Service	Health Visiting for Bury Local Authority area
Commissioner Lead	Bury Council
Associate Commissioners	
Provider Lead	Pennine Care Foundation Trust
Period	April 2019 – March 2022

1 Purpose

These NHS England Greater Manchester particulars support the delivery of National Service Specification no.27 and the National Health Visiting service specification published April 2015, by the provider identified above.

These particulars relate to either additional requirements specific to Greater Manchester, or requirements specific to the area served by this specification.

2 Service Scope

An integrated approach to meet the health needs of young children in the antenatal period and 0-5 years and their families. Health Visitors will lead the delivery of the Healthy Child Programme (HCP) and work in partnership with maternity service, local authority providers/or commissioned services, voluntary private and independent services, primary and secondary care and schools.

The service is to be provided to all eligible residents (permanently or temporarily) within the boundaries of the local authority specified.

The Health Visiting Service workforce

The overarching aim of Specialist Community Public Health (SCPHN) nursing services for children under 5 is to protect and promote the health and wellbeing of children and their families. The Health Visiting Service is underpinned by restorative practice, helping families to deal with conflict and challenge and repair relationships. Responding to the new vision for nursing and the "Six C's", 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/carers 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 Health Visiting Service will lead on the delivery of the full HCP 0-5 years with a focus on working across services and organisational boundaries for babies and children 0-5 and their families to improve public health outcomes. The Public Health Outcomes Framework, the Guide to Early Years Profile and the NHS Outcomes Framework include a range of outcomes which will be improved by an effective antenatal and 0-5 years' public health nursing service:

- Improving life expectancy and healthy life expectancy.
- Reducing infant mortality.
- Reducing low birth weight of term babies.
- Reducing smoking at delivery.
- 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.
- Improving Perinatal and Infant Mental Health and Attachment
- 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 0-5.
- Improving population vaccination coverage.
- Disease prevention through screening and immunisation programmes.
- Reducing tooth decay in children aged 5.

The Early Years model (Appendix 1) has been developed within Pennine Care Foundation Trust, Community Services Bury to support and achieve the NHS Outcomes Framework. The model is inclusive of a Key Worker Health Visitor with a caseload of children and families who have been assessed as Universal Partnership Plus and Safeguarding.

The Key Worker Health Visitor criteria is;

- Children will be pre-birth to fifth birthday and siblings within the age range will be included, older children will be notified to the school health service.
- Where the child is allocated pre-birth or close to birth the expectation is they will remain with the named Key Worker Health Visitor until their 2 birthday at which point if clinically appropriate they will be allocated to their designated Health Visiting team.
- Provide a 'step on step off' approach for older children and their families referred post the antenatal and new birth period, to allow a plan to be put in place for the identified individual needs of the child and family, with appropriate involvement of partnership agencies.

The model of care for children and families follows the principle of Early Intervention in the early years, supporting and empowering families to reduce reliance on public service with the involvement of the 3rd sector.

This integrated model of care prioritises:

- Early intervention and prevention.
- Self-care/self-management and good parenting.
- Safeguarding – domestic violence/child protection/child in need.
- Mental Health issues.
- Attachment and bonding.
- Bury Early Years Outcomes framework.
- SEND Support for families.

The Key Worker role will focusing on the priorities above and providing more frequent visits (appendix 2), assessment and tailored packages of care. This will support the achievement of the public health outcomes framework. The Key Worker Health Visitor will utilise in-depth methods of assessment to support families on the following areas:

- Attachment.
- Relationships.
- Psychological and emotional wellbeing.
- Better parenting.
- Healthier lifestyles.
- Improved attendance for developmental assessments and immunisations.
- Improvements in antenatal health.
- Improved planning of future pregnancies.
- Reducing inappropriate attendances at GP surgeries and A&E departments.
- Improving children's cognitive, emotional and behavioural development.
- Increasing paternal involvement.
- Support with minor ailments / conditions.
- Reducing welfare dependency.

The provider will review benchmarked outcome data for their local areas; guides for effective intervention to improve outcomes can be found on the following links:
http://atlas.chimat.org.uk/IA/dataviews/earlyyearsprofile
https://www2.merton.gov.uk/data_sources_commonly_used_in_public_health_intelligence.pdf

The providers will prepare for collection of service delivery metrics and dashboards at the level of local authority resident population; Public Health Outcome Framework developed; Detailed in the Early Years Model: Performance Measures (Appendix 3)

The providers will utilise the Framework for Personalised Care and Population Health for Nurses, Midwives to ensure high quality, evidenced based care is provided.
Health Visitors and Allied Health Professionals can be found at:
https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health

Aims and Purposes of the Health Visiting Service

The Health Visiting Implementation Plan states: "The government believe that strong and stable families are the bedrock of a strong and stable society". It sets out what all families can expect from their local Health Visiting Service under the following service levels:

Community: Health Visitors have a broad knowledge of community needs and resources available e.g. Children's Centres, self-help groups, voluntary and 3rd Sector services. Health Visitors support the development of these services and ensure families know about them.

