

Dudley Public Health & Wellbeing commissioned 0-19 Integrated Service

Commissioner Perspective

**Integration of Healthy Child Programme
Services for
0-19 years (up to 25 years with SEND)**

Health needs in Dudley

Infants, children, and young people

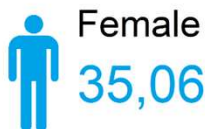


Children in numbers

Population Aged 0-18 71,932 (2021)



36,869



35,063



18,058



19,758



19,253



15 3,765
17 3,844

16 3,768
18 3,486

Education



78 Primary schools (of which 32 are Primary Academies)
1 Nursery school, 41 Nursery classes in Primary schools, 1 in a Special school
19 Secondary schools (of which 15 are Secondary Academies)
7 Special schools **2** Pupil Referral Units (PRU's)
3 colleges; **2** further education, **1** sixth form (May 2023)



53% of Dudley pupils are meeting the expected standard at Key Stage 2 England 59% (2022)
 Attainment 8 score **46.5** at Key Stage 4 England 48.8 (2022)



211 providers delivering early years education (May 2023)
75.1% of school children attend a Good or Outstanding school (Mar 2023)
 Absence rate of **6.9%** in Primary schools and **9.5%** in Secondary schools
England 6.3% Primary and 9% Secondary (includes authorised and unauthorised absence) (2022)
91% of those aged 16-18 are participating in education, employment of training
England 92.3% (Apr 2023)

Social Care

86.1 children looked after by the local authority per 10,000 under 18 (Apr 2023)
England 69.8 per 10,000 under 18 (Mar 2022)

Ethnicity

of Dudley school pupils (Jan 2023)



73.7% White



10.6% Asian or Asian British



8.2% Mixed / Dual Background



3.4% Black or Black British



2.3% Other



1.7% No information

Income Deprivation



27.1% of children in low income families (Under 16)
England 19.9% (Mar 2022)

Health



4.3 infant deaths per 1,000 under 1 year of age
England 3.9 per 1,000 (2019-21)

11.0% of reception year school children are obese England 10.1% (2021/22)

27.4% of year 6 school children are obese England 23.4% (2021/22)

6.6% of those aged 16 and under are disabled as defined by the Equality Act (2010), with day-to-day activities limited a little or a lot
England 6.3% (2021)



Public Health priorities for Dudley – infants, children and young people

Dudley has poorer outcomes in all of these areas than national average:

- School readiness (esp. children on FSM)
- School absence
- Teenage conceptions
- Childhood obesity
- Smoking in pregnancy
- NEETs
- Children living in poverty

Dudley is average or above national average, but there are large inequalities within the borough or among different groups:

- Oral health
- Infant mortality
- Emotional health and wellbeing



0-19 Integrated Service

National expectations and Dudley-specific commissioned service



Healthy Child Programme

The core public health offer for all children includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- information, advice and support for children, young people and families or carers
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multi-disciplinary team
- defined support in early years and education settings for children with additional and complex health needs
- additional or targeted public health nursing support as identified in the [joint strategic needs assessment](#), for example, support for children in care, young carers, or children of military families

<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning/commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19>



The Standard 0-19 Public Health Service Model

4 service functions

- Health Visiting
- Family Nurse Partnership
- School Nursing
- Emotional Health & Wellbeing

4 levels of service based upon individual or family need

- Community
- Universal
- Targeted
- Specialist

4 commissioning processes to improve outcomes

- Securing better outcomes (plan)
- Evidence into action (do)
- Improving access (study)
- Desired outcome (act)

0-19 Key Responsibilities

- Ensure delivery of the 0-19 Healthy Child Programme and High Impact Areas to all infants, children and families (including fathers/co-parents), starting from the antenatal period.
- Support families and communities who may find it more difficult to access services based upon protected characteristics.
- Ensure staff have the professional training, confidence, competence and autonomy to deliver the Healthy Child Programme for 0-19 (25), using a personalised family and community centred model.
- Use Public Health approaches to focus on prevention, health promotion, early identification of needs, early evidence-based intervention, and clear packages of support for infants, children, young people, and families.
- Prioritise the needs of infants, children, young people, and families who are most likely to experience poorer outcomes.



