Children Nursing Services Case for Change- 0-19yrs services and Childrens Community Nursing Team.

Purpose of this paper

1. The 0-19yrs services (0-19yrs service comprises of the Health Visiting and School Nursing Services) change is required to deliver mandated and statutory functions such as the full universal, targeted and safeguarding/statutory requirements set out within their roles. This paper sets out to explore the options and funds required to deliver this.

- Statutory LAC (Looked After Children) Review Health Assessments, resulting in breaches in the timescales for our most vulnerable children/young people.
- Attendance at all statutory strategy meeting therefore unable to utilise expertise and knowledge in the safety planning/decision making process.
- Attendance at all Safeguarding meetings (Child Protection and Child in Need), therefore unable to utilise expertise and knowledge in the safety planning/decision making process and unable to be the advocate for the young person a crucial part of the role.
- Completion of health assessments for children with a Child in Need Plans, resulting in missed opportunities to identify unmet health needs.
- SEND (Special Educational Needs and Disabilities) Code and SEND & NICE Guidelines.
- Early help strategy.
- Mandated Healthy Child Programme (Universal/prevention), service is not meeting the KPI's.

2. The Children's Community Nursing Team (CCNT) does not have the necessary recommended minimum staffing levels of 20 (qualified) WTE per 50,000 child population. It does not have a senior clinical lead post and is the only area within the NCA without all the specialist posts leading to an inequitable service provision, leaving children and families with no specialist community clinics or provision, widening the inequalities gap. This paper sets out to explore the options and funds required to rectify this.

The impact rectifying this in relation to the quadruple aims would be:

Health and wellbeing of those who provide and support care

- Support staff retention.
- Improve job satisfaction.
- Reduce sickness levels.

- Reduction of stress/anxiety level.
- Improve staff health and wellbeing which has been identified as an area of concern in the latest staff survey.

Experience and outcomes for patient and service users

- Reduce the risk of harm to children.
- Ensure patients receive the right care at the right time, supporting families before crises point.
- Ensure services can meet NICE/National recommendations.
- Reduce the waiting lists for early help and specialist HV service.
- Improve patient experience by providing a key worker role when required.

Use of resources

- Management of care in the community reducing impact for primary and secondary care.
- Prevention of health/social care needs - intervention is reinforced by the long-term costs of inaction or delay e.g., weight-related problems are forecast to cost £50 billion to the wider economy by 2050.
- Reduction of bank/agency costs.
- Reduction of system wide cost of managing complex/safeguarding cases.

The health of the population and health equity

- Identification of health needs earlier.
- Delivery of the evidenced based Mandated Heathy Child Programme.
- Improved uptake of immunisations.
- Reduce inequalities in health- Bury below the England average for children's GLD (Good Level of Development). With those most at risk if they:

  Reside in the East or Radcliffe neighbourhoods.
  Are from an ethnic group other than White British.
  Has a SEND/disability.

  The HCP seeks to reduce health inequalities and meet the needs of the most at-risk children, young people and families through a progressive universal model.
- Improved oral health.

Contains confidential information

1. Does this document contain confidential information that would need to be redacted before the document was made available to the public, if requested by the Freedom of Information Act? Yes ☒ No ☐

Financial implications

2. **Funding category (select one):** **Funding source (select one)**

   ☒ Revenue ☐From existing budgets

☐ Capital ☒New funding required

3. Funding type (select one)

☒Recurrent

☐Non-recurrent

Does the case adhere to financial recovery principles? NO

Funding Partners

☒NCA	☒Council	☒NHS GM
☐GP Fed	☐Pennine Care	☐Bury Hospice
☐VCFA	☐Bardoc	☐Persona

HR Implications

4. Does this business case require the recruitment of staff?

☒ Yes No ☐

5. If yes, select the type

☐ Fixed Term Contract ☒ Permanent Contract

6. Does the business case involve Estates

☒ Yes No ☐

7. Does the business case involve IT/Digital

☒ Yes No ☐

Environmental & Sustainability implications

8. How does this business case link to environmental and sustainability strategic objectives?

The services are supported to utilise agile working, all staff have access to IT equipment and electronics systems to support them in delivering the services. Health Visiting paper records are currently being scanned onto systm1 supporting agile working and reducing the space required within the office areas. The additional staff would enable more staff to work agilely, working from the family

hubs and within schools, enhancing partnership working and further reducing the impact on estates.

Equality, Diversity & Inclusion implications

9. State any EDI implications if appropriate

   The services are currently unable to meet the following requirements therfore, widening the inequalities gap:

   - The SEND code and Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education NICE guidance (NG213)
   - Epilepsies in children, young people and adults NICE guidance (NG217)
   - Asthma standards
   - Children at greater risk of not meeting Good level of Development (GDL)
   - Reduce Health Inequalities

Is a Quality Impact Assessment required?

10. ☒ Yes No ☐

11. If yes, add your organisations relevant quality committee sign off date

    Signed off on the 3.07.23

12. If no, briefly explain why not required

Key issues & recommendations

13. Include any risks and internal number/incidents if applicable

- Risk 8323 (10) - If children's nursing services do not have specialist Asthma/respiratory, Transition, Complex/EOL(End of Life)/Palliative(band 7's) and senior lead (band 8a) posts then the service will be unable to provide a quality service in line with national and regional standards.
- Risk 8390 (10) – If the demands on the 0-19yrs services to meet safeguarding and early help continue the services will be unable to deliver the healthy child programme to all children therefore impacting on the quality of the service provision.
- Risk 8521 (9) – If the demand on the 0-19yrs service continues to be greater than the capacity it will continue to compromise the health and well-being of

the workforce who are unable to deliver the service they are commissioned to provide due to increased demands.
- Change to deliver all the statutory functions/time scales for ‘Review Looked After Children Health Assessments’.
- Unable to attend/contribute all statutory strategy meetings.
- Unable to complete all safeguarding/early help requirements.
- Unable to meet all the mandated Healthy Child programme.
- Unable to Meet NICE guidelines/National standards.
- Unable to provide the right support/clinical care at the right time to all children/young people.
- Poor job satisfaction and retainment of staff impacting on health and wellbeing of the workforce and sickness levels.

14. Productivity gains/benefits & quadruple aims.

- Enable the 0-19yrs service to meet all the statutory functions and time scales for the completion of ‘Looked After Children Health Assessments’.
- Enable the 0-19yrs and CCNT services to meet all the functions set out in the SEND Code, enabling the key worker role and support effective transition.
- Enable the service to meet all the statutory functions and requirements set out in the SEND Code in relation to Education and Health Care Plan (EHCP).
- Enable the 0-19yrs service to meet all the statutory functions within safeguarding; Inclusive of meeting the requirements for Strategy meetings, Child protection, Child in Need, and Core Group.
- Enable the 0-19yrs and CCNT service to provide early, meaningful interventions, which will support families and reduce the number of children in crisis.
- Enable services to meet NICE guidance/National standards.
- Provide clinical leadership and operational leadership ensuring the services are continuously developing and provide high quality and safe care.
- Provide the appropriate skilled care to support children and families at the right time, in the right pace who have a long term/complex health condition.
- Provide specialist training to the workforce - upskill the wider workforce.
- Improve the service users and parental/carers experience.
- Support deflection for hospital admissions/care closer to home.
- No longer have an inequitable service for Bury population and support the reduction of health inequalities.
- Enable children and families with complex health needs being more stable in the community with improved self-management and therefore reduce demand on Primary Care and Urgent care.
- Reducing health inequalities for children and young people outlined in the CORE20PLUS5.

- Improve the health and wellbeing of the workforce, reduce sickness and use of bank/agency.

Actions required by members

15. Members are asked to:

    - Approve option 1's of the business case.

Author of paper

Petra Hayes-Bower- Assistant Director of Nursing - Childrens NCA
Natalie Cohen- Lead Nurse - Childrens NCA

Contributors of paper

Will Blandamer - Executive Director, Health, and Adult Care - Bury Council
Deputy Place Based Lead for Health and Care - NHS GM (Bury) and Bury Council
Gemma Bowman - Clinical and operational Lead NCA
Julia Chilton - Associate Director of Finance NCA
Rachel Davis - Public Health Specialist One Commissioning Organisation
Ben Fleming - Directorate Manager- Children's NCA
Jon Hobday - Acting Director of Public Health One Commissioning Organisation
Nina Parekh - Divisional Managing Director Bury Community NCA
Wendy Parker - Director of Nursing Bury Community NCA
David Thorpe - Director of Nursing Bury NCA

BUSINESS CASE TEMPLATE SUMMARY	
Scheme Title	Additional resources within the 0-19yrs and CCNT services
Business Case Number and Version	*BBC-105* *V6.2*
Organisations involved / effected	NCA Bury Council NHS, Primary and Secondary Care GM Third Sector
Lead Organisation	NCA
Executive Sponsor	*Will Blandamer- Executive Director, Health and Adult Care - Bury Council* *Deputy Place Based Lead for Health and Care - NHS GM (Bury) and Bury Council* *Working as part of the Bury Integrated Care Partnership*
Lead Managers	*Petra Hayes Bower – Assistant director for nursing* *Natalie Cohen - Lead Nurse- Children's* *Ben Fleming - Directorate Manager- Children's* *Gemma Bowman – Clinical and operational Lead*

Clinical/professional lead	*Wendy Parker - Divisional Director of Nursing/AHP*
Case for Change / issue being addressed	**Health Visiting and School Nursing service (0-19yrs service)** **Statutory/Safeguarding** There has been significant increased demand for the 0-19yrs service in the delivery of the statutory safeguarding functions the service undertakes and is outlined in the greater Manchester Safeguarding procedures. The expectations set within the Bury locality Early Help Strategy will increase the number of children and families being supported with targeted intervention provided by health visitor's and school nurses. Alongside this the services have seen year-on-year increases in the number of children being supported in the safeguarding arena, requiring an Education Health Care Plan (EHCP) and the expectations set out in the SEND Code of practice. Bury as a place is an outlier as it has disproportionate numbers of Children with an EHCP and has experienced year-on-year increases from 2016. Bury has the highest number of requests for EHCP and EHCP issued in the Northwest, and at the start of 2022 it was positioned 22nd out of 151 local authorities for the numbers of EHCP's per head of population. Requests for EHCP have increased by 232.76% from 2016 to 2022, with 246 requests being made this year, January to April 2023. In 2022 there was an average of 49 requests per month, 2023 (January to April) has seen an increase to 61.5 requests per month (Demonstrated in graph 3 on pg. 9). From 2019 to 2021, the number of LAC has increased by 38% for under 5yrs and by 73.8% for those aged 5-18yrs (Demonstrated in graphs 1,2, 4 & 5 below on pg. 8 & 9). The increased demand has resulted in the 0-19yrs service being unable to: • Meet the commissioning requirements detailed in the tables below.