- **Level 1 Communities Offer**: To empower all families within the local community with children up to school entry age, through maximising family resources and development of community resources via involvement of local agencies and community groups as appropriate. 'Health visitors will signpost and support access to a range of services already available in the community and work with partners to develop services including services communities can provide for themselves and they will make sure families know about them.'
- **Level 2 Universal Offer:** Working in partnership with parents and carers to lead and deliver the full HCP from ante-natal care through to school entry. 'A universal service from health visitors and their teams, providing the full HCP to ensure a healthy start for children and family, support for parents and access to a range of community services/resources.' Ensure every new mother and child have access to a Health Visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.
- **Level 3 Universal Plus Offer**: To identify vulnerable families, provide, deliver and co-ordinate evidence based packages of additional care, including maternal mental health & wellbeing, parenting issues, families at risk of poor outcomes. Families can access timely, expert advice from a Health Visitor when they need it, 'Rapid responses from the health visitor team when parents need specific expert help, for example with postnatal depression, a sleepless baby, feeding or answering any concerns about parenting.'
- **Level 4 Universal Partnership Plus and Safeguarding Offer:** To work in partnership with parents and agencies in the provision of intensive multi-agency targeted packages where there are identified complex health needs or safeguarding needs. 'On-going support from the health visiting team, plus a range of local services working together and with families, to deal with more complex issues over a period of time. These include services provided by Children's Centres, other community providers including charities'.

Universal services for all families: will include individual level interventions and programmes that will motivate and support people to;

- Understand the short, medium and longer term consequences of their health related behaviour for themselves and others.
- Feel positive about the benefits of health enhancing behaviours and changing their behaviours.
- Plan change in terms of easy steps over time.

- Recognise how their social context and relationships may affect their behaviour, and identify and plan for situations that might undermine changes they are trying to make.
- Plan explicit 'if/then' coping strategies to prevent relapse.
- Make a personal commitment to adopt health enhancing behaviours by setting and recording goals to undertake clearly defined behaviours in particular contexts over a specified time.
- Share their behaviour change goals with others (NICE 2014).

Additional services as part of Universal Plus and Universal Partnership Plus will include services:

- That any family may need some of the time, for example, care packages for maternal mental health, parenting support and baby/toddler sleep problems – where the Health Visitor may provide, delegate or refer. Intervening early to prevent problems developing or worsening.
- For vulnerable families requiring on-going additional support for a range of special needs, for example families at social disadvantage, families with a child with a disability, teenage mothers, adult mental health problems or substance misuse.

As an overview, core elements of the HCP include:

- Health and development reviews – Assessment of family strengths, needs and risks; providing parents/carers with the opportunity to discuss their concerns and aspirations; assess child growth and development, communication and language, social and emotional development; and detect abnormalities. Health Visitors should use evidence-based assessment tools and must use ASQ for stages 2- 5 as a minimum. See Appendix 4 for the full list of universal assessments.
- Screening: in line with the current and forthcoming updated HCP and the National Screening Committee recommendations.
- Immunisations: Immunisations should be offered to all children and their parents / carers.
- Promotion of social and emotional development: The HCP includes opportunities for parents and practitioners to review a child's social and emotional development using evidence-based tools such as ASQ 3 and ASQ SE and for the practitioner to provide evidence-based advice and guidance and decide when specialist intervention is needed.
- Support for parenting: One of the core functions of the HCP is to support parenting using evidence-based programmes and practitioners who can work across different agencies who are trained and supervised.
- Effective promotion of health and behavioural change: Delivery of population, individual and community-level interventions based on NICE Public Health guidance. Encourage the strengths within the family recognising that families have the solutions within themselves to make changes. Make every contact with the family a health promoting contact Making Every Contact Count.
- Reducing hospital attendance and admissions: Supporting parents to know what to do when their child is ill. This may include prescribing in line with legislation,

providing information about managing childhood conditions and prevention of unintentional injuries.

- Children with additional needs: Early identification, assessment and appropriate support.
- Health visiting teams will provide assessment, care planning and on-going support for babies and children up to school entry with disabilities, long term conditions, sleep or behavioural concerns, other health or developmental issues (Appendix 5).
- Outline of Health Visiting contacts/schedule of visits, and evidence based tools can be seen in Appendix 2.

Health Visiting teams will provide parents and carers with tailored information and support and an opportunity to discuss any concerns. They will check children and young people's immunisation status during health appointments and refer to their GP if unvaccinated. General practices are the provider of immunisations through the section 7A agreement and child health record departments maintain a register of children under 5 years, invite families for immunisations and maintain a record of any adverse reactions in the Child Health Information System (CHIS).

Objective of the Health Visiting Service

The key objectives of the health visiting service inclusive of the Key Worker Health Visitor are to:

- Improve the health and wellbeing of children and reduce inequalities in outcomes as part of an integrated multi-agency approach to supporting and empowering children and families.
- Ensure a strong focus on prevention, health promotion, and early identification of needs, early intervention and clear packages of support.
- Ensure delivery of the HCP to all children and families, including fathers, starting in the antenatal period.
- Reduced inappropriate attendance at unscheduled care of services of the child and other preschool children within the family, if appropriate.
- Promote and improve the uptake of immunisations.
- The child's development is age appropriate using the ASQ assessment tool at stages 2-5.
- Identify and support those who need additional support and targeted interventions, for example, parents who need support with parenting and women suffering from perinatal mental health issues including postnatal depression in accordance with NICE guidance.
- Promote secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches.
- Promote breastfeeding, healthy nutrition, oral health and healthy lifestyles.
- Promote 'school readiness' including working in partnership to improve the speech, communication and language of babies and toddlers and working with parents to improve the home learning environment.