Health Visiting

The Health Visiting service is for 0-5 years, it includes all infants and children in the resident population. Health visiting includes child health surveillance, health promotion, health protection, health improvement as outlined in the healthy child programme.

5 (working towards 7) Mandated Health Reviews

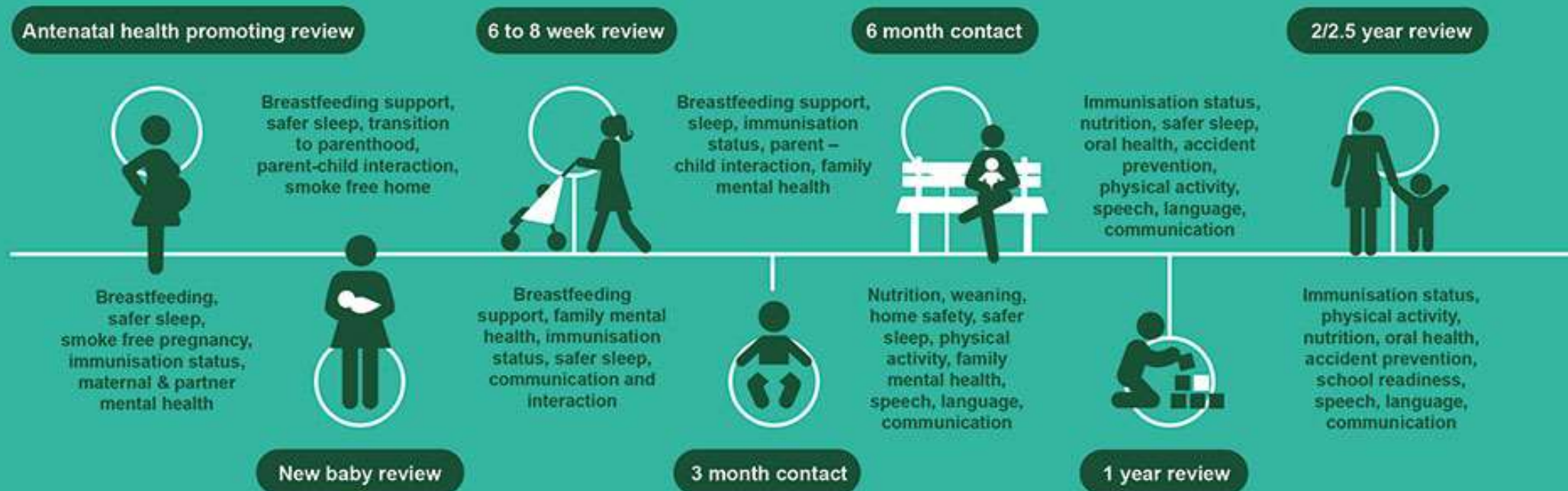
- Antenatal health promotion visit
- New baby review (10-14 days)
- 6–8-week assessment
- 3–4-month contact (working towards)
- 6-month contact (working towards)
- 1 year assessment
- 2-2½ review

Early Years High Impact Areas

- transition to parenthood and the early weeks
- maternal and infant mental health
- breastfeeding (initiation and duration)
- healthy weight and healthy nutrition
- health literacy
- reducing accidents and minor illnesses
- health, wellbeing and development (ready to learn, narrowing the 'word gap')