Quarter	KPI	Performance %
(1) 22/23	Number Antenatal 28 Week Examination	8/8 (100%)
	Breastfeeding prevalence at 6 to 8 Weeks After Birth	20.59%
	6 + 8 Week Reviews	68.82%
	New Birth Visits completed within 14 days	34.80%
	New Birth completed after 14 days	51.63%
	12 Month Review within 12 months	65.38%
	12 Month Review Within 15 Months	62.08%
	2 and 2 ½ Year within 2 ½ Years	62.76%
	2 and 2 ½ Reviews completed with ASQ	100%
Quarter	**KPI**	**Performance %**
(2) 22/23	Number Antenatal 28 Week Examination	12/12 (100%)

Quarter	KPI	Performance %
	Breastfeeding prevalence at 6 to 8 Weeks After Birth	20.83%
	6-8 Week Reviews	68.65%
	New Birth Visits completed within 14 days	34.70%
	New Birth completed after 14 days	54.02%
	12 Month Review within 12 months	53.92%
	12 Month Review Within 15 Months	74.63%
	2 and 2 ½ Year within 2 ½ Years	60.46%
	2 and 2 ½ Reviews completed with ASQ	100%
Quarter	**KPI**	**Performance %**
(3) 22/23	Number Antenatal 28 Week Examination	8/8 (100%)
	Breastfeeding prevalence at 6 to 8 Weeks After Birth	22.77%
	6 to 8 Week Reviews completed	61.20%
	New Birth Visits completed within 14 days	32.01%
	New Birth completed after 14 days	56.47%
	12 Month Review within 12 months	61.36%
	12 Month Review Within 15 Months	60.11%
	2 and 2 ½ Year within 2 ½ Years	56.57%
	2 and 2 ½ Reviews completed with ASQ	100%
Quarter	**KPI**	**Performance %**
(4) 22/23	Number Antenatal 28 Week Examination	3/3(100%)
	Breastfeeding prevalence at 6 to 8 Weeks After Birth	16.82%
	6 to 8 Week Reviews completed	44.96%
	New Birth Visits completed within 14 days	27.18%
	New Birth completed after 14 days	43.69%
	12 Month Review within 12 months	59.40%
	12 Month Review Within 15 Months	67.91%
	2 and 2 ½ Year within 2 ½ Years	56.44%
	2 and 2 ½ Reviews completed with ASQ	100%

** Agreement following COVID with public health to allow new birth visit to be completed within 21 days in line with NICE guidance as a temporary measure.*

Quarter 1 2023/2024 Full details.

Assessment	April 23		May 23		June 23	
Antenatal	**5**		**2**		**5**	
New birth within 14 days	In No.	**53**	In No.	**62**	In No.	**65**
	Total Patients	**164**	Total Patients	**164**	Total Patients	**182**
	In %	**32.32**	%	**37.80**	%	**35.71**
New birth after 14 days	In No.	**107**	In No.	**96**	In No.	**91**
	Total Patients	**164**	Total Patients	**164**	Total Patients	**182**
	In %	**65.24**	%	**58.54**	%	**50.00**
6 – 8 weeks	In No.	**136**	In No.	**127**	In No.	**114**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**159**
	In %	**76.84**	In %	**75.15**	In %	**71.70**
Breastfeeding prevalence at 6 – 8 weeks	In No.	**41**	In No.	**41**	In No.	**34**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**160**
	In %	**23.16**	In %	**24.26**	In %	**21.25**
Partially breastfeeding at 6 – 8 weeks	In No.	**35**	In No.	**31**	In No.	**22**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**160**
	In %	**19.77**	In %	**18.34**	In %	**13.75**
Not breastfeeding at 6 – 8 weeks	In No.	**58**	In No.	**59**	In No.	**59**
	Total Patients	**177**	Total Patients	**169**	Total Patients	**160**
	In %	**32.27**	In %	**34.91**	In %	**36.88**
	In %		In %		In %	
12 months review within 12 months	In No.	**115**	In No.	**100**	In No.	**121**
	Total Patients	**161**	Total Patients	**159**	Total Patients	**176**
	In %	**71.43**	%	**62.89**	%	**68.75**
12 months review within 15 months	In No.	**151**	In No.	**115**	In No.	**151**
	Total Patients	**197**	Total Patients	**157**	Total Patients	**188**
	In %	**76.65**	%	**73.25**	%	**80.32**
2 - 2 ½ years review within 2 ½ years	In No.	**123**	In No.	**100**	In No.	**117**
	Total Patients	**206**	Total Patients	**178**	Total Patients	**195**
	In %	**59.71**	%	**56.18**	%	**60.00**
2 - 2 ½ years review using ASQ - 3	In No.	**111**	In No.	**99**	In No.	**143**
	Total Patients	**122**	Total Patients	**109**	Total Patients	**151**
	In %	**90.98**	%	**90.83**	%	**94.70**
Number of children who were at or above the expected level in Communication skills	In No.	**101**	In No.	**90**	In No.	**128**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**143**
	In %	**90.99**	%	**90.91**	%	**89.51**
Number of children who were at or above the expected level in Gross Motor Skills	In No.	**100**	In No.	**94**	In No.	**135**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**90.09**	%	**94.95**	%	**90.07**
Number of children who were at or above the expected level in	In No.	**104**	In No.	**96**	In No.	**136**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**93.69**	%	**96.97**	%	**95.77**
Number of children who were at or above the expected level in Problem Solving	In No.	**101**	In No.	**94**	In No.	**129**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**90.99**	%	**94.95**	%	**90.85**
Number of children who were at or above the expected level in	In No.	**101**	In No.	**94**	In No.	**130**
	Total Patients	**111**	Total Patients	**99**	Total Patients	**142**
	In %	**90.99**	%	**94.95**	%	**91.55**
	In No.	**95**	In No.	**86**	In No.	**119**

Number of children who were at or above the expected level in All 5 Skill	Total Patients	111	Total Patients	99	Total Patients	142
	In %	**85.59**	%	**86.87**	%	**83.80**

Health is required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children at risk of harm and abuse. The table below details the safeguarding activities required to adhere to this regulation.

Statutory functions	Partially compliant	Fully compliant
Court Reports		√
LAC Reviews	√	
LAC Health Assessments	√	
Strategy Meetings	√	
Multi Agency Safeguarding Hub (MASH) information sharing & (Multi Agency Risk Assessment Conference) MARAC		√
Attendance at Initial Case Conferences	√	
Report provided for initial Case Conference		√
Attendance at Core group	√	
Attendance at Review Case Conferences	√	
Report provided for Review Case Conference		√
Attendance at Child In Need meeting	√	
Attendance at TAF/Early help meeting (where health needs are identified)	√	
Safeguarding Supervision for all case holders	√	
Level 3 safeguarding children and adult training		√

- Meet all the statutory safeguarding functions increasing the risk of harm to our most vulnerable children and widening the inequalities gaps.
- Assess all children at each critical stage, increasing the risk of children's health needs being missed.
- Complete all statutory LAC review health assessments resulting in 69 (21%) breaches (children not receiving their health assessments within the statutory time frame) between May 2022 and March 2023 (Demonstrated in graph 4 & 5 below). Increasing the risk of delayed identification of need and support to our most vulnerable children.
- Attend all the statutory LAC review meeting.
- Meet all the requirements of the early help strategy, increasing the risk of deterioration of health and escalation of need and support.

Graph 1

Health Visitor

300
250
200
150
100
50
0

Child Protection Plans | Children in Need Plans | LAC Bury | LAC COLA | Court reports

April-March 2019/2020 | April-March 2020/2021 | April-March 2021-2022 | April-March 2022-2023

Graph 2

School Nursing

600
500
400
300
200
100
0

Child Protection Plans | Children in Need Plans | LAC Bury | LAC COLA | Court reports

April-March 2019/2020 | April-March 2020/2021 | April-March 2021-2022 | April-March 2022-2023

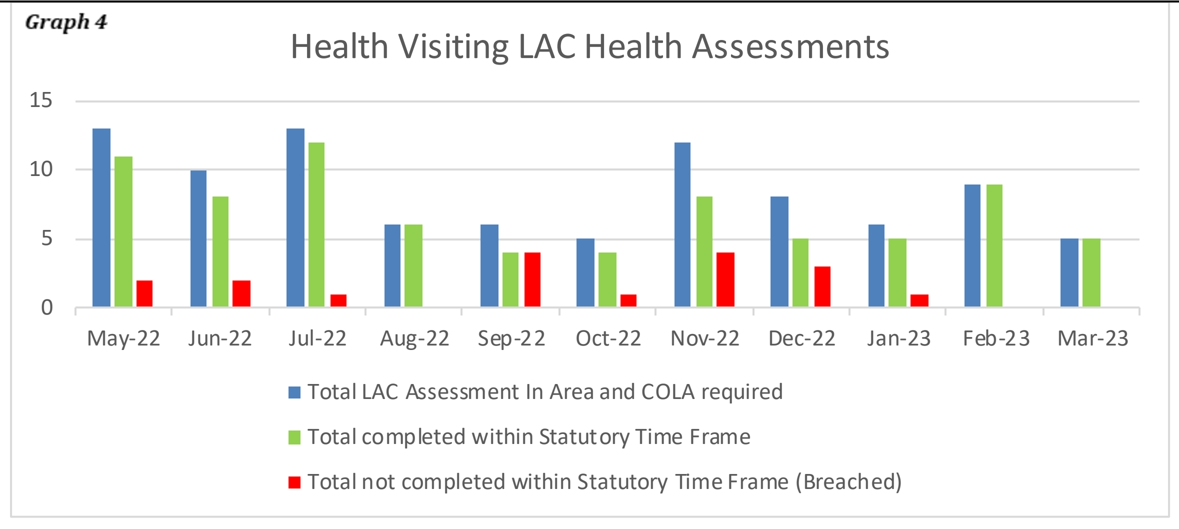
Graph 3

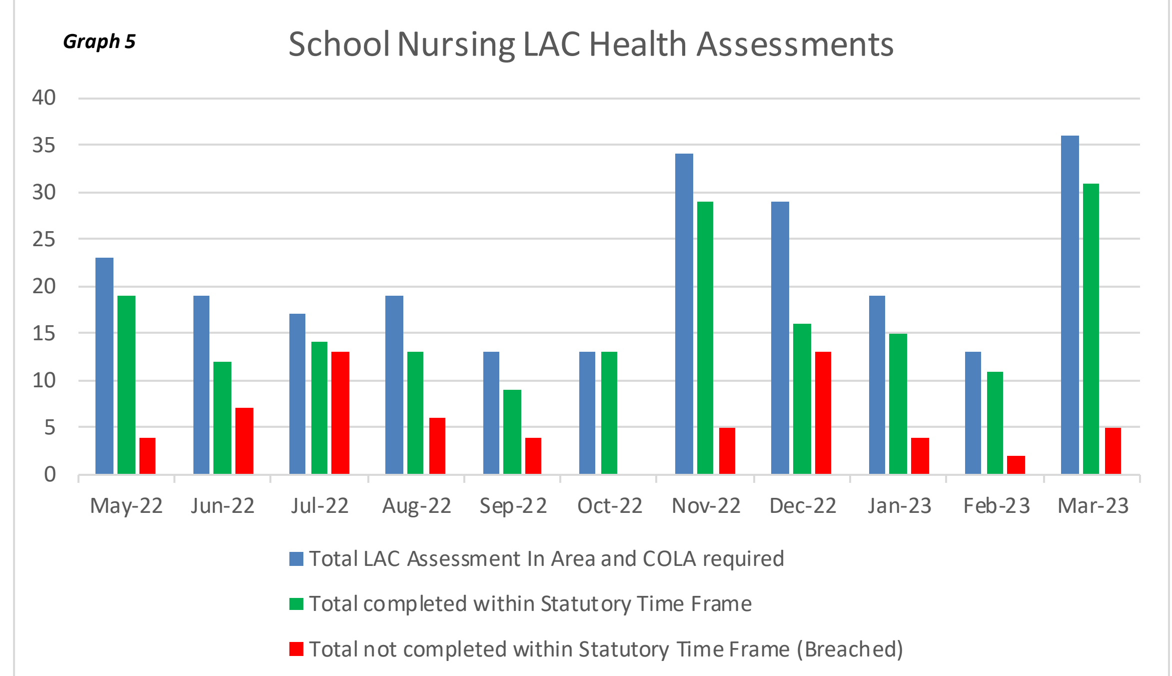
Number of requests for EHCP

700
600
500
400
300
200
100
0

2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022

If the requests for EHCP continue at an average of 61 per month the projection for the end of 2023 would be approximately 734.





