) 2 short screen questions. Further evidenced based assessment tools will be offered according to National Institute for Health and Care Excellence (NICE) and Public Health England (PHE) guidance and integrated into a locally defined pathway. * At all subsequent contacts during pregnancy and the first year after birth, the HV will include asking the two depression questions, using Whooley and GAD-2, and again using further evidenced based assessment tools as indicated. * The provider will develop a Lancashire pathway, which is evidence based, ensuring women who may develop mental health problems in pregnancy or the postnatal period receive the appropriate Universal Plus or Universal Partnership Plus support, mental health assessments or referral to a General Practitioner, Obstetrician or specialised service support. Pathways must align with Perinatal Mental Health Service pathways.   *PHE high impact area 2*  https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/563917/Early\_years\_high\_impact\_area2\_maternal\_mental\_health.pdf | | * **The service will ensure universal provision supports promotion of breastfeeding and infant feeding support:** * The HV service will promote breastfeeding and support infant feeding on the principle of every contact counts. * At the ante-natal contact, infant feeding advice and breastfeeding promotion will be offered as part of the one-to-one ante-natal contact the HV provides. Infant feeding promotion will be included within ante-natal group/class education, i.e. within Bump, Birth and Beyond. * At the new birth, and 6-8 week visit the HV will provide on-going support around infant feeding, including undertaking feeding assessments using recognised evidenced based tools and guidance. * The HV service will provide enhanced support for mothers experiencing infant feeding difficulties. * The HV service will include advice around weaning as part of infant feeding discussions. * The HV will report breastfeeding prevalence at the new-birth and 6-8 week health review they undertake. * The successful provider will achieve and maintain full accreditation of the UNICEF Baby friendly community initiative. * The HV will work in partnership with the Lancashire community infant feeding service, including the 3rd sector peer support and the LCC WPEH services, being part of a shared pathway to ensure mothers receive seamless care. * The HV will support infant feeding campaigns and nurture a culture for breast feeding in the local community.   *PHE high impact area 3:breastfeeding*   * https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/563921/Early\_years\_high\_impact\_area3\_breastfeeding.pdf | | * **The service will ensure universal provision supports promotion of healthy weight:** * The HV service will provide family information and advice, health promotion and behavioural change support, which will include aims to encourage good maternal diet, breastfeeding, timely and appropriate introduction to solids, and healthy family diet and physical activity. * The service will assess for signs of under or overweight as part of reviews. It will ensure high coverage of the HCP and weights, height and BMI centile measurements at 2-2½ year review. * The service will provide additional support to families with needs and referral to local support or services as necessary including active life and healthy weight services, general practitioner services and Change for Life information. * The HV service will promote the importance of oral health and provide advice around tooth care, brushing and the prevention of tooth decay. * The HV will raise the importance of vitamin supplements including vitamin D at key contacts. * The HV will raise the importance of the National Healthy Start scheme for families on low incomes and for all teenage parents, supporting application processes as necessary. * The HV service will be part of a shared pathway with LCC WPEH, referring Healthy Start beneficiaries to distribution sites to collect Healthy Start vitamins, providing confirmation of advice and guidance has been given to mothers or children for collection from LCC neighbourhood centres.   *PHE high impact area 4: healthy weight, healthy nutrition*  https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/563922/Early\_years\_high\_impact\_area4\_healthy\_weight\_healthy\_nutrition.pdf | | **The service will ensure universal provision supports promotion of managing minor illness and accident prevention:**   * The HV service will build parental confidence and knowledge on self-management and when to seek help for common minor childhood illness, such as fever, cough and colds, vomiting and diarrhoea. * The HV service will provide universal plus support at a secondary prevention level for children of families with identified health needs in order to improve outcomes. Support will include: brief intervention, care planning, signposting or referral to specialist services, and facilitating support in order to access development and educational activities. * The HV service will raise awareness of accident prevention and provide home safety messages, integrating home safety assessment information and advice within health reviews. * The HV service will promote smoke free homes. It will identify maternal smokers and households, and contribute to reduced smoking prevalence rates in families it works with by providing early intervention advice/brief intervention and referral to the Lancashire Tobacco and Nicotine Addiction Treatment Service. * The HV service will provide advice regarding prevention of sudden infant death and Sudden Infant Death Syndrome (SIDS), including providing safer sleep guidance. * The HV service will triage 0-5 year's children's accident and emergency attendance and arrange follow-up as required or as requested. The service will include pro-active follow-up of children of accident and emergency admissions & paediatric admissions for the under 1 year olds, those children on Children in Need or Child Protection Plans and those who have had 3 or more attendances at an Emergency Department or Urgent Care Centre in a 12 month period, as a minimum. * The HV service will provide information, advice and support that enables children, young people and families to navigate the health and social care services that is responsive to their needs.   *PHE high impact area 5: managing minor illness and reducing hospital attendance*  https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/563925/Early\_years\_high\_impact\_area5\_managing\_minor\_illness.pdf | | * **The service will ensure universal provision supports promotion of children being ready for school:** * The service will provide the two to two and a half year review using the Ages and Stages questionnaire (ASQ-3) and ASQ SE universally. The health review will be an integrated offer with early years' settings or neighbourhood centres in Lancashire, with information shared with the LCC WPEH service. * The service will provide early intervention and universal plus support for development, behavioural or parenting support needs to promote all children being ready to learn at 2 years and ready for school at 4 years. Completing and progressing a CAF where a multi-agency response is required * The service will provide advice and signposting regarding early year's free educational entitlements. * The service will provide the Lancashire Book Start universally during the 6-8 week visit. * The service will provide information and advice around potty training. Advice regarding Constipation or later bedwetting issues will be provided on an early intervention level. Children with identified need will be referred to a specialised service or general practitioner.   *High impact area 6- two year old review*  https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/563926/Early\_years\_high\_impact\_area6\_health\_and\_wellbeing\_at\_2.pdf |  |  | | --- | | * + 1. **0-5 Years Universal Plus Health Visiting** | | * The HV service will provide additional outcome focussed parenting support for families with identified need, utilising the evidence base. | | * The HV Service will provide additional perinatal mental health support for families with identified need on an individual level and/or group support such as post-natal depression support working with specialist perinatal mental health services as appropriate. * The HV service will provide the necessary additional visits. * The HV service will provide specialist health visitors in perinatal and infant mental health | | * The HV service will provide universal plus support from the health visiting team to provide enhanced infant feeding support for mothers with identified feeding difficulties or needs. * It will provide targeted breastfeeding support in socially disadvantaged areas, where lower rates of breastfeeding prevalence exist and to young parents to promote breastfeeding rates and reduce health inequalities. * It will provide specialist HVs/lactation consultants (nurses) that support mothers in the community who are experiencing complex and prolonged feeding challenges. There will be local policies and an infant feeding support pathway in place. * The HV service will utilise the skill mix team to provide weaning support advice to families who require additional advice following the 6-8 week visit. | | * The service will provide early intervention and universal plus support or partnership plus support, for children with identified nutritional, developmental, behavioural, social, emotional, cognitive or infant feeding needs; providing brief intervention, care planning or specialist referral. * The HV service will provide universal plus or partnership plus parenting support for families with the aim of improving outcomes for children. | | The service will provide an enhanced universal plus programme of additional support, developed locally for young parents over a Lancashire footprint. Each young mother will be offered a named health visitor who provides additional visits and group work sessions which are in addition to the core 4,5,6 programme.  Young parents over Lancashire (i.e. those under twenty years) will receive an extra nine visits during the infants first year and then a visit every two months up to the infant being two years old.  The service will develop in partnership with the LCC WPEH service, a Lancashire pathway for young parents to ensure joint and supportive approaches.  The Service will track and monitor health improvements and provide specific focus to reducing health inequalities for young parents, including:   * Achieving a reduction in smoking, alcohol and drug use in pregnancy * Improving breast feeding initiation * Improving breastfeeding continuation at 6-8 weeks * Improve parental skills and attachment * Improve emotional health * Improve immunisation uptake * Improve engagement rates with early years settings, and improved levels of school readiness * Providing advice around subsequent pregnancies * Achieving reduction in A&E attendance * Promotion of child development including speech and language * The service will develop local pathways with key partners, including maternity services, early years, housing and the 0-19 HCP, to promote collaboration and accessible support for young parents, in order to support a reduction of health inequalities for young parents. | | * The 0-5 service will provide enhanced 'Public Health Nursing' secondary prevention support for children and families identified as SEND or with physical or learning difficulties, disabilities, emotional or behavioural difficulties. The provider will be required to ensure service provision responds to service requests as part of assessment or contribution to education health care plans (EHC plans), either new or review assessments, following the local pathway, timelines and upholding the national SEND reforms. Contributions to plans will remain outcome focussed. With parental consent any health care plans will be linked into the education health care plans. * The HV service will provide universal plus support at a secondary prevention level for children of families with identified health needs in order to improve outcomes. Support will include: brief intervention, care planning, signposting or referral to specialist services, and facilitating support in order to access development and educational activities. | | The service will provide Care of the Next Infant (CONI) support to families who have faced the sudden unexpected death of an infant sibling. |  |  | | --- | | * + 1. **5-19 Years Universal School Nursing** | | * The school nurse service will offer the 4, 5, 6 core framework of the HCP to the Lancashire school aged population of children, young people aged 5-19 years and their families in Lancashire, with public health nursing support for young people with SEND up to 25 years. | | The service will provide a named school nurse to all educational establishments within the Lancashire 12 districts and will also provide a HCP offer to children and young people who are not educated in mainstream provision, those children missing education, or those educated at home. | | * The service will be led by school nurses and supported by skill mix teams for all children, young people and families. School nurses have caseload responsibility. | | * The service will ensure expert advice and support is available locally, in a variety of