

Title Briefing paper	Childrens Nursing Services Case for Change - 0-19yrs service and Childrens Community Nursing Team.
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To	Locality Board
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Executive Summary	<p>The paper being presented to the Board and with accompanying information, is intended to give oversight of the services current provision and a case for change required to deliver statutory functions. It will highlight the need for investment and modernisation, to enable our current children within the Bury locality to optimise their potential and for our adults and young people to maximise their contribution to society and support the ambitions of population health.</p> <p>This report should be considered in the context of the locality board priority of addressing the first 1001 days of a child's life in Bury, noting that the Starting Well group is developing the proposition and will bring forward proposals connected to the model of family hubs in neighbourhoods.</p> <p>The information has been shared and discussed within the Northern Care Alliance and as such extensively within Bury Care Organisation. There is evidence that significant additional capacity on both services is required and this is included in the attached report. The case has been endorsed and supported by system partners within the Childrens Strategic Partnership Board and will be discussed with the Strategic Finance Group, who are committed to working with service leaders within their organisations to explore opportunities to fund.</p> <p>The recommendation to the Board is to support both option 1's with a phased investment of 13 whole time equivalent (wte) qualified Nurses and Health Visitors and 25.52 wte School Nurses and 4.82 wte of Childrens Community Nursing Team (CCNT). All partners are committed to ensuring the most efficient delivery of the services and the proposal describes investment of £1.7m over a three year period, this will include opportunities for reflection and learning and revised proposals in related to future years.</p> <p>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.</p> <p>Bury has disproportionate numbers of Children with an Education Health Care Plan (EHCP) and has experienced year-on-year increases. The numbers of Looked After Children have increased by 38% for children under 5 years and 73.8% of children 5yrs to 18yrs.</p> <p>The increased demand has resulted in the 0-19yrs service being unable to meet; all the statutory functions, the commissioning requirements, assess all children at each critical stage, complete all</p>

statutory looked after children (LAC) review health assessments, attend all the statutory LAC review meetings and meet all the requirements of the early help strategy.

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). All children are offered a core set of visits/contacts (e.g. New birth Visit and 2 to 2 1/2 year assessment) with those requiring additional support having a tailored service around these needs.

The importance of prevention and early intervention lifestyles and habits established during childhood, adolescence and young adulthood influences 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 (Foresight 2007). 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. For example, weight-related problems are forecast to cost £50 billion to the wider economy by 2050.

The document 'Securing Our Future Health' (Wanless D (2002) 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. Current information has seen a decline in the numbers of children achieving a 'good level of development' from 71.4% three years ago to current 63.3% which is lower than the England average of 65.2%.

Other areas of concern that have been identified to be worse than the national position: 22.6% of our mothers are obese during early pregnancy, 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, 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.

In contrast, there are areas of positive achievements. When compared to National rates Bury has a higher proportion of children entitled to Free School Meals achieving good levels of development. In addition, Bury has a vaccination uptake rate of 65.7% for primary school age vaccinations, significantly higher than the National average of 57.4%.

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 average saving across both financial years and assumptions is estimated to be £197,882 deflected from ED. Resulting in less clinical costs and improved impact for children and young people.

The successful delivery of the Healthy Child Programme can only be achieved as part of an integrated approach to supporting children and families. Bury has seen significant challenges in the provision of Early Help services available for children and families.

Addressing the gap identified will allow the 0-19yrs service and Childrens Community Nursing Team to safely manage the increased demand, provide clinical leadership, clinical supervision, professional supervision, specialist clinical care to ensure safe service delivery. We will have the

capacity and those with the specialist knowledge to contribute to the national agendas, reducing attendance at A&E and inpatient stays and deliver care closer to home and in the home.

The paper presented has significant challenges, but requirements that are necessary to enable our Bury children to optimise their potential. The opportunities for funding are likely to be a combination of the commissioner (substantially the council) prioritising investment as part of the Medium Term financial strategy of the council and in relation to the wider early years model, and the provider (NCA) considering opportunities to review the relative inequality in provision. The council has in the meantime committed £100k of Contain Outbreak Management Fund (COMF) monies non recurrently to address immediate pressures.

Evaluation and regular oversight on progress will be managed within the community division, NCA governance structures and Burys Children Strategic Partnership Board.

Recommendation:

The Board is asked to support the recommendation of both option 1's, explore financing options further and to take to the next level of authorisation within Health and Care.

References

Foresight (2007) Tackling Obesities: Future Choices. London: Foresight (available at [www.foresight.gov.uk/OurWork/Active Projects/Obesity/KeyInfo/Index.asp](http://www.foresight.gov.uk/OurWork/Active%20Projects/Obesity/KeyInfo/Index.asp)).

Wanless D (2002) *Securing Our Future Health: Taking a Long-Term View*. London: HM Treasury (available at http://webarchive.nationalarchives.gov.uk/http://www.hm-treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless_final.cfm).