The 0-19yrs services are best placed as public health specialists to be the lead health professional when undertaking statutory safeguarding responsibilities. They are not the only health services who could undertake this role. A Bury system wide task and finish group was established, at the request of the Children's Strategic Partnership Board, to consider the opportunities across the wider health economy for other health providers e.g., GP, Learning Disabilities and Mental Health Services to take on the lead health professional role to support the 0-19yrs services. The outcome of the task and finish group has concluded that there are relatively few cases they are actively involved in that can be led by health professionals other than 0-19yrs services. Capacity of other health services was identified as the rationale for these services being unable to provide the lead professional role.

Bury Local Authority are working to address the increased numbers of children within the safeguarding arena and are implementing a 'Family Safeguarding' model (Appendix 1

| | Hertfordshire Family Safeguarding). The evaluation of this model following implementation across several local authorities in England suggests an average reduction of slightly under 20% of children requiring a Child Protection Plan (CP) for children under 12yrs and a 12% reduction in the number of new children entering care aged 12 and younger. Looking at the data for Bury it is anticipated there would be a reduction of approximately 30 fewer children at any one point in time who would require a CP plan. The impact of this will accrue from reduced time resource dedicated to supporting the associated processes, the initial case conferences, core groups and review CP meeting. Looking at last year's figures this would have meant a reduction of 38 initial case conferences, 306 core groups and 91 CP review meetings. The above should be caveated with the fact that, whilst we expect to see a reduction in the number of children who require CP planning, we will likely see a rise in the number of children supported via Child In Need (CIN) planning. The time released for our 0-19yrs service will then allow for the increase in CIN cases and provide an opportunity for the service to be the lead professional for those requiring early help support.

<u>Mandated</u>

Health Visitors and School Nurses are qualified nurses or midwives who have completed further education to degree level to become specialist community public health nurses (health visitors/school nurse). They deliver the mandated Healthy Child Programme (HPC) which is an evidence-based programme and any adaptation will have an impact on its fidelity. All children are offered a core set of visits/contacts set out within the HCP with those requiring additional support having a tailored service around these needs (details of the core set of visits/contacts, HCP and the delivery models can be found in Appendix 2). In addition, the services support the 6 high impact areas listed below:
• Improving planning and preparation for pregnancy
• Supporting parental mental health
• Supporting healthy weight before and between pregnancy
• Reducing the incidence of harms caused by alcohol in pregnancy
• Supporting parents to have a smokefree pregnancy
• Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies

The importance of prevention and early intervention lifestyles and habits established during childhood, adolescence and young adulthood influence a person's health throughout their life. For example, up to 79 per cent of obese adolescents remain obese in adulthood, and adolescents who binge drink are 50 per cent more likely to be dependent on alcohol or misusing other substances when they reach the age of 30. Failure to meet the health needs of children and young people stores up problems for the future. The case for prevention and early intervention is reinforced by the long-term costs of inaction or delay. For example, weight-related problems are forecast to cost £50 billion to the wider economy by 2050.

'Securing Our Future Health' demonstrated the importance of public engagement with health, a process which is only likely to be successful if it starts early in life. A focus on prevention and early intervention also has a vital role to play in breaking the cycle of |

	health inequalities within families, many problems present in early childhood and adolescence, making these crucial stages for interventions. The delivery of the HCP provides the opportunity for children's developmental needs to be assessed and targeted specialist support offered when a child is not meeting the standards required. The tables below provide on overview of the position within Bury for pregnancy and early year and economic and safeguarding. The following areas below are worse than the national position: • 22.6% of our mothers are obese during early pregnancy. • We have a 5.4% infant mortality rate. • 3% of our babies are born at a low birth weight at term. • 57% of mothers breastfeed at birth compared to 71.7% nationally (data is indicating that breastfeeding at 6-8 weeks has declined significantly since COVID). • 23.4% of our children are overweight at 5 years old. • 35% of 5 years old have visually obvious dental decay which is significantly higher than 23.4% nationally. • 21.5% of our under 16s live in a relative low income family with 17% living in a low income family. • Hospital admissions caused by intentional/accidental injury 0-14yrs. • Emergency hospital admissions under 5 years. • Rates of referrals to children services. • Children who are subject to CP plan and CIN plan and percentage of re referrals to children's social within 12 months of previous referral. However below are the areas where Bury is achieving better than the National %: • We have continued to have exceed the National average for a Good Level of Development for children entitled to Free School Meals • Children with EHCP's in Bury exceed the National average in achieving a Good Level of Development but with SEN without an EHCP are below the National average by over 3% • We have good vaccination uptake rate achieving slightly above the national average with most of the childhood immunisations. The uptake of the 2-3 year Flu vaccine is comparably low to the National uptake, however, the primary school uptake is significantly higher than the National average with Bury achieving a population uptake of 65.7% ahead of the National figure of 57.4%. **Pregnancy and early years**

Measure	Bury %		National %		Year
Under 18s conception rate / 1,000	➡	13.5	➡	13	2020
Under 16s conception rate / 1,000	➡	1.7	➡	2	2020
Obesity in early pregnancy	Not enough data to measure	22.6	Not enough data to measure	22.1	2018/19
Smoking in early pregnancy	Not enough data to measure	11.1	Not enough data to measure	23.4	2018/19
Smoking status at time of delivery	⬇	8.8	⬇	9.1	2021/22
Infant mortality rate	Trend cannot be calculated	5.4	Trend cannot be calculated	3.9	2019/21
Low birth weight of term babies	➡	3	➡	2.8	2021
Babies first fed breastmilk	Not enough data to measure	57.1	Not enough data to measure	71.7	2021
Percentage of 2 year-old children benefitting from funded early education places	⬆	77	⬆	72	2022
School Readiness: Percentage of children achieving a good level of development at the end of Reception*	⬇	63.3	⬇	65.2	2021/22
School Readiness: Percentage of children with free school meal status achieving a good level of development at the end of Reception*	⬇	50.2	⬇	49.1	2021/22
Percentage achieving Good Level of Development – Foundation Stage – children with EHCP *	No data prev 2 yrs	5.3	No data prev 2 yrs	3.6	2022
Percentage achieving Good Level of Development – Foundation Stage – SEN children with no EHCP *	No data prev 2 yrs	19.6	No data prev 2 yrs	22.9	2022
Reception: prevalence of overweight (including obesity)	➡	23.4	➡	22.3	2021/22
Percentage of 5 year olds with visually obvious dental decay	Not enough data to measure	35.2	Not enough data to measure	23.4	2018/19

➡	⬆	⬇	⬆	⬇
No significant change	Increasing & getting better	Decreasing & getting better	Increasing & getting worse	Decreasing & getting worse

Measure	Bury %		National %		Year
DTap/IPV/Hib (Diphtheria, Tetanus, acellular Pertussis (Dtap) / Inactivated Polio Vaccine (IPV) /Haemophilus influenza type b (Hib)) (1 year old)	➡	92.5%	➡	91.8%	2021/22
DTap/IPV/Hib (Diphtheria, Tetanus, acellular Pertussis (Dtap) / Inactivated Polio Vaccine (IPV) /Haemophilus influenza type b (Hib)) (2 years old)	➡	93.9%	➡	93%	2021/22
PCV (pneumoccal conjugate) (12 weeks old)	➡	94.1%	➡	93.2%	2021/22
Rotavirus (Rota) (1 year)	⬆	88.9%	➡	89.9%	2021/22
MenB (1 year)	⬆	92.1%	➡	91.5%	2021/22
Hib / Men C booster (Haemophilus influenza type b / meningoccal C) (2 years old)	➡	90.4%	➡	89%	2021/22
Hib / Men C booster (Haemophilus influenza type b / meningoccal C) (5 years old)	➡	92.2%	➡	92.4%	2017/18
PCV booster (pneumoccal conjugate) (1 year old)	➡	90.2%	➡	89.3%	2021/22
MMR (measles, mumps and rubella) for one dose (2 years old)	➡	91%	➡	89.2%	2021/22
MMR (measles, mumps and rubella)for one dose (5 years old)	➡	94.8%	➡	93.4%	2021/22
MMR (measles, mumps and rubella)for two doses (5 years old)	➡	87.3%	➡	85.7%	2021/22
Flu (influenza) (2-3 years old)	➡	44.8%	➡	50.1%	2021/22