formats, including face to face contact, provision of school health drop-ins and use of innovative digital technology means. It will be provided by appropriately qualified staff to enable children and young people and families to sustain a secure environment which supports emotional resilience and good physical and mental health. | | The service will offer the 5 health reviews for school aged children in order to provide further assessment, provide targeted support or provide early intervention to address need and improve outcomes. The Service will:   * Review child health at entry into reception. * Review child health at year 6 (identifying transition support for secondary school). * Review child health at mid teen (transition to adolescence). * Provide an offered review for young people aged 16 years with identified need or those who are receiving universal plus or partnership plus support or those young people who require support in regards to health needs at sixth form, college, further education training or apprenticeships. * Provide a review and support for those young people who require support to ensure smooth transition to any health or social adult services. | | The service is required to provide strategic public health support to Lancashire schools to promote settings based approaches to improve the health and wellbeing of the school population. The successful provider will be required to provide school level health reports based from either the year 6 or year 9 health questionnaires. These reports will be anonymised to a population data level, which is summarised for each individual school. The provider will work with LCC in order to use the LCC secure platform that generates health questionnaires and produces anonymised summary reports. The provider is expected to have a policy in place to undertake this process within all local schools, and this will include consent, information governance processes and operating processes. The school nurse will provide individual guidance to schools that reflects the individual school profile that is produced. | | The service will promote health and development by focusing upon the six high impact areas for 5-19 year olds. | | * **The service will ensure universal provision supports promotion of resilience and emotional wellbeing for school aged years:** * The service will integrate emotional health and wellbeing questions within universal reviews to ensure early identification of those in need. It will provide further holistic assessment as individually indicated, provide universal plus support, use strengths and difficulty approaches, building resilience, evidenced based family centred support- as individually indicated and signpost to specialist services as necessary. * *High impact area1: Resilience and emotional wellbeing.*   <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/>  564089/School\_aged\_years\_high\_impact\_area1\_resilience\_emotional\_wellbeing.pdf | | **The service will ensure universal provision supports promotion of reducing risky behaviours for school aged years:**   * School nurses will include early identification of risk taking behaviours within health review questionnaires. * The school nurse service will provide related health promotion, information, advice and action planning, on an individual level and necessary guidance to schools will be included in school profiling as indicated. * The school nurse service will contribute to an increase in smoking cessation rates in children and young people it works with by providing early intervention advice/brief intervention and actively referring to the Lancashire Tobacco and Nicotine Addiction Treatment Service. * The school nursing services will be aware of local support services for signposting and providing further individual support.   *High impact area2:* reducing risky behaviours  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564090/>   * School\_aged\_years\_high\_impact\_area2\_reducing\_risky\_behaviours.pdf | | * **The service will ensure universal provision supports promotion of improving lifestyles for school aged years:** * School nurses will include early identification of lifestyle issues within health review questionnaires. * The school nurse service will provide related health promotion and healthy lifestyle information, advice and action planning, on an individual level and within guidance regarding individual school profiling as indicated. * The school nurse service will promote uptake of the National Child Measurement Programme (NCMP) and undertake the delivery according to National Guidance. It will promote referrals to local active lifestyle and healthy weight services (ALHW) for children identified as overweight or obese. * The school nurse service will promote Change 4 life resources to communities, families and schools.   *High impact area3:* improving lifestyles  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564093/>   * School\_aged\_years\_high\_impact\_area3\_promoting\_healthy\_lifestyles.pdf | | * **The service will ensure universal provision supports promotion of maximising learning and achievement for school aged years:** * Handovers for reception aged children that are receiving universal plus, or partnership plus support from the health visiting service will be handed over to the school nurse service when most appropriate for individual family needs and when transition into school can be seamless. * The school nursing service will offer all parents/carers of reception aged children a health needs questionnaires in order to identify families that require early intervention. * The school nurse service will build resilience in young people by promotion of self-care, health literacy and prevention of illness and accidents. * The school nurse service will triage 5-19 years children's and young people's accident and emergency attendance, and arrange follow-up as required or as requested. The service will include pro-active follow-up of children attending A&E where the child is a Children in Need (CIN) or on a Child Protection Plan (CPP) or those who have had 3 or more attendances at an Emergency Department or Urgent Care Centre in a 12 month period, as a minimum. * The school nurse service will promote immunisation uptake.   *High impact area4:* maximising learning and achievement  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564095/>   * School\_aged\_years\_high\_impact\_area4\_supporting\_learning.pdf | | * **The service will ensure universal provision supports complex and additional health and wellbeing needs for school aged years:** * School nurses will support schools with their responsibility to ensure health care plans are in place for children and young people with medical needs at school, ensuring primary and secondary prevention ensures children get the most out of the educational provision. * School nurses will provide training to schools that supports a schools ability to adopt a care plan into the school setting. * The school nurse will provide an advisory role to school regarding health matters, medicine management and health promotion. * The 5-19 service will provide enhanced 'Public Health Nursing' secondary prevention support for children and families identified as SEND or with physical or learning difficulties, disabilities, emotional or behavioural difficulties. The successful provider will be required to ensure service provision responds to service requests as part of assessment or their contribution to education health care plans (EHC plans) - either new or review assessments, following the local pathway and timelines and upholding the national SEND reforms. Contributions to plans will remain outcome focussed. With parental consent any health care plans will be linked into the education health care plans. * The School nursing services are expected to have partnership working arrangements with schools, Special Educational Needs Coordinators (SENCO's), community children's nursing services, paediatric services, specialist school nursing services, and paediatric services from tertiary centres in order to improve children's health outcomes and embed primary prevention into existing care packages. * The provider will provide Tier 1 continence information and advice for nocturnal enuresis and constipation. This may include providing information and advice on toileting, diet, fluids, and rewards. If further assessment is required or needs are identified, referral will be offered to local specialised services, general practitioners or paediatricians.   *High impact area5:* Supporting complex and additional health and wellbeing needs  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564096/>   * School\_aged\_years\_high\_impact\_area5\_complex\_additional\_health\_needs.pdf | | * **The service will ensure universal provision supports seamless transition and preparation for adulthood:** * The service will work with partners to deliver targeted drop-ins in schools, colleges and neighbourhood centres to make sure young people have access to confidential health information and support. * The successful provider will use social media to deliver health messages, promote services and offer accessible confidential advice that is acceptable to the young people using them, for example, a texting health advice service. * The successful provider will ensure young people are aware and confident in how to access health services in their community * The successful provider will ensure the service achieves the standards of "You're Welcome" quality criteria.   *High impact area 6:* Seamless transition and preparation for adulthood  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564099>   * School\_aged\_years\_high\_impact\_area6\_ready\_for\_adulthood.pdf | | * The provider will ensure the delivery of the NCMP in Lancashire, in line with national NCMP operational guidance and standards. * The NCMP is a national mandated screening tool, which records the height and weight of all children in reception and year 6. * The provider will have communication systems with parents in place in order to notify them of the results in a sensitive manner, promote healthy weight and physical activity, and provide evidenced based information sources. * The provider will offer referral to parents/carers of children identified as overweight or obese, to LCC's Active Lives and Healthy Weight (ALHW) services. |  |  | | --- | | * + 1. **5-19 Years Universal Plus School Nursing** | | The service will provide universal plus or partnership plus support following health reviews, and/or assessments or as individually indicated. Action planning, brief interventions or care planning will be SMART focussed and aim to improve outcomes. | | The school nurse service will offer provision to vulnerable groups at risk of being marginalised from the HCP offer. These groups include:   * Children missing education * Children educated at home * Young people not in education, employment or training * Young carers | | The school nurse service will support Young People known to the Youth Justice system, it will support step-down processes from the Youth Offending Teams (YOT) with on-going support as required for health assessments and care plans developed at YOT. |  |  | | --- | | * + 1. **0-19 Years Universal Plus** | | The 0-19 service will ensure progressive universal proportionate provision across the continuum of need to meet the needs of local children, young people, families and communities with a focus on prevention, early intervention and early help. | | * The 0-19 service will utilise the Lancashire Common Assessment Framework (CAF) when requesting a multi-agency response for children, young people and families with unmet need at level 2 of the Lancashire Continuum of Need. * The service will follow the guidance and policy to complete a CAF and arrange the necessary team around the family meeting (TAF). * The public health nurse intervention will provide health advice and promote improvement in health outcomes, as part of core groups. * Where they are most suitable, the public health nurse will take on the role of lead professional   http://www.lancashirechildrenstrust.org.uk/resources/?siteid=6274&pageid=45056 | | Where there are identified health, social or developmental needs, the provider will ensure staff have the training to enable effective support can be offered. Workforce capacity will be responsive and planned in response to local need and to enable appropriate evidence based brief interventions, support, or care planning with further assessment as individually indicated in response to children, young people's or family's needs. Practitioner's referrals, if individually indicated, will be made promptly to specialist services, ensuring wider support is offered as necessary and provides advocacy for families within the wider health systems. | | The 0-19 service will ensure children, young people or families that receive universal plus or universal partnership plus have a named Specialist Public Health Nurse who is responsible for support, care and SMART outcome focussed action planning. | | The public health nursing service's will offer universal plus support to 'vulnerable groups'.The service will develop clear protocols and operating procedures to address the needs of vulnerable groups, and for those families who are also hard to reach. It will effectively promote vulnerable groups to engage with the service. These groups will receive the universal offer and further interventions and support as needed at universal plus and partnership plus levels. The provider will be expected to identify how services will ensure that vulnerable groups are able to access services.  