Health and wellbeing reviews and contacts for 0-5



<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model#high-impact-areas>

Statutory Indicators

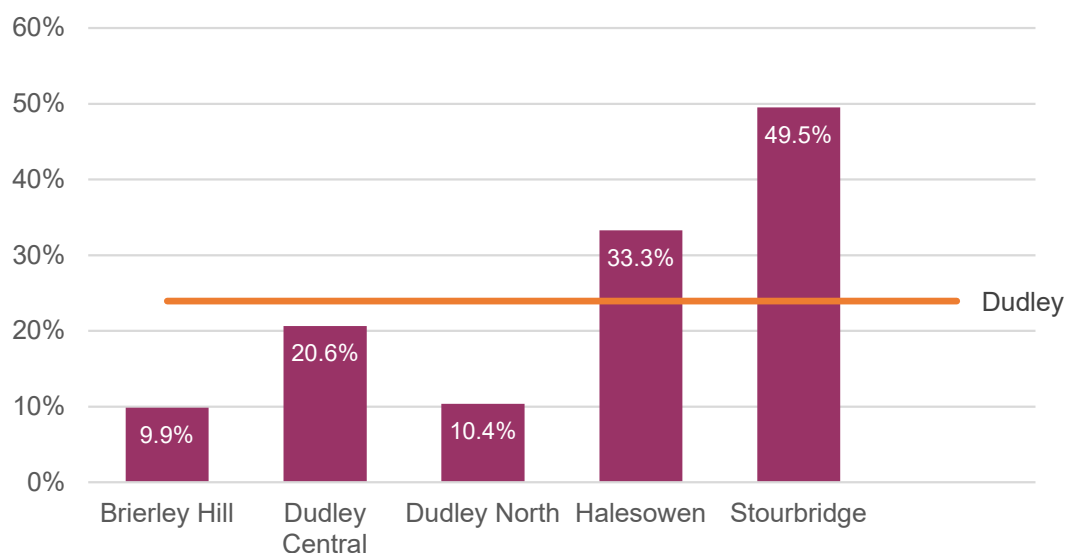
Current Health Visitor Performance

Contact / Visit	National Target	Dudley 2023/4				England 2022-23
		Q1	Q2	Q3	Q4	
Antenatal Contact (Face to face)	95%	204 25%	245 29%	363 39%	357 43%	Not available
New Birth Visit (in the home within 14 days)	95%	679 83%	716 85%	805 86%	679 82%	79.9%
6-8 Week Review	95%	818 86%	855 88%	876 88%	878 89%	79.6%
9–12-month Check	95%	870 75%	942 82%	886 82%	867 81%	70.9%
2 – 2 ½ Year Review	95%	685 72%	760 84%	848 88%	714 71%	73.6%

Health Equity Audit Data – Antenatal Check

Percentage of women getting an antenatal check from total of new birth visits by HV team

Q1 2021/22 to Q3 2023/24



There are differences in the percentage of women receiving an antenatal check by Health Visiting team, ranging from half in Stourbridge to one in ten in Brierley Hill and Dudley North.

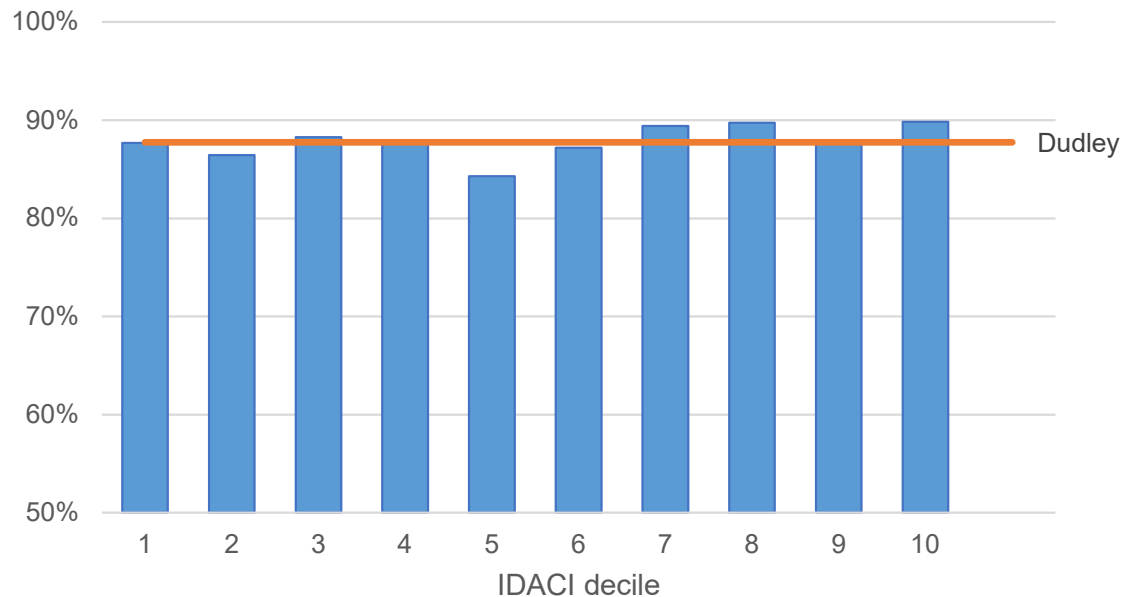
Deprivation analysis shows that it is approximately the same percentage receiving a check in each deprivation decile.