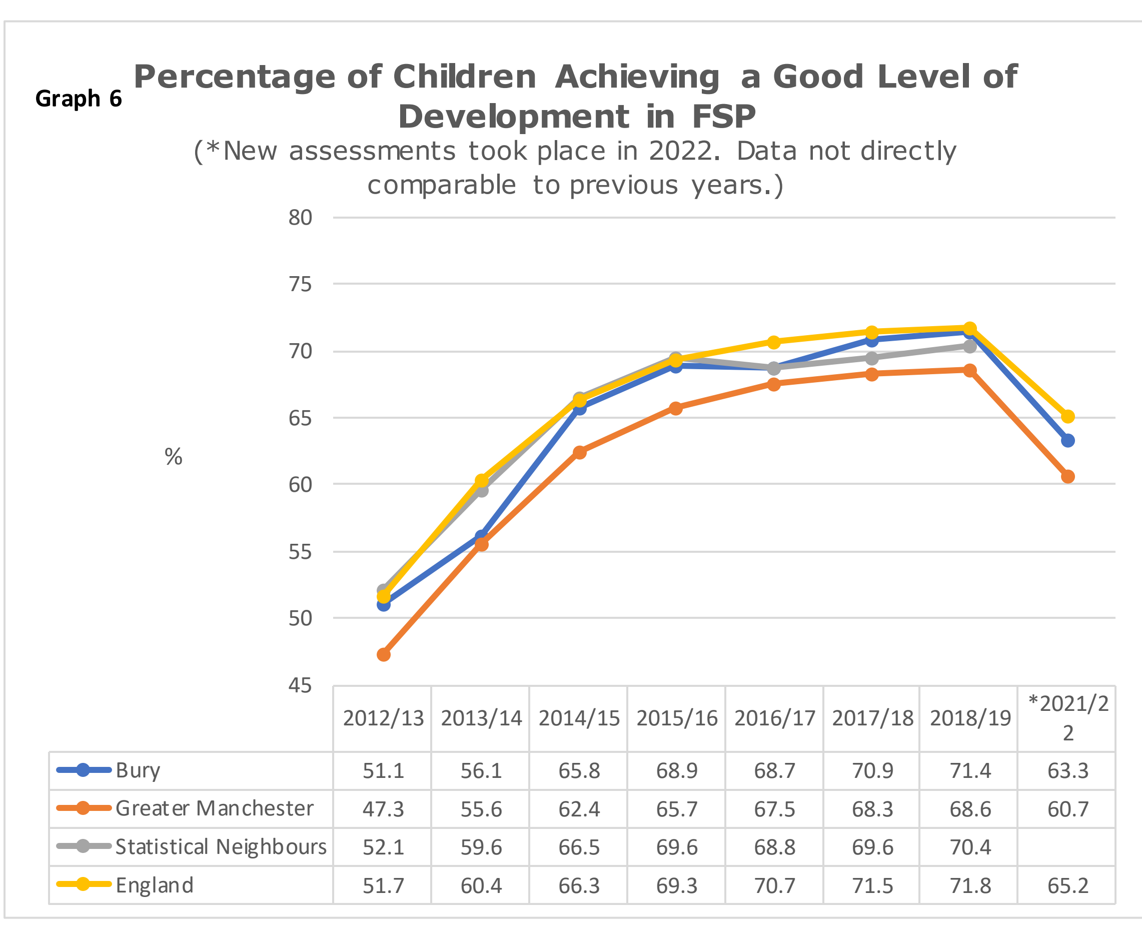
➡	⬆	⬇	⬆	⬇
No significant change	Increasing & getting better	Decreasing & getting better	Increasing & getting worse	Decreasing & getting worse

Economic and safeguarding

Measure	Bury %		National %		Year
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act – per 1,000	Could not be calculated	12.7	Could not be calculated	14.4	2021/22
Children in absolute low income families (under 16s)	⬇	17	⬆	15.1	2021/22
Children in relative low income families (under 16s)	➡	21.5	⬆	18.5	2021/22
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) – per 10,000	Could not be calculated	139.7	Could not be calculated	103.6	2021/22
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) – per 10,000	Could not be calculated	90.8	Could not be calculated	84.3	2021/22
Emergency hospital admissions for injuries in under 5 years old, crude rate – per 10,000	Could not be calculated	210.4	Could not be calculated	119.3	2016/17 – 20/21
Rates per 10,000 of referrals to Children's Social Services	⬆	780.5	⬆	537.7	2022
Children Looked After rate, per 10,000 children aged under 18	➡	82	➡	70	2022
Number of Looked After Children	➡	359	➡	82,170	2022
Children who are the subject of a Child Protection Plan – rate per 10,000	⬆	53.3	➡	42.1	2022
Children in Need rate per 10,000	⬆	377	➡	334.3	2022
Percentage of re-referrals to children's social care within 12 months of the previous referral	➡	23.9	➡	21.5	2022
Percentage children at 31 March with three or more placements during the year	➡	10	➡	10	2022
CLA – Long Term placement Stability – Living in the same placement for at least 2 years, or ae placed for adoption and their adoption and their adoptive placement together with their previous placement, last for at least 2 years (%)	➡	71	➡	71	2022
Percentage of Looked After Children adopted in year	⬆	14	➡	10	
% of children who became the subject of a plan for a second or subsequent time	➡	26	➡	23.3	2022
Emotional and Behavioural Health of Looked After Children *	➡	14	➡	13.8	2022

➡ No significant change	⬆ Increasing & getting better	⬇ Decreasing & getting better	⬆ Increasing & getting worse	⬇ Decreasing & getting worse

As detailed in the graph below Bury has seen a decline in the numbers of children achieving a good level of development which is lower than the England average.



The 0-19yrs services primary aim is to deliver public health messages and provide early intervention to prevent escalation. Understanding and managing long term conditions and normal childhood illness is a critical element of the role. Providing this can support

the wider system and reduce pressures within primary and secondary care. The table below shows the total attendances for minor illness and Complaint at Emergency Departments (ED) across NCA, including NMGH. The average saving across both financial years and assumptions below is estimated to be £197,882 deflected from ED. Resulting in less clinical costs and Improved impact for children and young people. See Appendix 10 for full details.

Financial Year	Total Attendances
2020/2021	5886
2021/2022	11,049
2022/2023*	9,624

Financial Year	Total Attendances	Total A&E Cost	Saving		
			10%	20%	30%
2021/2022	11,049	£1,024,502	£102,450	£204,900	£307,351
2022/2023*	9624	£954,317	£95,432	£190,863	£286,295

Partners

The successful delivery of the HCP can only be achieved as part of an integrated approach to supporting children and families. Bury has seen a significant reduction from NHS, local authority and third sector/charities in the provision of Early Help services available for children and families. Over the years some examples of these include:

- Children centre outreach
- SCIL (Social, Communication and Learning Team)
- Stay and Play
- Baby massage
- Family cooking and home safety
- Support with applications for two years funding
- Grant application for fund (SEND children)
- Buttle Trust (beds and white goods and porch box provision)
- Homestart offer reduced
- IAPT (Improving Access to Psychological Therapies)

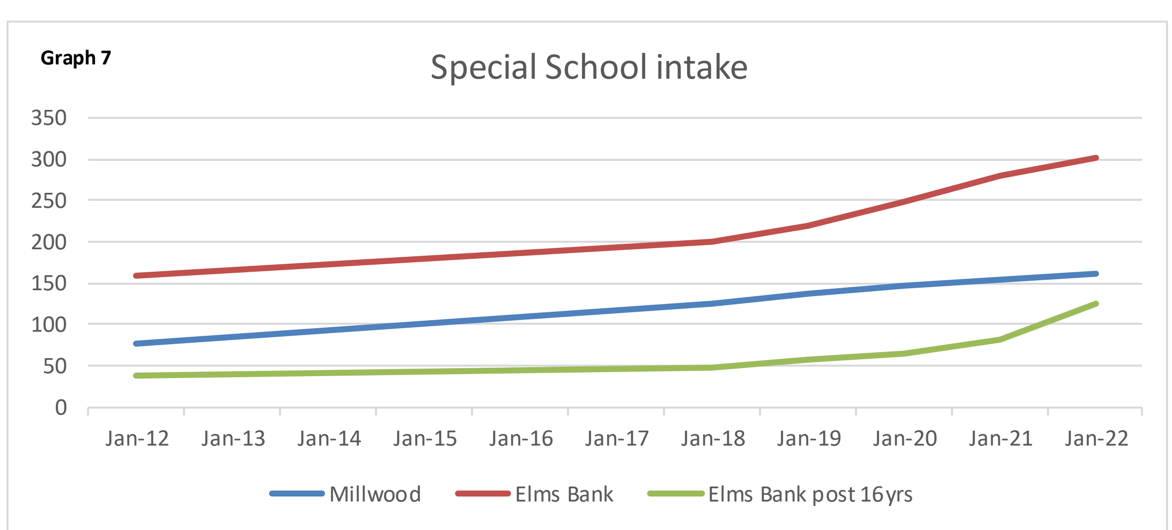
Alongside the reduction of services available there is increasing pressures within health and partner services resulting in children and families having to wait significant periods of time while awaiting assessment and support. An example of this can be seen within:

- Children Adolescent Mental Health services (CAMHS) who had reported waits of approximately 18 months in 2023.
- Community Paediatric's 36 weeks
- Salt wait times for priority 3 (Routine) waits currently sit at 60 Weeks. Priority 1 children typically referred into the service for Dysphagia are prioritised and seen within 2 weeks due to clinical need.

While these children and families, who are often in crises at the point of referral are awaiting assessment/support, they are signposted to the 0-19yrs services who don't have the specialist skills to meet their needs, however they continue support and engage with the family in this interim period.

As a consequence, the impact of changes to pathways and commissioning across the system, coupled with long waiting lists, the 0-19 services are unable to relinquish responsibility, impacting on capacity within the 0-19 services as well as practitioners wellbeing.

This reduction of services available from partner agencies has had a direct impact on the workload of the 0-19yrs services and likely to be a contributing factor to the disproportionate numbers of children with an EHCP. There is system wide recognition of the limited early help services available, this is further compounded by the increase in complexity of needs for children and families. Graph 7 demonstrates the increase of pupils attending specialist school provision which has seen an increase of 223% for Elmsbank post 16yrs, 109% for Millwood and 91% for Elmsbank. Despite these increases there are further plans to increase the numbers alongside the opening of another specialist provision school in January 2024, initially it will take 40 students increasing the capacity to 80 and has further plans to open a further 2 specialist provision schools. This is out of the scope of this business case and additional staffing requirements have not been included.



Demand

Health visiting Caseload capacity and demand

The tables (Health Visiting & School Nursing Activity) below identify the capacity and demand for our 0-19yrs services, which is demonstrated in hours. The tables detail the activities the services must complete, the numbers and duration in hours of each activity. The options developed as part of this business case has been based on the workforce capacity gap identified in these tables. The tasks identified below are what is expected of the service, however currently the services cannot deliver all expectations in full. When reviewing the ask using the figures in the tables below 20% will be added. This is because the information in the tables have been based on every hour being accounted for 52 weeks of the year. The 20% accounts for annual leave, mandatory training, clinical and safeguarding supervision that staff are required to undertake.