- Work with families to support behaviour change leading to positive lifestyle choices.
- Safeguard babies and children through safe and effective practice in safeguarding and child protection. This will include working with other agencies to intervene effectively in families where there are concerns about parenting capacity, adult mental health, alcohol or substance misuse, domestic abuse or child abuse. Reduce the need of social care involvement.
- Develop on-going relationships and support as part of a multi-agency team where the family has complex needs e.g. a child with special educational needs, disability or safeguarding concerns.
- Deliver services in partnership with local authorities to 'complex families' and be 'lead professional' or 'key worker' for a child or family where appropriate.
- Improve services for children, families and local communities through expanding and strengthening Health Visiting Services to respond to need at individual, community and population level

Remit of the Health Visiting Service

The key remit of the Health Visiting Service is:

- Leading, with local partners in developing, empowering and sustaining families and communities' resilience to support the health and wellbeing of their 0-5 year olds by working with local communities and agencies to improve family and community capacity and champion health promotion and the reduction of health inequalities.
- Working in full partnership with all Early Years services in the local area and wider 0- 19 services to ensure holistic seamless care to children and families.
- Leading delivery of the HCP using a collaborative approach in partnership with children, families and stakeholders.
- Delivery of the Health Visiting elements of the HCP in full.
- Assessing and reviewing in partnership with parents and carers, the health and development of babies at the scheduled visit contacts using ASQ's, National/Local Evidence based assessment tools (Appendix 2) and involving the family in promoting optimum health and development of all children. (See Appendix 3- Performance Measures)

Meeting public health priorities through:

- Health Visitor's use of their knowledge of the evidence base.
- Health Visitors skills as trained public health practitioners - including:
- Providing and developing intelligence about communities' assets in partnership with communities to support the health and wellbeing of 0-5 year olds, to inform the Joint Strategic Needs Assessment (JSNA).
- Use of the benchmarked Child Health Outcome Framework indicators for 0-5s to form a basis for setting shared priorities for action and contributing to the JSNA.
- Advising on best practice in health promotion in the early years of childhood.
- Responding to and supporting delivery of the Joint Health and Wellbeing Strategy.
- Responding to childhood communicable disease outbreaks and health protection incidents as directed by Public Health England (PHE) or other.

- Ensuring immunisations are recommended as per The Green Book.
- Ensuring delivery of the Health Visiting aspects of the new-born screening programmes, for example, ensuring results are recorded and acted upon in line with UK NSC Programme Standards.
- Delivery of evidenced-based assessments and interventions.
- Prescribe medication as an independent/supplementary prescriber in accordance with current legislation (See Appendix 6 for additional information). Where Health Visitors have not undertaken this module in training, it is a requirement of CPD for completion within the first 2 years of practice.
- Promote parent and infant mental health and secure attachment e.g. through use of Neonatal Behavioural Observation (NBO) and Neonatal Behavioural Assessment Scale (NBAS).
- Lead delivery of evidence based antenatal and post natal groups to promote attachment, for example, parenting classes/groups e.g. Preparing for Pregnancy and Beyond, CAN parent quality marked parenting classes, and evidence-based groups for parents.
- Lead delivery in partnership with other agencies of evidence-based parenting programmes for toddlers and pre-school children e.g. Incredible Years Pre-school basic programme and other evidence based programmes.
- Achieve and maintain full accreditation of UNICEF Baby Friendly community initiative.
- Work with parents, using well evidenced, strengths-based approaches e.g. motivational interviewing, Family Partnership Model and Solihull approach to promote positive lifestyle choices and support positive parenting practices to ensure the best start in life for the child.
- Identify early signs of developmental and health needs and signpost and/or refer for investigation, diagnosis, treatment, care and support.
- Provide responsive care when families have problems or need support or preventative interventions in response to predicted, assessed or expressed need (through intervention using new evidence in developmental psychology).
- Ensure a family focus and safe transition into 5-19 services through close partnership working with services meeting the needs of children and young people aged up to 19.
- Ensure a family focus and close partnership working with early intervention services including step up and step down transitions.

Remit of the Health Visiting Service; Child protection and safeguarding children:

The role of Health Visiting in Child Protection and Safeguarding children are essential components of the service. Safeguarding children, which includes child protection and prevention of harm to babies and children is a public health priority.

The remit of the Health Visitor must include:

- Provision of universal services including promotion of attachment and undertaking holistic assessments of children and families.

- Provision of Universal Plus services for example, identifying and intervening with vulnerable babies and children where additional on-going support is required to promote their safety and health and development e.g. CONI, providing interventions to improve maternal mental health.