There are numerous different factors which could lead to a child being classed as vulnerable. In general, it can be said that a vulnerable child is one who is unable to keep themselves safe from harm, or who is at risk of not reaching their potential and achieving positive outcomes. The following is a list of categories which children can fall into which can define them as being vulnerable, including family characteristics, relationships and social circumstance:  **The list should not be considered as exhaustive.**   |  | | --- | | **Individual Factors:** | | At risk of School Exclusion/Persistent Absenteeism | | At risk of becoming "Not in Education Employment or Training" (NEET) | | Economically disadvantaged | | Young carer | | Socially deprived | | Learning Difficulties/Physical Disabilities /Long-Term Health Condition | | On a Child Protection Plan | | Migrant/Asylum Seeker/Refugee | | Gypsy, Roma & Traveller heritage | | Homeless/Unsettled Accommodation | | Known to the Police or Youth Offending Service | | From a Black or Minority Ethnic Group | | Looked After Child | | Learning Disabilities ASD | |  | | **Wider Family Factors:** | | Parent or carers divorced or separated | | Parents or carers who misuse substances | | Parents or carers not working | | Family with low income | | Work too much (don't take time for child) | | Parent in prison | | No engagement with agencies/school | | Parents or carers with mental health problems | | Rurally isolated | | Living in a household with domestic abuse | | Exiting Youth Justice system | | English as an Additional Language | | At risk of exploitation including child sexual exploitation. | | | * The 0-19 Public Health Nursing Service is expected to work as part of a multi-agency integrated team with LCC's Wellbeing and Early Help (WPEH) services, supporting and responding to the requirements of the National Troubled Families Programme (TFU). The service will identify families who meet the criteria of the National Troubled Families Programme by:   + Undertaking assessment of the whole family   + Becoming the Lead Professional identified to support the family   + Developing action plans jointly with the family   + Ensuring outcomes identified in the family action plan reflect the LCC TFU outcomes framework * The service will provide named public health nurses to support these families and address health needs, ensuring:  1. The CAF has clearly recorded the needs of the whole family and clearly references which of the TFU criteria has been met. 2. The Public Health Nurse arranges a TAF meeting and involves the necessary professionals as part of the meeting. 3. Public Health Nurse will take on the role of Lead Professional if they are the most suitable professional identified. 4. Public Health Nurse will oversee any health support, address family health need and provide the necessary advice and support as indicated.  * The service will monitor and track Improvements in family health outcomes. The health interventions will be analysed and the overall impact demonstrable in order to support local and national evaluation. * If the family consents to share, the service will share family details with LCC's WPEH services, of families worked with where the TFU criteria has been met. * The service will share the names of the public health nurses working with families on TFU action plans including those undertaking the role of lead professional | | The 0-19 service will undertake review health assessments (RHA) for all looked after children (LAC) residing in Lancashire (aged 0-19) and these will be completed in line with statutory requirements. Assessments will be completed and actioned. |  |  | | --- | | * + 1. **0-19 Years Universal Partnership Plus** | | The successful provider will ensure safeguarding is a core part of the programme, which runs through the four levels of intervention. The provider will provide appropriate and effective safeguarding services and will be expected to adhere to relevant national and local requirements and guidance, and implement wherever necessary. Reference will be made to the supporting section of the service specification and contract for requirements on staff, training, supervision, partnership working, information sharing and confidentiality. | | The successful provider will:   * Contribute to reducing the number of children who enter the safeguarding system through preventative and early help work as part of their Community, Universal and Universal Plus role. * Work in partnership with other key stakeholders to help promote the welfare and safety of children and young people. For example, contributing to keeping children and young people safe from the dangers of radicalisation and extremism, and promoting safe practices and a culture of safety, including e-safety. * The successful provider and workforce will be diligent of factors that create higher prevalence risks of safeguarding concerns, integrating ACE enquiry and also utilising 'Routine Enquiry' as highlighted by NICE to identify domestic abuse and provide the associated support. | | The successful provider will ensure:   * All staff are alert to risk factors and signs and symptoms of child abuse. * Staff will support disclosure – following Lancashire Safeguarding guidance and policies. * Practitioners and the workforce will be are aware of children with an early help assessment, child in need, child protection or a LAC plan. Practitioners will work with the designated school safeguarding lead and local authority services, providing assessments and reports as required.   The Service provider will implement and maintain a procedure for its staff which ensures compliance with PAN- Lancashire procedures for safeguarding children and safeguarding adults.   * Public health nurses will contribute to child protection, child in need and looked after children processes. They will be part of multi-agency decision-making, assessments, planning and interventions. Providing contributions and reports for initial case conferences. * The process, reports and use of 'Risk Sensible assessments' will be in accordance with the Lancashire Safeguarding Children Board policies and procedures and national guidance such as Working Together to Safeguard Children (HM Government, 2015). * Practitioners will support core group action planning, working collaboratively to support children and young people where there are identified health needs, or where assessed as necessary/ appropriate for a child in the child protection system. Specialist Public Health Nurses will provide therapeutic public health interventions for the child and family, and refer children and families to specialist medical support, where appropriate. * Health Visitor or School Nurse interventions and action planning will be SMART with the aim of defined improvement in outcomes. * The provider will ensure service delivery is in accordance and in line with local inter-agency and internal safeguarding policies and procedures as determined by the Lancashire Children’s Safeguarding Board and Lancashire Children's Trust Board and produce local operating guidance for their workforce.   http://www.lancashiresafeguarding.org.uk/ | | The successful provider will ensure:   * Staff are trained and equipped to identify, assess, support and refer to appropriate services any child at risk of child sexual exploitation (CSE). The service will be aware of the warning signs of CSE and will be part of the wider specialised provision to raise awareness and to support those at risk of child sexual exploitation. * The service will adhere to Department of Health (DOH) and Local guidance/pathways and utilise the recommended health assessment CSE pro-forma, on a one-to one basis, as indicated following concern from generic health assessment or identified need. * Staff will support disclosure – following Safeguarding policy. | | The successful provider will ensure adherence to the [Prevent Duty](https://www.gov.uk/government/publications/prevent-duty-guidance) (Section 26 of the Counter-Terrorism and Security Act 2015) guidelines, which came into force in July 2015. Safeguarding from extremism is no different to how practitioners would share a concern about drugs, physical and sexual abuse or any other form of criminality. Providers are advised that staff may benefit from completing this nationally accredited [e-learning programme](http://www.lancashire.police.uk/help-advice/safer-communities/counter-terrorism/partner-training.aspx). Where appropriate and the child or young person is known to the provider, senior team members will attend child protection conferences or meetings when they are the most appropriate health representative to do so and there is a specific outcome to contribute towards. | | The successful provider will ensure the workforce is trained and has awareness of the Female Genital Mutilation (FGM) pathway, including the mandatory reporting duty.The DOH FGM safeguarding pathway will be followed in addition to local guidance.  <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542650/>  FGM\_Flowchart.pdf | | The successful provider will be responsible for all general enquiries, contributing to individual case management issues, handling crisis and emergency situations with other partners as required, informing the commissioner of such activity through routine contract monitoring arrangements or directly where it relates to a crisis or an emergency that warrants this being shared as a matter of urgency. | | Safeguarding supervision requirements are set out in the section 5. | |
| 1. **Service Standards** |
| * 1. **Evidence Base** |
| Service delivery must be underpinned by strong evidence and standards. The successful provider will follow and implement the recommended evidence base in order to support delivery. Where national pathways and guidance have been developed, they will be integrated into the local service provision. The provider is responsible for keeping up to date with the relevant evidence base and emerging guidance, with clear roles identified and supported by training in the relevant competencies. The successful provider is required to use the evidence base when developing innovative solutions that improve public health population outcomes.  The provider will be required to meet the requirements of all applicable regulatory and statutory bodies, including, but not limited to:     * Care Quality Commission National Benchmarks, Standards of Quality * Mandating elements of the Healthy Child Programme through Regulations (DoH, March 2015 and Oct 2016) * NICE * OFSTED * UK National Screening Committee Standards and Guidelines * NCMP * Nursing and Midwifery Council - professional standards of practice and behaviour for nurses and midwives * Quality Standards from the Baby Friendly initiative and You're Welcome |
| * 1. **Interdependency with Local Services** |
| Public Health Nurses as leaders must establish good working relationships and integrated approaches with key partners locally in particular LCC's Wellbeing and Early Help Service (WPEH). These connections will include integrated pathways, referral mechanisms, and information sharing agreements as required. The provider will be expected to utilise current community development best practise and co-produce developments with local services, families and communities.  The successful provider will ensure appropriate senior nurse representation on:   * Lancashire Health & Wellbeing Boards/ Lancashire Children’s Trust Board * Lancashire Children Safeguarding Board * Contribute to any Joint Strategic Needs Assessment teams or Public Health business and intelligence teams development groups.   Within the expectation of partnership working, it is required that the successful provider will work with relevant services such as:   * Primary and secondary care - General practitioners, Midwifery, Paediatricians, Community Children Young People and Families services, CAMHS, A&E services * LCC's WPEH services. Integrated pathways will ensure clarity of roles and responsibilities, reduce duplication and eliminate gaps * Schools and nurseries * The community infant feeding support services * The dental epidemiology screening service * The oral health improvement service * The Orthoptist vision screening service * Active lives healthy weight services * Lancashire Tobacco and Nicotine Addiction Treatment Service * Local sexual health services * Local substance misuse services. * 3rd sector partners * LCC services, social care, Special Education Needs and Disabilities team, school improvement, looked after children, youth offending team.   **Service User Engagement**   * The service will fully involve service users and local communities in every level of planning, monitoring and evaluation of services. * The service will work towards recognised standards of service delivery for children and young people You're Welcome. * As part of contract monitoring the provider will be required to submit compliments, complaints and serious incident notifications to the commissioner on a quarterly basis. |
| * 1. **Referrals and Response Times** |