Health Visiting				
Band delivering the activity	Activity	Average numbers per month	Hours taken per activity	Total hours per month
6	Child in Need	130	5	650
6	Child Protection	183	7	1281
6	Team Around the Family /1:1 support	31	4	124
6	Court Reports	2	8	16
6	Ante natal	175	3	525
6	Looked After Children (Bury and COLA)	236	3.5	826
6	SEND health Information and family support	16	3.5	56
6	Duty	585	1	585
6	New Birth Assessment	175	3	525
6	6-8 week Assessment	175	3	525
6	8-12 months Assessment	35	3	105
4	8-12 months Assessment	140	2	280
6	2-2.5 months Assessment	35	3	105
4	2-2.5 year Assessment	140	2.5	350
6	Baby clinics	22	3.5	77
6	additional - chasing referrals/support/referrals/telephone calls	500	2	1000
4	Weaning, Baby and Me, Tiny Conversion groups	10	3.5	35
4	Packages of care / Early Help Support	110	2	220
6	movements in and out	117	3	351
6	Peer support/clinical supervision	39.37	10	393.7
4	Peer support/clinical supervision	11.07	10	110.7
6	4B Assessment	35	3	105
4	4B Assessment	140	2.5	350

The table above demonstrates the capacity required to deliver all the elements of the Health Visiting service. This is broken down into capacity per banding and indicates a deficit of 10.69 WTE band 6 hours (1737.9 hours per month), based on the current staffing model (Full details can be seen in Appendix 3). Whilst the deficit shows the need 10.69 WTE it is recognized that skill mix within the service would support service delivery and ensure a more cost-effective use of resources. Bury does not have band 5 post. Band 5 nurses are able to deliver some elements of the HCP, Early Help and Safeguarding. Therefore the 10.69 WTE required + 20% (13WTE) will be a combination of bands (full details can be seen in Appendix 3).

Calculation of WTE required: 1737.9 hours per month X12 = 20,854.8 hours per year ÷ 52 = 401.05 per week ÷ 37.7 = 10.69 WTE + 20% = 12.828 (13 WTE)

School Nursing Caseload capacity and demand

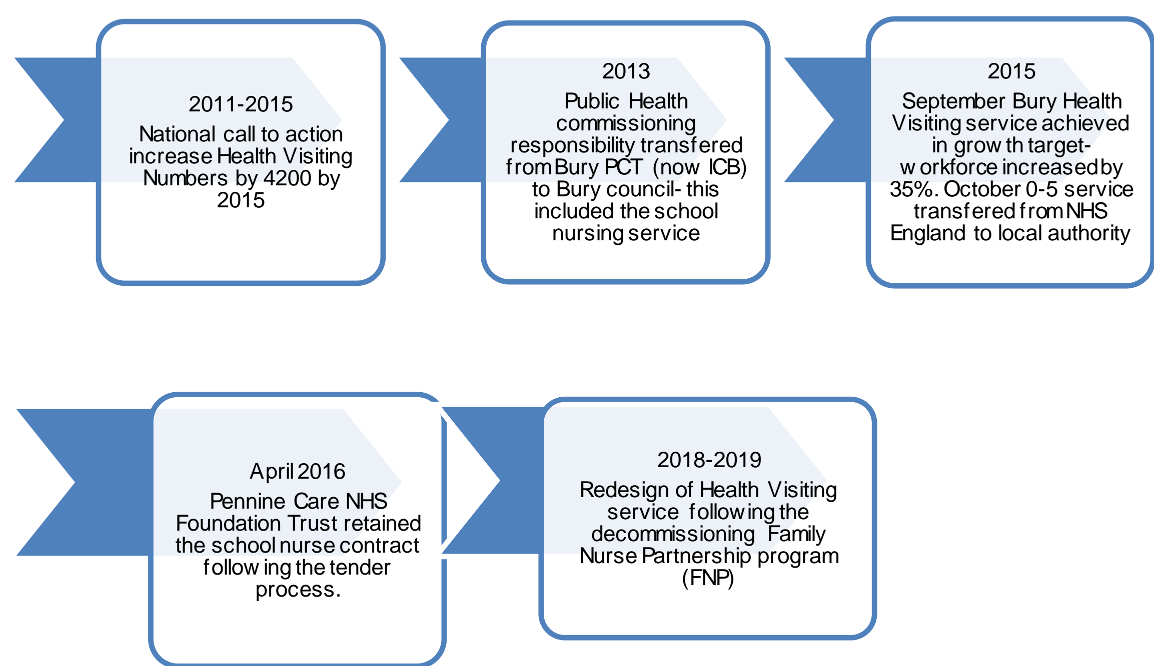
School Nursing Activity (Capacity and Demand)				
Band delivering the activity	Activity	Average numbers per month	Hours taken per activity	Total hours per month
6	Child in Need	223	5	1115
6	Child Protection	158	7	1106
6	Team Around the Family/Team Around the School	40	3	120
5	Team Around the Family/Team Around the School	160	3	480
6	Court Reports	2	15	30
5	Looked After Children (Bury and COLA)	37	7	259
6	SEND health Information and family support	25	1.5	37.5
5	SEND health Information and family support	25	1.5	37.5
6	Duty	650	1	650
5	Duty	300	1	300
6	Referrals for 1:1	65	3	195
5	Referrals for 1:1	20	3	60
6	Drop in	45	7.5	337.5
6	Other- chasing referrals, SW movements in and out	60	1	60
6	Medical training and care planning	20	5	100
5	Medical training and care planning	27	5	135
6	Health promotion	10	2	20
5	Health promotion	26	2	52
3	Health promotion	25	7.5	187.5
3	Starlight programme (emotional health and w ellbeing)	10	3	30
3	Assessing A&E admissions	2500	0.25	625
6	Peer support/clinical supervision	11.12	10	111.2
5	Peer support/clinical supervision	5.05	10	50.5
3	Peer support/clinical supervision	5.11	10	51.1
			TOTAL	6149.8

The table above identifies the capacity required to deliver all the requirements of the School Nursing Service. This is broken down by capacity to deliver by each band and indicates a band 6 deficit of 14.19 WTE (2306.6hrs per month). Band 5 deficit 4.4 WTE (717.5hrs per month). Band 3 deficit 1.41 WTE (229.3hrs per month). Whilst the deficit indicates the need for 14.19 WTE band 6 in line with the new delivery model (which has recently been piloted) and to ensure the most cost-effective use of resource we have reviewed the above and incorporated skill mixing within the ask. Therefore, the total deficit of 20.02 WTE required + 20% (24.02WTE) will be a combination of bands. In addition, 1.5 WTE band 7 have been included making a total ask of 25.52WTE. This is to support the new delivery model being implemented (Full details can be seen in Appendix 4).

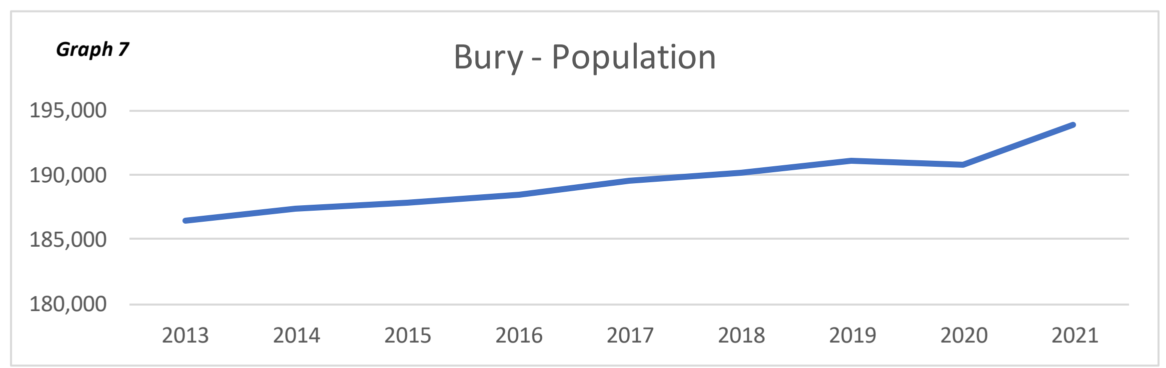
Calculation of WTE required: 2306.6 + 717.5 + 229.3 = 3253.4 hours per month X12 = 39040.79 hours per year ÷ 52 = 750.78 per week ÷ 37.7 = 20.02 WTE + 20% = (24.02 WTE)

<u>Historic/Local Context:</u>

Compounded by the COVID pandemic and reducing resources across the children's health and social care economy, the services have reached a critical point. They are no longer able to meet their commissioned requirements of the mandated public health HCP and meet the statutory/safeguarding functions without investment or adjustment of expectation from partners. The 0-19yrs Services have been subject to increased demand year on year for a significant period with no national or local investment.



Alongside this Bury population has seen an increase of 7300 children (3.91%) from 2013 to 2021.



Within the children's directorate the senior leadership staffing structure has two 8a's (one Lead Nurse and one Clinical and Operational Lead) with the responsibility of operational/managerial, performance/financial, workforce and quality for the following services:

- Health Visiting made up of 5 teams
- School Nursing made up of 5 team
- School Immunisations team

- Special Schools made up of 2 schools and the post 16 hub
- Children Community Nursing Team
- Paediatric physiotherapy team
- Paediatric Occupational therapy team
- Paediatric Speech and Language Therapy team
- Community paediatric outpatients (Fairfield)
- All age Community eye service

Due to the number of services/teams the two 8a post holder are responsible for they are unable to provide the leadership required to ensure continual service improvement and quality of care. Providing the management, clinical/professional leadership, engaging with quality improvement initiatives required is extremely challenging and remains problematic. The lack of practice-based educators or quality matrons to support staff to continually develop and have the necessary mandatory and clinical skills required to deliver safe and effective services adds to the challenges.

In comparison within HMR and Oldham there is dedicated 8a leadership for both School Nursing and Health Visiting providing the clinical and professional expertise, supporting service development and delivery.

Children's Community Nursing Team

The RCN document, 'Defining staffing levels for children and young people's services: Standards for clinical professionals and service managers' recommends that all CCNT (Childrens Community Nursing (CCN) Team) should have for an average-sized district with a child population of 50,000, a minimum of 20 WTE community children's nurses who are required to provide a holistic CCN service in addition to any individual child-specific continuing care investment. Bury has a child population of 47,700 with a registered workforce of 14.18WTE (in addition currently 1WTE band 7 PNP post funded until March 2023) therefore would require an additional 4.82WTE registered staff to achieve this standard. The table below demonstrates across the NCA CCNT's where this standard is or not met.

Data from the ONS census 2022: Child population

Area	Total all age population	Aged 4yrs and under	Aged 5yrs to 9yrs	Age 10yrs to 14yrs	Age 15yrs to 19yrs	Total population 0-19yrs	Meet standard 20 registered WTE per 50,000 (1WTE per 2500 children)	WTE over/under the minimum recommended staffing level
Bury	193,800	11,200	12,500	12,800	11,200	47,700	Standard Not Met	Under 4.82
Oldham	242,100	16,000	17,400	18,100	16,300	53,400	Standard Met	Over 4.50
Rochdale	223,800	14,600	15,500	15,700	13,500	59,300	Standard Met	Over 2.00
Salford	269,900	17,300	16,700	16,100	15,500	65,600	Standard Not Met	Under 4.70

**Information taken from NCA Children and Young People Service Review March 22 to June 22- led by Jude Adams*

In addition to the recommended staffing levels the service should also have a senior clinical lead (band 8a) to support the delivery and ongoing development of the service, through operational management, clinical leadership, and professional leadership. The

workforce should have the right skills and competences to do the right job at the right time and in the right place. To achieve this, Bury would need to have specialist posts for, Asthma/respiratory, Complex/EoL/Palliative, Transition/Continuing care. There was no historic funding from the CCG to fund these posts.