Provision of Universal Partnership Plus:

- Ensuring early intervention, for example, parenting support and early referral to targeted support. This includes utilising the Early Help Family Support Plan or equivalent and Health visitors undertaking the role of Lead Professional/key worker where appropriate.
- Ensuring appropriate safeguards and interventions are in place to reduce risks and improve health and wellbeing of children for who there are safeguarding and/or child protection concerns (Universal Partnership Plus Offer). This includes maintaining accountability for babies and children for whom there are safeguarding concerns and working in partnership with other agencies to ensure the best outcomes for these children.
- Working with other agencies as part of a multi-agency intensive care package for children and families requiring intensive support, particularly children for whom there are safeguarding or child protection concerns (Universal Partnership Plus Offer).
- This includes the statutory duty to share information and communicate with other health professionals and agencies where there are safeguarding concerns and engagement of the Health Visiting service in multi-agency services e.g. MASH, and MARAC.
- Communicating effectively with other agencies including contributing to initial and review case conferences and other safeguarding meetings as appropriate to the needs of the children.
- Working with the Looked After Children (LAC) nurse to contribute to and support assessments of Looked After babies and children aged 0- 5 with timescales in line with national requirements and contribute to ensuring any action plans are carried out. Ensure provision of the HCP and additional services to meet their health needs.
- Having expert knowledge* about child protection and the skills* and qualities* to intervene to protect children. (*Knowledge needs to include domestic abuse, neglect, child and adult mental health issues, substance and alcohol misuse, physical, sexual and emotional abuse, female genital mutilation, fabricated and induced illness in a child. *Skills and qualities need to include high levels of communication and interpersonal relating, self- awareness, ability to challenge and to be challenged, understanding of barriers to safe practice e.g. collusion, adult focus, fear, burn-out. Health Visitors need to receive expert supervision for child protection and safeguarding work they are involved in).

Remit of the Health Visiting Service; Children with special needs:

The remit of the Health Visitor must include:

- Families with children with special educational needs (SEN). The Children and Families Act (2014) introduces major changes to support for children and young people with SEN, creating education, health and care (EHC) plans to replace SEN statements. The basic goals are to give families a greater involvement in decisions about their support and to encourage social care, education and health services to work together more closely in supporting those with special needs or disabilities. The Act includes the requirement that EHC plans will need to reviewed regularly and cover people up to the age of 25 years old.
- The role of Health Visitor is to work in partnership with other services in supporting the assessment of the education health and care plans for children between 0-5 years through sharing information about the child's and family's needs and reviewing in collaboration with other services what they can do to support the delivery of these plans and making sure the appropriate health visiting services form part of the high intensity multi-agency services for families where there are safeguarding and child protection concerns.

Remit of the Health Visiting Service; Supervision

The remit of the Health Visitor must include:

- The Provider will work with NHS England, HEE and Local Education Training Boards (LETBs) to ensure effective support for trainees and newly qualified Health Visitors. This will be delivered by ensuring the provision of: sufficient practice teachers; support through mentoring and supervision for students and newly qualified staff; and, placement capacity and high quality placements in line with NMC and HEI requirements.
- The provider will develop and maintain a supervision policy and ensure that all Health Visiting staff access supervision in line with the framework below:

Clinical supervision:

- Health Visitors will have clinical supervision according to their needs using emotionally restorative supervision techniques on a regular planned basis and in line with the Trust policies and procedures.

Safeguarding supervision:

- Health Visitors will receive a minimum of 3 monthly (in line with Trust Policy and Procedure) safeguarding supervisions of their work with their most vulnerable babies and children. These are likely to include children on a child protection plan, those who are 'looked after' at home and others for whom the health visitor has a high level of concern. Safeguarding supervision should be provided by colleagues with expert knowledge of child protection to minimise risk. For example, supervision must maintain a focus on the child and consider the impact of fear, sadness and anger on the quality of work with the family.

Management and Clinical supervision:

- Health Visitors will have access to a Health Visitor manager or professional lead to provide one-to-one professional management/clinical supervision of their work, case load, personal & professional learning and development issues, in line with Trust Policy.

Practice Teacher Supervision:

- Health Visitor Practice Teachers will have access to high quality supervision according to the requirements of their role.

All the above forms of supervision will have an emotionally restorative function and will be provided by individuals with the ability to:

- Create a learning environment within which Health Visitors 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 Health Visitors to work in a consistently safe way utilising the full scope of their authority.
- Provide constructive feedback and challenge to Health Visitors using advanced communication skills to facilitate reflective supervision.
- Manage strong emotions, sensitive issues and undertake courageous conversations.

Record keeping, data collection systems and information sharing

In line with contractual requirements, the Provider will ensure robust systems are in place to meet the legal requirements of the Data Protection Act 1998; 2018 Data Protection Act 2018 and the safeguarding of personal data at all times. Providers should also refer to 'Record Keeping: Guidance for Nurses and Midwives', NMC, up dated 10.10.18. The Code.

In line with the above and following good practice guidance, the Provider has agreed data sharing protocols with partner agencies including other health care providers, children's social care and the police to enable effective services to be provided to children and their families. Providers will ensure that all staff have access to information sharing guidance including sharing information to safeguard or protect children.

The Provider ensures information governance policies and procedures are in place and understood.