| The successful provider is expected to work with LCC to organise workforce planning that is responsive to need:   * The four levels of service delivery and associated care pathways will be provided in full. * The service will operate all year round, 52 weeks of the year with the exception of Bank Holidays. Core service hours are Monday to Friday 9am to 5pm, but with flexibility from 8am – 8pm to meet the needs of children and young people and families. * The service will respond to all requests for service. * All referrals from whatever source (including those for children, young people and families transferring into area) will receive a response to the referrer within 5 working days, with contact made with the child, young person or family within 10 working days of referral. * Timings for [mandated health reviews](https://www.gov.uk/government/publications/universal-health-visitor-reviews-advice-for-local-authorities) will be in-line with mandated requirements. * Urgent enquiries/ referrals, including all safeguarding referrals, will receive a same day or next working day response to the referrer and contact within two working days, of referral, and be in line with Local Safeguarding Policies. * As a child approaches school entry, transition to the local school nursing service will be initiated in accordance with local policy and this will be as individually assessed for families receiving universal plus or partnership plus support. Similarly, school nursing teams will work with adult services to ensure smooth transition to adult services. * Where public health nursing services are responsible for undertaking children in care/looked after children health review assessments and care plans these must be completed to the national standards and within the statutory timeframe. * Where a child moves out-of-area, the public health nursing services will 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 will be in place to assess the risk to children whose whereabouts are unknown. * The successful provider will comply with the national guidance for the management of safety concerns and incidents in screening programmes and NHS England guidance for the management of serious incidents (<http://www.screening.nhs.uk/incidents>). |
| 1. **Workforce Quality and Standards** |
| * 1. **Registration and Skills** |
| Health visitors and school nurses are required to be registered on Part 3 of the National Midwifery Council Register as a specialist community public health nurse. Such suitably qualified health professionals are trained in child health and development and public health principles.  Staff Nurses are required to be registered on Part 1 of the National Midwifery Council Register.  The successful provider will be responsible for making sure that all health visitors, school nurses and staff nurses are registered with the Nursing and Midwifery Council and this workforce maintains the re-validation requirements. All specialist community public health nurses (SCPHNs) and staff nurses are required to revalidate their fitness to practice every year. [Revalidation](http://www.nmc.org.uk/standards/revalidation/) is the term for the new mandatory process that all Nursing and Midwifery Council (NMC 2015) registered nurses, midwives and specialist community public health nurses will need to engage with. All practitioners will need to demonstrate that they continue to practise safely and effectively, meet training requirements, and meet all requirements that allows them to renew their registration and remain on the professional register.  The successful Provider will work with Health Education England (HEE) and Local Education and Training Boards (LETBs) to deliver effective support for trainees and qualified HCP SCPHNs. This will be delivered by the provision of sufficient practice teachers (PT) who are maintaining competence to practice in line with national guidance; support through mentoring and supervision for students and newly qualified staff; and placement capacity and high quality placements in line with the Nursing and Midwifery Council (NMC) and Higher Education Institution (HEI) requirements. The provider is expected to train sufficient specialist practitioner health visiting and school nursing students as part of recruitment and retention policies. |
| * 1. **Competencies and Training** |
| * The service will ensure all nurses and staff are appropriately qualified and trained to deliver the service requirements. * Nursing staff must be registered with a professional body e.g. Nursing and Midwifery Council (NMC). The successful provider is responsible for ensuring that all staff are supported and achieve revalidation in line with NMC requirements. * Staffing and management structures will be streamlined and efficient with all staff having clear areas of responsibility and remits. * Whilst recognising the contribution of other partners, there will be some elements of practice which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce, i.e. SCPHNs (PHE 2016). * All staff will be supported to continuously undertake training, update skills and techniques relevant to their work. The successful provider will ensure that all staff and volunteers receive this training and other training as relevant to their role and professional development. * All staff will receive infant feeding training in line with the Baby Friendly Initiative standards. * All staff will receive the necessary training in order to provide health reviews and deliver information, advice, guidance and support around the high impact areas. These include, but are not limited to for 0-5 year olds: infant feeding, emotional health and wellbeing, recognising perinatal mental health needs, obesity prevention, parenting skills and Solihull, oral health promotion, vitamin D promotion, new-born observations, child development, and accident prevention. For 5-19 year olds: emotional health and wellbeing, healthy lifestyle, risk taking behaviour. And for all nurses: training and guidance regarding common childhood illness and care plan management. * All the workforce must receive training in line with guidance from Lancashire Children's Safeguarding board and complete annual refresher training for safeguarding, common assessment framework (CAF), Risk Sensible, adverse childhood experiences (ACEs) and child sexual exploitation (CSE). * Training must be provided in data protection, confidentiality and information governance. * All staff are to be trained in brief intervention smoking cessation support by the provider of the Lancashire Nicotine Addiction Treatment Service and ensure they are aware of relevant resources such as Quit with Us and pathways