The tables below detail the staffing within the CCNT across the NCA and what specialist post each area has.

Staffing Levels in CCNT									
Area	Band 8	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total	Child population
Bury	0.00	2	5.04	6.14	0	1.00	1.00	15.18	47,700
Oldham	1.00	6.23	9.33	9.27	1.18	1.67	1.40	30.18	53,400
Rochdale	1.00	13.30	4.00	7.50	0.00	2.80	1.00	29.60	59,300
Salford	2.00	5.00	8.12	6.42	0.00	0.00	1.00	22.54	65,600

**Information taken from NCA Children and Young People Service Review March 22 to June 22 – led by Jude Adams*

As demonstrated in the tables above Bury has the greatest deficit in meeting the recommended minimum staffing levels across the NCA, and whilst Salford also has a deficit the services does have the benefit of more than double the WTE of senior position (band, 8, 7 and 6) than Bury. In Bury the senior positions make up 46% of the workforce, in Oldham its 54% of the workforce, in Rochdale its 61.82% and in Salford 67.08%. This is further compounded by lack of specialist posts within Bury posts (see table below)

Specialist post in CCNT						
Area	Band 8	Role	Band 7	Role	Band 6	Role
Bury	0.00		1.00 1.00 1.00 1.00	PNP Team Lead Diabetes specialist nurse for Bury who sits within in the acute service Epilepsy specialist	1.00	Complex Care
Oldham	1.00	Clinical Lead	2.23 1.00 1.00 1.00 1.00	PNP Team Lead Palliative Care Diabetes Epilepsy	0.61 0.80 1.82 0.80	Epilepsy Asthma Complex Transition
Rochdale	1.00		8.60 1.00 0.70 1.00 1.00	PNP Team Leader Diabetes Specialist Nurse Complex/palliative Epilepsy		
Salford	1.00 1.00	Clinical lead Diabetes nurse specialist	1.00 1.00 1.00 1.00 1.00	Clinical Practice educator Operational Epilepsy Continuing care lead Asthma nurse specialist	1.00	Diabetes

**Information taken from NCA Children and Young People Service Review March 22 to June 22- led by Jude Adams*

Bury is an outlier across NCA as the only care area without specialist posts in Asthma/respiratory, Complex/EoL/Palliative, Transition/Continuing Care leading to an inequitable service provision, widening the inequalities gap. Children and families in Bury therefore have no specialist community clinics or provision. This results in children and families not receiving the appropriate clinical care at the right time, in the right place, therefore delaying treatment and support. These specialist posts not only support children and families receiving the right specialist clinical care they also support deflections from Secondary, Primary and Tertiary care. The specialist provision across

<table>
<tr><td></td><td>
the NCA, enables good quality care to be delivered by skilled and knowledgeable practitioners, ensuring NICE guidance and care standards are met, safe delivery of the service by developing the workforce through clinical and professional leadership.
By developing the service and introducing the specialist posts; Advanced Clinical Practitioner, Asthma/respiratory, Complex/Eol/palliative, Transition, and additional band 6 hours the service will meet the recommended staffing levels identified in 'The RCN document, 'Defining staffing levels for children and young people's services: Standards for clinical professionals and service managers' and would be able to meet all the requirements listed below:

To meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role.
Provide good palliative care. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community.
Support early discharge and providing care closer to home.
Support deflection from Secondary, Primary and Tertiary care.
Achieve the 10 GM care standards for asthma - based on the national guidelines
Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs.
Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS.
Community engagement for World Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign

Understanding and managing long term conditions and normal childhood illness is a critical element of the CCNT role. Providing this can support the wider system and reduce pressures within primary and secondary care. As detailed earlier in the paper. The average saving across both financial years and assumptions below is estimated to be £197,882 deflected from ED. Resulting in less clinical costs and Improved impact for children and young people.
</td></tr>
<tr><td>Options
Include:-
Strategic Case
clinical
Economic Case
Financial Case
Do nothing</td><td>
<u>Proposed staffing model options to address the deficit within Health Visiting and School Nursing</u>
<u>Option 1</u> – recruitment of the posts below, to be implemented over a 3 year period.
<table>
<tr><th>School Nursing</th><th>Health visiting</th></tr>
<tr><td>1.5 WTE Band 7 Team Leader
5.68 WTE Band 6
12.45 WTE Band 5
4.89 WTE Band 3
1.0 WTE Band 6 Practice Educators</td><td>1.0 WTE Band 8a Clinical & professional lead
2.0 WTE Band 6 SEND HV
3.0 WTE Band 6 Enhanced HV
6.0 WTE Band 5 Staff nurses
1.0 WTE Band 6 Practice Educator</td></tr>
</table>
</td></tr>
</table>

To recruit staff detailed above to reduce the deficit in capacity to ensure demand is met and to increase clinical leadership to ensure safe service delivery and transformation.
It is anticipated that the increase of resources will allow to service to:

- Offer all (100%) of mothers an antenatal contact with a minimum of 60% being completed, an increase approx 51%
- Complete 95% of new birth visits an increase of approx. 7%
- Complete 95% of 6–8-week assessments an increase of approx. 33%
- Complete 95% of 12-month assessments an increase of approx. 33%
- Complete 95% of 2-21/2-year assessments an increase of approx. 39%
- Offer all (100%) of mothers a 4b assessment (currently not offered to any) with a minimum of 60% being completed
- Reduce the numbers of breaches for review LAC health assessments within statutory timescales by approximately 28%
- Increase the number of families being supported within early help where health is the lead professional from approx. 1% to 10%.
- Increased capacity to support vulnerable families via the enhanced health visiting by 100%. The service currently supports 90 families but will be able to support 180 families.
- Increased capacity to support vulnerable families via the SEND health visiting by 133%. The service currently supports 45 families but will be able to support 105 families.

Benefits	Risks
• Meet Statutory safeguarding requirements: Strategy meetings, Look After Children's Review Health Assessment, Child protection, Child in Need, Domestic Abuse. • Meet the requirements of the SEND Code. • Meet the Mandated national public health 'Healthy Child Programme'. • Deliver the health requirements of the Early Help Strategy. • Healthy Child Programme delivered in full. • Ability to deliver the Antenatal contact in line with commissioning requirement. • Ability to deliver the 8b 18 month contact as part of the extended Early Years Delivery Model. • Breastfeeding support to be delivered equitably across the borough. • Early identification of need and onward referral ensuring children are school ready and receive support at the earliest opportunity. • Delayed or cancelled visits kept to a minimum. • High quality visits and assessments ensuring robust plans of care can be delivered. • Ability to support at early help, potentially resulting in de-escalation of concerns and risk. • Young people able to be supported with their mental health, increased brief interventions, less referrals to	• Significant financial investment required. • Risk of full 3-year investment • Recruitment of the staff required.

CAMHS services which is unable to meet the demand and significant waiting list.
- Timely referrals- reduction in pressure on families due to decreased risk of escalation.
- Positive impact on key public health messages being delivered risk of harm to children.
- Increase attendance at MDT meetings.
- Timely assessment of A&E DV notifications cause for concern- increase in support or harm reduction.
- Decrease risk of harm to children and young people.
- Ability to support apprenticeship programme, grow our own staff.
- Increased capacity within service.
- Improved staff wellbeing.
- Improved leadership and ability to support quality improvement.
- Reduction in overtime paid/unpaid.
- Ability to support system transformation.
- Meet NCA Vision10.
- Reduction of health inequalities.
- Improved inequity of service provision and capacity.

<u>Option two– recruitment of the posts below, to be implemented over a 3 year period.</u>

School Nursing	Health visiting
• 1.5 WTE Band 7 Team Leader • 3.88 WTE Band 6 • 6.95 WTE Band 5 • 2.00 WTE Band 3 • 1.00 WTE Band 6 Practice Educator	• 1.0 WTE Band 8a – Clinical and professional lead • 1.5 WTE Band 6 HV SEND • 1.0 WTE Band 6 HV Complex • 4.5 WTE Band 5 staff nurses • 1.00 WTE Band 6 Practice Educator

Continue to be unable to deliver:
- All the mandated public health HCP.
- Meet all the Statutory safeguarding requirement: Compete all the Looked After Children Review Health assessment with timeframe, Attendance at Strategy meetings, Attendance at Child protection conferences and subsequent core groups, attendance at Child in Need meeting, attendance at SEND annual reviews, assessing and sharing of health information for EHCP and Domestic Abuse.
- Meet the requirements of the SEND Code.
- Deliver the health requirements of the Early Help Strategy.

Recruiting to the post will reduce the deficit in capacity to support meeting more of the demands. There will be a requirement to redefine the delivery models in regard to the safeguarding, this would include the implementation of the nonattendance at safeguarding meetings where health needs are met or being addressed and meeting all the requirements within the early help strategy.

Benefits	Risks

• Smaller financial investment. • Ability to support apprenticeship programme, grow our own staff. • Increased capacity within service, ability to meet more of the demands. • Improved staff wellbeing. • Improved clinical leadership and ability to support quality improvement.	• Significant financial investment required. • Risk of full 3-year investment. • Recruitment of the staff required. • The service will continue to prioritise the priorities but will not be able to meet all the functions within safeguarding, early help, and Healthy Child Programme requirements. • Inability to delivery all the 4b 18 month contact as part of the extended Early Years Delivery Model. • The impact of delayed visits/assessments during the 1001 critical days could result in delayed identification of need and therefore treatment/intervention-resulting in delayed school readiness, decrease in life chances. • Delayed or cancelled visits could result in unidentified risks to child, young person or family being identified resulting in harm. • Shorter visits/appointment times, reduction in quality of visits, reduction in quality of assessment, needs may remain unidentified resulting deterioration or escalation of issues. Delayed treatment, impact on development, school readiness and life chances. • Reduction in support at early help, potentially resulting in escalation of concerns and risk. • Reduction of young people being supported with their mental health, reduced brief interventions, more young people waiting for CAMHS with no support. • Delayed referrals- reduction in positive outcomes due to delay- increased pressure on families increased risk of escalation. • Impact on key public health messages being delivered risk of harm to children. • Reduction of attendance at MDT meetings – plans become static. Lack of progress could lead to harm. • Delay in assessment of A&E DV notifications cause for concern- reduction in support or escalation resulting in harm. • Reduction in breastfeeding support resulting in reduction of the health benefits associated with breast feeding including a risk of increased obesity • Continued decline in staff wellbeing.