The Personal Child Health Record (PCHR) will be completed routinely by professionals supporting parents and carers to use proactively.

Appropriate contact and child development data will be kept in Child Health Information System (CHIS) or similar system to enable high-quality data collection to support the delivery, review and performance management of services.

The provider ensures staff are trained to use paper records (with plan to transfer to a suitable electronic record) and electronic equipment that includes data collection systems to:

- Ensure the Health Visiting service is accessible to all families with young children. This may require the use of appropriate technology e.g. health promoting apps, secure text messaging with clients, secure email facilities with clients and other agencies.
- The use, where necessary to meet needs and make the service accessible of remote access e.g. laptops and tablets, mobile phones, teleconference facilities, videoconferencing facilities.

Assessment of children and families

Initial assessments of children and families must be carried out by the Health Visitor. Certain re- assessments may be delegated according to the professional judgement of the Health Visitor.

Health Visitor's must respond to all referrals.

Referrals, from whatever source, (including families transferring in) the refer will receive a response if appropriate, Child Health Records will be reviewed within 5 working days and contact made with the family within 5 working days.

Urgent referrals, including all safeguarding referrals, must receive a same day or next working day response to the referrer and contact with the family within two working days. While it is preferable that urgent referrals are dealt with by the named Health Visitor for the family involved, to ensure these visits are prioritised, the Provider has a process in place; MASH pathway is utilised when the named Health Visitor is not available.

When a child transfers into an area the Health Visitor must check new-born blood spot status and arrange for urgent screening if necessary.

Providers has their own local area new-born blood spot policies and pathways in partnership with local midwifery, CHIS and GP colleagues.

The Health Visitor must check status of, and record, all screening results including hearing, New-born Infant Physical Examination (NIPE) and Hep B schedule, immunisation status and refer immediately for any follow up necessary.

Caseload holding

As a minimum there must be a named Health Visitor for every family up to 1 year of age and for all children 0-5 years identified as having needs at the Universal Plus/ Partnership Plus levels and above.

Pathway into school nursing service

As a child approaches 4 years of age, transition to the local School Health Service will be initiated in accordance with local and national pathways. The provider ensures each child has an individual health record with all appropriate information recorded. The pathway from Health Visiting to School Nursing should follow the DH published pathway for this transition. The pathway can be accessed via Department of Health pathways.

Children being supported at Universal Partnership Plus must be formally identified to the School Nursing Service as per local procedure in order ensure continued targeted support.

Removals out of area

Where a child moves out of area the Health Visiting Service must ensure that the child's health records are transferred to CHIS for transfer to the receiving Health Visiting Service in the new area within 2 weeks of notification.

Procedures must be in place to trace and risk-assess missing children and those whose address is not known with systems in place to follow up and trace children who do not attend for 9 month and 2 year assessments.

Direct contact must be made to handover all child protection cases.

Integrated working

The provider will establish:

- Excellent working relationships with all stakeholders, including effective joint working at transition points (e.g. midwife/health visitor, health visitor/school nurse, health visitor/midwife/Family Nurse Partnership/Local Authority/GP/5- 19 services/troubled families/early years providers').
- A named Health Visitor on every Children's Centre Management Board.
- Ensure appropriate senior nurse representation in local Health and Wellbeing Boards, Local Children Safeguarding Boards, Children's Trusts, developing and supporting delivery of services in line with the Board/Trust's priorities in the JNSA.
- An area-based geographical Health Visiting Service structured in line with local children's services, working together to deliver integrated, evidence- based services for children and their families, with a focus on prevention, promotion and early intervention.
- Health visitor linked to each GP; the service will provide a named Health Visitor for each GP practice to facilitate liaison, information sharing and joint working in the best interests of families. There will be an agreed schedule of regular contact meetings for collaborative service delivery which must be audited and actioned on a regular basis.

- Health visitor linked to each Children's Centre; a named Health Visitor on each Sure Start Children's Centre management advisory board to work in partnership with children centres to:
  Provide improved access and delivery of the HCP and, through this, the children's centre core offer.
  Integrated working with children's centres in their delivery of evidence based interventions to improve outcomes for families.
  Promote and describe the wide range of early years provision that children and their families are entitled to, and as part of that process encourage all families to register for access to a wider range of provision.
  Work in a collaborative manner with Children's Centre teams to agree joint local children's service priorities based on local JSNA.
  Work in a collaborative manner with Children's Centre teams to agree how both services will work together. An example of this is the development of a Partnership agreement between the Health Visiting Service and Children's Centres.
- Both services will agree a method of data collection that encourages appropriate sharing of information with the families consent.
- The service will develop close links with all local providers of services to children, for example, voluntary sector providers, childminders, early year's settings and schools.
- In addition to the core programme, the HCP schedule includes a number of evidence-based preventive interventions, programmes and services. Providers will work with Commissioners, local authority partners, local safeguarding and children's boards, Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs), to determine which services are offered locally and by whom.

3 Service delivery

Compliance with national service specification

This plan should include the required health visiting developments in line with the roll out of the Greater Manchester Early Years New Delivery Model in Bury. Progress in implementing the transformation plan will be monitored through face to face meetings at 6 weekly intervals with the commissioners.