to referral. * All staff must access the Health Education England, Change 4Life and Public Health England suite of resources which support the healthcare and wider workforce to "make every contact count" including the training on influencing behaviour change and initiating difficult conversations about health and wellbeing. * The successful provider is responsible for ensuring training requirements and competencies are monitored through regular assessment and annual staff appraisal. * All training costs will be met by the successful provider. * The successful provider is responsible for ensuring all staff have an appropriate level of current Disclosure and Barring Service (DBS) checks. * Specialist health visitors in perinatal and infant mental health are required to hold post qualifying training and experience that equips them to fulfil specialist clinical, consultative, training and strategic roles on behalf of health visiting services within the fields of perinatal and infant mental health. * Specialist infant feeding health visitors or lactation consultants must be professionally registered, with experience, skill and qualifications in an International Board Certified Lactation Consultant (IBCLC).   The successful provider needs to consider professional conduct on public health nursing (0-19) and ensure there is professional policy to provide both clinical and safeguarding supervision for all public health nursing staff (0-19).  The successful provider must ensure that they have policies and procedures in place and implemented, to ensure the provision of management, clinical and safeguarding supervision as appropriate to the individual roles and responsibilities of staff groups. Risk assessment mechanisms will also be in place. |
| * 1. **Supervision** |
| **Management supervision:**   * The successful provider shall develop and maintain a supervision policy and ensure that all managers and clinical leads/locality leads have access to management supervision.   **Clinical supervision:**   * Specialist community public health nurses (SCPHNs) and the Lancashire HCP skill mix teams and volunteers must have clinical supervision according to their needs, using emotionally restorative supervision techniques. * SCPHNs will have access to a HCP Specialist Community Public Health Nurse Manager or professional lead to provide one to one professional management supervision of their work, case load, personal, professional and learning and development issues. * All supervision will have an emotionally restorative function and will be provided by individuals with the ability to:   + Create a learning environment within which HCP SCPHNs can develop clinical knowledge, skills and strategies to support vulnerable families. This will include experiential and active learning methods.   + Use strengths based, solution focused strategies and motivational interviewing skills to enable HCP SCPHNs to work in a consistently safe way utilising the full scope of their authority.   + Provide constructive feedback and challenge to the nurses using advanced communication skills to facilitate reflective supervision.   + Manage strong emotions, sensitive issues and undertake courageous conversations.   **Safeguarding supervision:**   * SCPHNs, staff nurses and student nurses must receive a minimum of 3 monthly safeguarding supervisions of their work with their most vulnerable babies and children - to include children on a child protection plan, looked after children (including those at home) and those for whom the staff has a high level of concern. * Safeguarding supervision will be provided by colleagues with expert knowledge of child protection to minimise risk or in partnership with specialised safeguarding nurses from the CCG teams. * Supervision must maintain a focus on the child and consider the risk of professional dangerousness as well as the impact of fear, sadness and anger on the quality of work with the family. * Support staff will be provided with safeguarding supervision as appropriate to their role and within clinical supervision sessions. |
| * 1. **Prescribing** |
| Nurse prescribing enhances the clinician’s ability to deliver the high impact area on minor illness**,** not only from the point of view of managing symptoms but also from the medication knowledge that enhances advice and support.  Nurse prescribing has been shown to have a number of benefits, ranging from increased compliance to reduced hospital and GP attendances. This will also impact positively on reducing school absences. Health visitors and school nurses are in an ideal position to respond to common health concerns, discuss treatment options and wider management of conditions, and then to prescribe as part of a holistic approach.  Where public health nurses have not undertaken the Nurse Prescribing module in training, it is a requirement of continuing professional development for completion within the first two years of practice.  For more information visit <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Medicines-management-and-prescribing/> |
| 1. **Location of Provider Premises** |
| The service will be available over the 12 geographical districts of Lancashire County Council and provision and delivery will be accessible in terms of times and locations that meet the needs of **all** children, young people and families.  The provider shall identify and secure the usage of venues that are suitable for the delivery of its service. The provider shall meet the costs of using such venues, ensuring that they are fit for purpose and have adequate insurance and liability cover and are compliant with the Equalities Act 2010.  Venues will be suitable in order to meet local need and achieve improvement in outcomes.  Parents/ Carers should be offered a choice of locations for visits which best meet their needs, e.g. GP surgeries, Neighbourhood Centres, community health services, their home, health centres, etc. Locations must be easily accessible for all children, young people and families who live in the local vicinity (including access by public transport and at times appropriate to the user). Venues for children, family, and young people will be suitable for multi-disciplinary delivery of services in both individual and group sessions and be conducive to flexible availability (e.g. early mornings, lunchtimes, after school/FE college, evenings and weekends). Services need to be responsive and flexible (for example early mornings, lunchtimes, after school, and evenings), and additional use of technology and innovation will be used to ensure reach to children and young people. |
| 7. References, evidence base and associated guidance, standards. |
| Appendix 1. |