Option 3 – Do nothing.
Continue to be unable to deliver:

- All the mandated public health 'Health Child Programme'
- Meet all the Statutory safeguarding requirement: Compete all the Looked After Children Review Health assessment with timeframe, Attendance at all Strategy meetings, Attendance at all Child protection conferences and subsequent core groups, attendance at all Child in Need meeting, attendance at all SEND annual reviews, assessing and sharing of health information for EHCP and Domestic Abuse
- Meet the requirements of the SEND Code
- Deliver the health requirements of the Early Help Strategy, lead professional role

Benefits	Risks
No financial ask	• Demand continues to outstrip capacity; The 0-19yrs service will be unable to deliver on all the above resulting in children and their families not receive the care and support required, delayed identification of health needs, missed opportunities to identify health needs, missed opportunities to identify safeguarding concerns. • Inability to deliver the 4b 18 month contact as part of the extended Early Years Delivery Model. • The impact of delayed visits/assessments during the 1001 critical days could result in delayed identification of need and therefore treatment/intervention-resulting in delayed school readiness, decrease in life chances. • Delayed or cancelled visits could result in unidentified risks to child, young person or family being identified resulting in harm. • Shorter visits/appointment times, reduction in quality of visits, reduction in quality of assessment, needs may remain unidentified resulting deterioration or escalation of issues. Delayed treatment, impact on development, school readiness and life chances. • Reduction in support at early help, potentially resulting in escalation of concerns and risk. Increased cases at safeguarding. Increased risk of Adverse Childhood Experiences (ACE's) resulting in poor life chances. • Reduction of young people being supported with their mental health, reduced brief interventions, more young people waiting for CAMHS with reduced support. • Delayed referrals- reduction in positive outcomes due to delay- increased pressure on families increased risk of escalation. • Impact on key public health messages being delivered risk of harm to children. • Reduction of attendance at MDT meetings – plans become static. Lack of progress could lead to harm. • Delay in assessment of A&E DV notifications cause for concern- reduction in support or escalation resulting in harm. • Reduction in breastfeeding support resulting in reduction of the health benefits associated with breast feeding including a risk of increased obesity • Continued decline in staff wellbeing.

Proposed staffing model options to address the deficient within CCNT

Option 1 – increase the workforce in line with GM recommendations including the introduction of specialist roles and leadership

- 1WTE band 8a (Operational and Clinical leadership)
- 1 WTE band 7 Asthma/respiratory
- 1 WTE band 7 Complex/Eol/palliative

- 1WTE Band 7 Transition
- 0.82 WTE band 6

Benefits	Risks
• Able to meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role resulting in poor transition. • Able to Provide specialist palliative care for children. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Able to Achieve the 10 GM care standards for asthma • Able to ensure service users receive expert specialist advice and guidance from suitably trained staff. • Able to support early discharge and providing care closer to home. • Able to fully participate in Community engagement for World Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign. • Able to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Able fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS. • Risk to staff wellbeing. • Able to ensure there is adequate clinical leadership to drive quality and improve service delivery. • Able to ensure an equitable service to Bury residents in line with other areas of the NCA.	Significant financial investment required. Risk of full 3-year investment. Recruitment of the staff required.

Option 2 – to recruit staff into the service to reduce the deficit in meeting the GM standards.

- 1WTE band 8a (Operational and Clinical leadership)
- 1 WTE band 7 Complex/Eol/palliative
- 0.6 WTE band 6 Transition
- 0.4 WTE band 6

Benefits	Risks
• Reduced financial investment • Able to meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role.	• Significant financial investment required. • Risk of full 3-year investment. • Recruitment of the staff required. • Unable to Achieve the 10 GM care standards for asthma • Unable to fully participate in Community engagement for World

• Provide good palliative care. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Improve support with early discharge and providing care closer to home. • Increase the PNP service which is currently only delivered over 4 days a week. • Ensure there is adequate leadership to drive quality and improve service delivery. • To ensure service users receive expert specialist advice and guidance from suitably trained staff. • Improved staff well-being.	Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign. • Unable to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Unable fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS. • Risk to staff wellbeing. • Unable to ensure there is adequate clinical leadership to drive quality and improve service delivery. • Unable to ensure an equitable service to Bury residents in line with other areas of the NCA.

Option 3 - Continue to deliver the service with existing staff and leadership

Benefits	Risks
• No financial investment	• Unable To meet the SEND Code, supporting families through transitional points and providing the children and families the support and care they require via a key working role resulting in poor transition. • Unable to Provide specialist palliative care for children. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Unable to Achieve the 10 GM care standards for asthma. • Unable to ensure service users receive expert specialist advice and guidance from suitably trained staff. • Unable to support early discharge and providing care closer to home. • Unable to fully participate in Community engagement for World Asthma Day and continue to contribute to 023#AskAboutAsthma campaign. • Unable to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Unable fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS.

<table>
<tr><td></td><td>
<table>
<tr><td></td><td>

- Risk to staff wellbeing.
- Unable to ensure there is adequate clinical leadership to drive quality and improve service delivery.
- Unable to ensure an equitable service to Bury residents in line with other areas of the NCA

</td></tr>
</table>

See appendix 6 for staffing model options.
</td></tr>
<tr><td>Summary of preferred option and Proposal</td><td>

<u>0-19ys & CCNT</u>

Option 1 is recommended as the preferred course of action for the benefit of Bury locality and for the wider health system. The benefits will be felt both in community and acute setting but most importantly by our children and young people and their careers/families. The recommended option will deliver significant benefits to the organisation and most importantly our service users, who will receive an enhanced standard of care, through more timely access to appropriate expertise.

It is anticipated that the increase of resources in option 1 will allow the services to:

- Offer all (100%) of expectant mothers an antenatal contact
- Complete 95% of new birth visits an increase of approx. 4%
- Complete 95% of new birth visits within 14 day approx. 63%
- Complete 95% of 6-8 week assessments an increase of approx. 25%
- Complete 95% of 12 month assessments an increase of approx. 33%
- Complete 95% of 2-21/2 year assessments an increase of approx. 36%
- Offer all (100%) of mothers a 4b assessment (currently not offered to any) with a minimum of 60% being completed
- Reduce the numbers of breaches for review LAC health assessments within statutory timescales by approximately 21%
- Increase the number of families being supported within early help where health is the lead professional from approx. 1% to 10%.
- Increased capacity to support vulnerable families via the enhanced health visiting pathway by 100%. The service currently supports 90 families but will be able to support 180 families.
- Increased capacity to support vulnerable families via the SEND health visiting pathway by 133%. The service currently supports 45 families but will be able to support 105 families.
- Meet Statutory safeguarding requirements: Strategy meetings, Look After Children's Review Health Assessment, Child protection, Child in Need, Domestic Abuse.
- Meet the requirements of the SEND Code.
- Deliver the Mandated national public health 'Healthy Child Programme'.
- Deliver the health requirements of the Early Help Strategy, potentially resulting in de-escalation of concerns and risk.
- Ability to deliver the 4b 18 month contact as part of the extended Early Years Delivery Model.
- Breastfeeding support to be delivered equitably across the borough.
- Early identification of need and onward referral ensuring children are school ready and receive support at the earliest opportunity.
- Cancelled health assessments will be reduced.
- High quality assessments ensuring robust plans of care can be delivered.

</td></tr>
</table>

<table>
<tr><td></td><td>

- The ability to support young people with mental health issues via brief interventions delivered earlier which would potentially impact on the requirement for referrals to specialist CAMHs services.
- Positive delivery of key public health interventions to support the wider public health agenda e.g. Obesity.
- Increase attendance at non statutory MDT's, e.g. Team around the school.
- Timely assessment of A&E, Domestic Violence notifications, cause for concern-increase in support or harm reduction.
- Ability to support apprenticeship programme, grow our own staff.
- Improved staff wellbeing.
- Improved clinical leadership and ability to deliver quality improvement projects.
- Reduction in staff undertaking additional hours.
- Ability to support system transformation.
- Meet NCA Vision10 ambitions.
- Reduction of health inequalities.
- Able to Provide specialist palliative/EoL care for children.
- Able to Achieve the 10 GM care standards for asthma.
- Able to ensure service users receive expert specialist advice and guidance from suitably trained staff.
- Able to support early discharge and providing care closer to home.
- Able to develop and strengthen pathways with Primary care, secondary and children's services.
- Able fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS.

</td></tr>
<tr><td>Planned implementation date</td><td>

The implementation will be over 3 years

Year 1 1.10.23 to 31.3.24
Year 2 1.4.24 to 31.3.25
Year 3 1.4.25 to 31.3.26

Full breakdown of the requirements detailed in the document Appendix 5

</td></tr>
<tr><td>Summary finance
Include:-
Current position
Planned position

Return on investment</td><td>

<u>Current position</u>

Pay	Summary		23/24
	Health Visiting	current	£2,787,014
	School Nursing	current	£1,129,172
	CCNT	current	£699,529
	Total	current	£4,615,715
NonPay	Summary		23/24
	Health Visiting	current	£32,160
	School Nursing	current	£63,518
	CCNT	current	£106,037
	Total	current	£201,715
Total		current	£4,817,430

The current budget is £4,817,430

</td></tr>
</table>

	Option 1

Option 1

Pay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	1	£139,976	£206,228	£206,228	£552,432
	School Nursing	1	£336,670	£299,982	£268,726	£905,377
	CCNT	1	£136,454	£110,351	£0	£246,805
	Total	1	£613,100	£616,560	£474,954	£1,704,614
NonPay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	1	£7,675	£6,560	£6,560	£20,795
	School Nursing	1	£21,489	£11,480	£9,840	£42,809
	CCNT	1	£6,140	£3,280	£0	£9,420
	Total	1	£35,304	£21,320	£16,400	£73,024
Total each year		1	£648,404	£637,880	£491,354	£1,777,638
Cumulative total		1	£648,404	£1,286,284	£1,777,638	

Option 1 would be a phased increase annually over 3 years, total additional ask of £1,777,638

Option 2

Pay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	2	£134,616	£190,146	£131,965	£456,727
	School Nursing	2	£243,181	£221,137	£224,409	£688,728
	CCNT	2	£70,060	£39,837	£21,442	£131,339
	Total	2	£447,857	£451,120	£377,817	£1,276,793
NonPay	Summary	Option	Year 1 (6 Mths)	Year 2	Year 3	Total
	Health Visiting	2	£7,675	£6,560	£4,920	£19,155
	School Nursing	2	£15,350	£8,200	£8,200	£31,750
	CCNT	2	£3,070	£1,640	£1,640	£6,350
	Total	2	£26,094	£16,400	£14,760	£57,254
Total each year		2	£473,951	£467,520	£392,577	£1,334,048
Cumulative total		2	£473,951	£941,471	£1,334,048	

Option 2 would be a phased increase annually over 3 years, total additional ask of £1,334,048

All costings based on Gross Costs AfC 22/23 payscales - mid-point
20% uplift for annual leave, sickness, training applied

See appendix 6 for full details.

Source of Funding

Joint funding between main partners- GM ICB, Council and NCA - cumulative total of £1,777,638 spilt over 3 years.

Cumulative total	Year 1	Year 2	Year 3
	£648,404	£1,286,284	£1,777,638

Discussions remain ongoing therefore this section will be updated following agreement of partnership financial opportunities and contributions.