The Health Visiting Service will work to develop, implement, monitor and review multi-agency care pathways for priority needs for children and their families, ensuring clarity of roles and responsibilities, reducing duplication and eliminating gaps. These will be based on evidenced-based assessments and interventions with a clear role for Health Visitors underpinned by training in the relevant competencies. These will be in line with national pathways and guidance where these have been developed.

Multi-agency, evidence-based pathways expected to be in place are in Appendix 7.

Population covered:

- The Health Visiting Service must be delivered to a defined geographical population in line with Local Authority boundaries and localities. 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 by the Health Visitor of any risks.
- Data collection should enable reports on activity for both the GP registered and the resident population.
- The service will ensure that any coverage/ boundary issues that may arise will be dealt with proactively in collaboration with neighbouring providers. Delivery of a service that meets the needs (including safeguarding needs) of the child or family must take precedent over any boundary discrepancies or disagreements.

Provider's Premises:

- Parents should be offered a choice of locations and times for visits which best meet their needs, e.g. GP surgeries, children's centres, community health services, the home, health centres, etc. Locations must be easily accessible for all children and families who live in the local vicinity (including access by public transport and at times appropriate to the user), children and young family friendly, suitable for multi-disciplinary delivery of services in both individual and group sessions and be conducive to flexible availability (e.g. 8am-8pm service).
- Specific locations are to be agreed locally following engagement with relevant interested parties and feedback from users. Reviews should be taken periodically to ensure the locations are suitable to local needs.
- Joint contacts should be provided in partnership with other agencies where this is appropriate and reduces inconvenience for families, for example integrated 2-2.5 year review.
- The Health Visiting workforce needs suitable premises for office space and service delivery. The provider organisation must ensure that service delivery is not hampered by inappropriate premises and should work in partnership with local authorities and other providers to ensure that seamless and integrated service delivery is facilitated, for example, co-location of health visiting teams in Children's Centres.

Days/Hours of operation

The core service will operate standard hours of 9am – 5pm Monday to Friday but with flexibility from 8am – 8pm to meet the needs of families. This may be delivered through a range of workforce planning options such as flexible shift times. Other working hours may be considered by local agreement to meet the needs of families.

Acceptance and exclusion criteria

The service must ensure equal access for all children up to school entry and their families, irrespective of age, disability, gender reassignment, marriage and civil partnership and race, this includes ethnic or national origins, colour or nationality, religion, lack of belief, sex or sexual orientation.

The service must ensure it provides appropriate staff allocation according to population need whilst maintaining the universal offer.

The service should provide an equality impact assessment where changes to the existing contract are proposed.

Clinical and Corporate Governance

Client experience is important to the quality of the HCP programme/health visiting service. The views of parents and others should be sought regularly, and taken into account in designing, planning, delivering and improving health care services. The provider to demonstrate staff have mandatory training, clinical and safeguarding supervision.

4 Quality Requirements

Service Transformation Plans

Within the service transformation the provider must:

- Deliver the service as specified.
- Support the roll-out of the AGMA New Delivery model to meet requirements locally. This will include undertaking commissioned relevant training programmes.
- Utilise the Greater Manchester Communications Pathway – Maternity, Health Visiting, Family Nurse Partnership and Children's Centres.
- Be able to evidence when reviews/assessments are delegated by a qualified health visitor to another team member that NMC standards are met and that the recommendations of serious case reviews regarding access to family records are adhered to.

Outcome Measures

The outcome measures are detailed in appendix 3 and concentrate on monitoring the utilisation of health and social care resources, promoting an excellent child and family experience, and for compliance with key health and developmental milestones.

5 Appendices

Appendix 1 – Early Years' Service Model	Early Years Service Model
Appendix 2 – Key Worker Roll Schedule of Visits	Key worker Role schedule of visits
Appendix 3 – Performance Measures	Draft Health Visitor Performance Measu

Appendix 4 - Assessments - Universal Offer

Universal Review	**Description**
Antenatal health promoting visits (EYDM Stage 1)	Promotional narrative listening interview Includes preparation for parenthood This should be done as a face-to-face, 1-2-1 interview in a confidential setting.
New Baby Review (EYDM Stage 2)	Face-to-face review by **14 days** with mother and father to include: - Infant feeding - Promoting sensitive parenting - Promoting development - Assessing maternal mental health - SIDS prevention including promoting safe sleep - Keeping safe - If parents wish or there are professional concerns: 1. An assessment of baby's growth 2. On-going review and monitoring of the baby's health 3. Assessment of safeguarding concerns 4. Assessment of attachment using NBO before 8 weeks 5. Include promotion of immunisations specifically:

	a. Adherence to vaccination schedule for babies born to women who are hepatitis B positive b. Promotion of immunisations for all family members 6. Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards, specifically: 7. Newborn blood spot; ensuring results for all conditions are present 8. Results of New-born Infant Physical Examination (NIPE) examinations 9. Hearing screening outcome.
6 – 8 Week Assessment (EYDM Stage 3)	Includes: - On-going support with breastfeeding involving both parents - Assessing maternal mental health according to NICE guidance 1. The baby's GP (or nominated Primary Care examiner) will have responsibility for ensuring the 6-8 week NIPE screen is completed for all registered babies 2. Include promotion of immunisations specifically: a. Promotion of vaccination schedule for babies born to women who are hepatitis B positive b. Promotion of immunisations for all family members c. Checking of the status of all screening results and take prompt action to ensure appropriate referral and treatment pathways are followed in line with UK NSC Standards as above in initial check.
3 – 4 months	**At three to four months** • Supporting parenting by providing access to parenting and child health information and guidance (telephone helplines, websites, NHS Direct, etc.), and information on Sure Start children's centres and Family Information Services. • Checking the status of Immunisations at three months against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type B and meningococcus group C.