Workforce Impact *(include lead employers)*	This would improve the health and wellbeing of the existing staff (a key priority in the NCA Health and Wellbeing Strategy) who have raised concerns regarding the pressures experienced due to the caseload sizes and complexities. The workforce has raised concerns that they predominately have to focus on safeguarding which impacts on their job satisfaction. The recent NCA staff survey reflects the concerns raised. The increase in the workforce would enable the SN service to implement the new delivery model which has evaluated positively from partners, service users and staff. The HV service would be able to deliver the full HCP, supporting the early identification of need and ensuring appropriate support provided, prevention of need is a key element of the role that provides good job satisfaction. The increase in the workforce would ensure services are able to deliver the improvements set out via Burys Children Improvement Board established following the inadequate Ofsted inspection of Bury local authority children's services in October 2021. Ensure services can meet the requirements set out in the Joint local area SEND revisit in May 2019. NCA would be the lead employer. Recruitment and training of the additional staff.
Activity/Productivity/KPI Impact	This would support service meeting the commissioned KPI's and Statutory/Safeguarding requirements which are not being met in full currently. • Attend all statutory and safeguarding meetings • Offer all (100%) of mothers an antenatal contact with a minimum of 60% being completed, an increase approx 51% • Complete 95% of new birth visits an increase of approx. 7% • Complete 95% of 6–8-week assessments an increase of approx. 33% • Complete 95% of 12-month assessments an increase of approx. 33% • Complete 95% of 2-21/2-year assessments an increase of approx. 39% • Offer all (100%) of mothers a 4b assessment (currently not offered to any) with a minimum of 60% being completed • Reduce the numbers of breaches for review LAC health assessments within statutory timescales by approximately 28% • Meet the requirements set out in the Early Help strategy and increase the number of families being supported within early help where health is the lead professional from approx. 1% to 10%. • Meet NICE/national guidelines • Support the delivery/adherence of SEND code and ensure health information is provided for all EHCP request • Increased capacity to support vulnerable families via the enhanced health visiting by 100%. The service currently supports 90 families but will be able to support 180 families. • Increased capacity to support vulnerable families via the SEND health visiting by 133%. The service currently supports 45 families but will be able to support 105 families.

Performance/ Quality/Safety Impact	This would enable the service to deliver all elements of the provision supporting the reduction of risk, early identification of need ensuring the appropriate support/advise/signposting. Ensure staff have the appropriate clinical, professional, safeguarding supervision. Ensure the staff have the appropriate skills and competencies required. Ensure services can meet the KPI's. Ensure services are meeting the quality standards set out in CQC. Ensure services can deliver the improvements set out via Bury's Children Improvement Board established following the inadequate Ofsted inspection of Bury local authority children's services in October 2021. Ensure services can meet the requirements set out in the Joint local area SEND revisit in May 2019 (Appendix 8). Ensure services can meet the requirements set out in the Early Help strategy.
People experience Impact	Service users will have access to the full HCP providing opportunities for health needs to be identified early and support provided/onward referral. This should improve the numbers of children being school ready which Bury has seen a decline in and is below the England average. Services would be able to provide tailored early help support, addressing needs at the most appropriate timeframe. More support available to vulnerable families via the enhanced HV and SEND HV roles. Both services evaluate positively from service users and provides the key working role set out in the SEND Code. Families and Young people being supported via safeguarding arena would have enhanced access to support, providing opportunities to form a professional working relationship and enable staff to be the advocate for the child/family. Enable health to meet the requirements set out in the early help strategy and be the lead professional where appropriate for more families. Ensure our most vulnerable children who are looked after receive the support required and have their health assessments completed within the statutory timescales.
Population Health Impact	Services would be able to deliver the evidenced based public health element of the role, supporting the reduction of health inequalities, and prevention of health condition. • Increase in the numbers of babies being breast fed • Reduce the number of childhood injuries • Support families to self-manage minor illness • Provide specialist care for Asthma/Respiratory, End of Life, SEND/Transition- reducing health inequalities • Meet NICE guidance/national standards Impactful data regarding health outcomes and cost benefits has been requested from Public Health and will be included in this business case when received.

Estates Impact	The services are supported to utilise agile working, all staff have access to IT equipment and electronics systems to support them in delivering the services. Health Visiting paper records are currently being scanned onto systm1 supporting agile working and reducing the space required within the office areas. The additional staff would support more staff working from the family hubs and within schools, enhancing partnership working and further reducing the impact on estates.
IT/Digital Impact	All additional staff will require a laptop, mobile phone, and lone worker devise, below is an estimation of the costs based on the number of WTE requested for option 1. IT costs are included in the costs presented in the finance section. (see table below)
Prescribing impact	Specialist role will have the advanced non-medical prescribing V300
Contract/Procurement Impact	N/A
Key Benefits, Risks and mitigation	see below

	Laptops standard dell with Dock and Lock	Smart phones Samsung A series	Lone worker devises (£4 monthly fee in addition)
Year 1	£1090.00 X22 staff = £23,980	£254 X22 staff = £5,588	£22 X22 staff = £484
Year 2	£1090.00 X13 staff = £14,170	£254 X13 staff = £3,302	£22 X13 staff = £286
Year 3	£1090.00 X10 staff = £10,900	£254 X10 staff = £2,540	£22 X10 staff = £220
Total	**£49,050**	**£11,430**	**£990**

Benefits

- Meet Statutory safeguarding requirements: Strategy meetings, Look After Children's Review Health Assessment, Child protection, Child in Need, Domestic Abuse.
- Meet the requirements of the SEND Code.
- Meet the Mandated national public health 'Healthy Child Programme'.
- Deliver the health requirements of the Early Help Strategy.
- Healthy Child Programme delivered in full.
- Ability to deliver the Antenatal contact in line with commissioning requirement.
- Ability to deliver the 8b 18 month contact as part of the extended Early Years Delivery Model.
- Breastfeeding support to be delivered equitably across the borough.
- Early identification of need and onward referral ensuring children are school ready and receive support at the earliest opportunity.
- Delayed or cancelled visits kept to a minimum.
- High quality visits and assessments ensuring robust plans of care can be delivered.
- Ability to support at early help, potentially resulting in de-escalation of concerns and risk.
- Young people able to be supported with their mental health, increased brief interventions, less referrals to CAMHS, a service which is unable to meet the demand and has significant waiting list.

	• Timely referrals- reduction in pressure on families due to decreased risk of escalation. • Positive impact on key public health messages being delivered risk of harm to children. • Increase attendance at MDT meetings. • Timely assessment of A&E DV notifications cause for concern- increase in support or harm reduction. • Decrease risk of harm to children and young people. • Ability to support apprenticeship programme, grow our own staff. • Increased capacity within service. • Improved staff wellbeing. • Improved leadership and ability to support quality improvement. • Reduction in overtime paid/unpaid. • Ability to support system transformation. • Meet NCA Vision10. • Reduction of health inequalities. • Improved inequity of service provision and capacity. • Able to Provide specialist palliative care for children. End of Life Care: Strengthening Choice: An inquiry Report by the All-Party Parliamentary Group (APPG) for Children Who Need Palliative Care (APPG, 2018) recognises that there are too few professionals with the skills, knowledge and experience needed to provide children's palliative care in hospitals, children's hospices and in the community. • Able to Achieve the 10 GM care standards for asthma • Able to ensure service users receive expert specialist advice and guidance from suitably trained staff. • Able to support early discharge and providing care closer to home. • Able to fully participate in Community engagement for World Asthma Day and continue to contribute to 2023#AskAboutAsthma campaign. • Able to Strengthen engagement with ICS and GPs to work towards meeting asthma standards ensuring the children and young people of Bury have access to equitable services to the other GM boroughs. • Able fully Deliver Asthma Friendly Schools initiative with a future vision of all schools accredited as an AFS. • Risk to staff wellbeing. • Able to ensure there is adequate clinical leadership to drive quality and improve service delivery. • Able to ensure an equitable service to Bury residents in line with other areas of the NCA. **Risks** • Significant financial investment required. • Recruitment of the staff required. **Mitigation** • Specialist role within CCNT which are attractive due to the limited numbers therefore no anticipation of challenge with recruitment

	• Band 5 vacancies which could be provided to newly qualified or staff who have not previously worked in the community. • Band 6 roles in HV are for specialist posts with a reduced caseload making the post more attractive. • Very few band 8 post within the services so would be very attractive
Exit arrangements	There would be a review period of 6 months once the staff have been recruited and commenced in which we would expect to see results if demand/acuity etc remain static. One approved and 80% of staff are in post a review will be undertaken in 6 months to determine if an improvement trajectory is apparent. If it is not the business case will be revisited before further posts are recruited to. Once full implementation of the additional staff is achieved by 31.3.2026 a full review will be carried out 6 months later to compare performance data to determine the impact of the changes implemented. If there has been no improvement a new review will be undertaken, and staff may need to be re assigned to other roles within children's services within Bury or the NCA.
Recommendation	Board to recommend option 1
Approvals / Timelines	

Approval ***(delete/add as appropriate)***	**Meeting Date for presentation**	**Approved Y/N**
Individual organisations Governance		
NCA		
Bury Council		
GM NHS Bury		
Pennine Care		
Bury Hospice		
Persona		
VCFA		
Bardoc		
GP Fed		
Bury Partnership Governance		
Strategic Finance Group		*Must be yes to proceed*
Strategic Workforce Group		
Strategic Estates Group		
Digital Board		
Population health Delivery group		
System Assurance Group		
Clinical & Professional senate		*Must be yes to proceed*
Programme Board		*Must be yes to proceed*

<table>
<tr><td></td><td>

IDC Board		
Locality Board		

</td></tr>
<tr><td>Appendices</td><td>
Appendix 1:
Hertfordshire_Famil y_Safeguarding (6).p
Appendix 2:
Health visiting and school nursing service delivery model - GOV.UK (www.gov.uk)
Supporting public health: children, young people and families - GOV.UK (www.gov.uk)
5-19 Healthy Child Programme.odt   0-5 Healthy Child Programme.odt   Healthy Child Programme 0-5yrs.p   Healthy Child Programme 5-19yrs.p
Appendix 3:
Health Visiting Capacity and Demand data
26.05.23 Health Visiting Data.xlsx
Appendix 4:
School Nursing capacity and Demand data
26.05.23 School Nursing Data.xlsx
Appendix 5:
Staffing request broken into year 1, 2
Appendix 6:
Staffing Model Options.odt
Appendix 7:
Childrens Business Case S...
Appendix 8:
Bury_Inspection of local authority child   Joint Local area SEND inspection rev
Appendix 9:
</td></tr>
</table>

	SERVICE CHANGE EQIA template (002) **Appendix 10:** 202210-637_Data - PNP Proposal_ Extra 202210-637_Data - PNP Proposal_ Ben F
Post project evaluation review date	___/___/____ *Should be approx. 6 months after implementation*

Document version control

Version 1, approved xxxxx by xxxxx

Due for review on xxxxx

Bury ICP Business Case Flow