	• Checking the status of Immunisations at four months against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type B, pneumococcal infection and meningococcus group C. • If parents wish, or if there is or has been professional concern about a baby's growth or risk to normal growth (including obesity), an assessment should be carried out. This involves accurate measurement, interpretation and explanation of the baby's weight in relation to length, to growth potential and to any earlier growth measurements of the baby. **Assessing maternal mental health** Assessment of the mother's mental health at six to eight weeks and three to four months, by asking appropriate questions for the identification of depression, such as those recommended by the NICE guidelines on antenatal and postnatal mental health. 61 **Maintaining infant health** Temperament-based anticipatory guidance – practical guidance on managing crying and healthy sleep practices, bath, book, bed routines and activities, and encouragement of parent– infant interaction using a range of media-based interventions, Apps. Groups **Promoting development** Encouragement to use books, music and interactive activities, groups, Apps etc. to promote development and parent–baby relationship **Keeping safe** Raise awareness of accident prevention in the home and safety in cars. Be alert to risk factors and signs and symptoms of child abuse. Follow local safeguarding procedures where there is cause for concern. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209907/S9_Happy_Helathy_Familes_First_Community_EISCS_V121210.pdf
9- 12 months (EYDM Stage 4)	Includes: - Assessment of the baby's physical, emotional and social development and needs in the context of their family using

	evidence based tools, for example, Ages and Stages 3 and SE questionnaires; - Supporting parenting, provide parents with information about attachment and developmental and parenting issues; - Monitoring growth; - Health promotion, raise awareness of dental health and prevention (ensuring that all children are accessing primary dental care services for routine preventive care and advice), healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention; - Check newborn blood spot status and arrange for urgent offer of screening if child is under 1 year; - Adherence to vaccination schedule and final serology results for babies born to women who are hepatitis B positive; status of MMR vaccination for women non-immune to rubella.
By 2 – 2½ Years (EYDM Stage 5)	Includes: - Review with parents the child's social, emotional, behavioural and language development using ASQ 3 and SE; - Respond to any parental/carers concerns about physical health, growth, development, hearing and vision; - Offer parents guidance on behaviour management and opportunity to share concerns; - Offer parent information on what to do if worried about their child; - Promote language development; - Encourage and support to take up early years education; - Give health information and guidance; - Review immunisation status; - Offer advice on nutrition and physical activity for the family; - Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information; - This review should be integrated with the Early Years Foundation Stage two year old summary from 2015 as appropriate to the needs of children and families.
By 4 ½ years	4½ years - Formal handover to School Nursing Service timed to meet the needs of the child e.g. if the HV is lead professional the handover may be delayed where this will improve outcomes for the child Children on Universal Plus or Universal Partnership Plus Offer must have a written handover.

Appendix 5 – Evidence Base, Applicable National Service Standards and Suite of Evidence Based Interventions/Pathways

Evidence Base:

- Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)
- Better health outcomes for children and young people Pledge
- The Children and Young People's Health Outcomes Strategy (DH, 2012)
- Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London
- Allen, G. (2011b) Early Intervention: Smart Investment, Massive Savings. HM Government: London
- Field, F.(2010) The Foundation Years: Preventing poor children becoming poor adults HM Government: London.
- The National Health Visitor Plan: progress to date and implementation 2013 onwards(DH, 2013)
- The Operating Framework for the NHS in England 2012/13 (DH, 2011)
- NHS Shared Planning Guidance 2018/19
- NHS Outcomes Framework 2014 to 2015 (DH,2011)2015
- Public Health Outcomes Framework 2013 to 16 (DH, 2014)
- The Marmot Review (2010) Strategic Review of Health Inequalities in England, post 2010
- Dame Clare Tickell (2011) The Early Years: Foundations for life, health and learning – An Independent Report on the Early Years Foundation Stage to Her Majesty's Government
- Hall D and Elliman D (2006) Health for All Children (revised 4th edition). Oxford: Oxford University Press. (Please note: this link opens to the bookstore for purchase of copies of this edition).
- Equity and excellence: Liberating the NHS (DH, 2010) and Liberating the NHS: Legislative framework and next steps DH, 2011)
- Achieving equity and excellence for children. How liberating the NHS will help us meet the needs of children and young people (DH, 2010)
- Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs (DH, 2010)
- Healthy lives, healthy people: our strategy for public health in England (DH, 2010) and Healthy lives, healthy people: update and way forward (DH, 2011)
- Healthy lives, healthy people: a call to action on obesity in England (DH, 2011)
- UK physical activity guidelines (DH, 2011)
- Working Together to Safeguard Children:
- Conception to Age two: The Age of Opportunity. WAVE Trust and DfE
- Chief Medical Officer annual Report 2018
- UNICEF UK Baby Friendly Initiative

Applicable National Standards:

CQC Essential Standards of Quality and Safety 2010

UK National Screening Committee Standards and Guidelines

- Newborn Bloodspot Screening
- Newborn Hearing Screening
- Newborn Infant & Physical Examination
- The Green Book- (Imms)

Key NICE public health guidance includes:

NICE guidance summary for public health outcome domain (PHE 2013)
https://www.gov.uk/government/publications/nice-guidance-summary-for-public-health-outcome-domain

Please note: For all reference see the NICE website.

- PH3 Prevention of sexually transmitted infections and under 18 conceptions
- PH6 - Behavior change at population, community and individual level
- PH11 - Maternal and child nutrition
- PH12 - Social and emotional wellbeing in primary education
- PH14 Preventing the uptake of smoking by children and young people
- PH17 - Promoting physical activity for children and young people
- PH21 - Differences in uptake in immunisations
- PH24 Alcohol-use disorders: preventing harmful drinking
- PH26 - Stopping in smoking in pregnancy and following childbirth)
- PH28 - Looked-after children and young people: Promoting the quality of life of looked- after children and young people
- PH29 - Strategies to prevent unintentional injuries among children and young people aged under 15 Issued
- PH30 Preventing unintentional injuries among the under-15s in the home
- PH31 Preventing unintentional road injuries among under-15s
- QS107 Preventing unintentional injuries in under 15's
- PH40 Social and emotional wellbeing – early years: NICE public health guidance
- PH42- Obesity working with local communities
- PH44 Physical activity: brief advice for adults in primary care
- PH46 Assessing body mass index and waits circumference thresholds for intervening to prevent ill heath a premature death among adults from black, Asian and other minority ethnic groups in the UK.
- PH48 Smoking cessation: acute, maternity and mental health services
- PH50 Domestic violence and abuse
- CG189 Obesity: identification, assessment and management
- CG192 - Antenatal and postnatal mental health: clinical management and service guidance
- CG62 - Antenatal care: routine for uncomplicated pregnancies
- CG89 - When to Suspect Child Maltreatment
- CG93- Donor milk banks: service operation
- CG110- Pregnancy and complex social factors**:** A model for service prevision for pregnant women with complex social factors

- CG142 -Autism: autism spectrum disorder in adults diagnosis and management
- CG170- Autism: autism spectrum disorder in under 19's: support and management
- QS22 -Antenatal care
- QS31 -Looked-after children and young people
- QS37 -Postnatal Care
- QS59 -Antisocial behaviour and conduct disorders in children and young people
- CG158 -Antisocial behaviour and conduct disorders in children and young people: recognition and management
- QS43- Smoking: supporting people to stop smoking
- QS46- Multiple pregnancies: twin and triplet pregnancies
- CG129- Multiple pregnancies: antenatal care of twin and triplet pregnancies
- QS48- Depression in children and young people
- QS51- Autism

Appendix 6 – Nurse Prescribing

Nurse prescribing enhances the clinician's ability to deliver high impact area on minor illness and reducing hospital admissions, not only from the point of view of managing symptoms but also from the medication knowledge that also enhances advice and support. There is a strong clinician view that health visitors welcome the ability to use their prescribing skills and that this is an important element of practice.

- Nurse prescribing has been shown to have a number of benefits ranging from increased compliance to reduced hospital and GP attendances
- Health visitors 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.

While prescribing is included as a deliverable within the Core Specification, it is understood that not all HVs will have taken this module as part of their training. Therefore where HVs have not undertaken this module in training, it is a requirement of CPD for completion within the first 2 years of practice.

For more information visit
Standards for prescribing-proficiency
The Misuse of drugs

Appendix 7 – Integrated Pathways

- Safeguarding children including a focus on prevention, early help, targeted support, early intervention and sharing of information. (See Working Together to Safeguard Children HM Gov 2013).
- Post natal maternal mental health (NICE CG 37).
- Substance misuse and alcohol
- Domestic Abuse
- Parental and infant perinatal mental health and early attachment Perinatal mental health
- Parenting Programme Pathway (Social and Emotional Development

- Breastfeeding (UNICEF)
- Nutrition and healthy weight including failure to thrive (NCMP and PHE via www.noo.org.uk)
- Children with additional needs and disabilities
- Transitions between midwifery, FNP and health visiting (DH)
- Transition from health visiting to school nursing (DH)
- Transition from HV to School Nurse (see DH website 2013)
- Seldom heard communities including families with young children from traveler, asylum seeker and refugee communities and homeless families.
- Families with complex and multiple needs including 'troubled families'
- Newborn Blood Spot
- Programme: http://newbornbloodspot.screening.nhs.uk/professionals
- Newborn Hearing Screening Programme
- Newborn Infant Physical Examination Programme
- Nurse Prescribing guidance: http://www.nmc-