Need to look at capacity to increase checks and then whether there should be targeting if cannot reach 100%.



Health Equity Audit Data – New Birth Visit

Percentage of children getting a new birth visit check by IDACI decile
Q1 2021/22 to Q3 2023/24

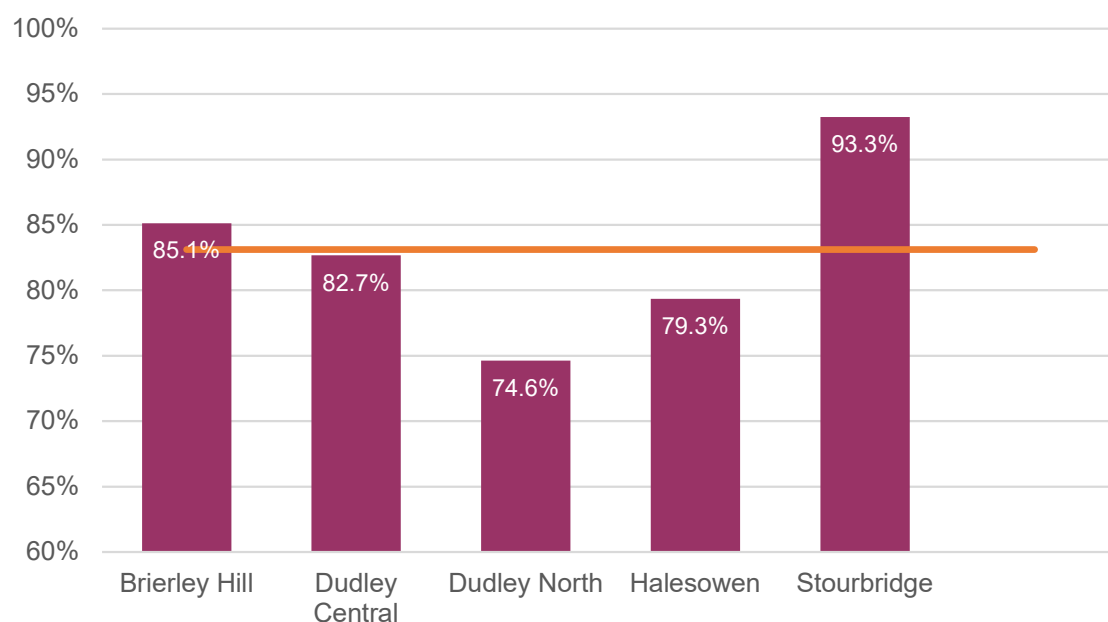


- New Birth Visits look reasonably equitable by % seen in each deprivation decile (1 = most deprived).
- However, because there are about 4x more babies born in the most deprived areas, there are more babies not checked: **507 in the 20% most deprived areas vs. 122 in the 20% least deprived** between Q1 21/22 and Q3 23/24.
- The same pattern is observed for the 6-8 week check. **391 in the 20% most deprived areas were not checked vs. 75 in the 20% least deprived**

Health Equity Audit Data – 12 month check

Percentage of children getting a 12 month visit check by HV team

Q1 2021/22 to Q3 2023/24



Pattern is similar for 2-2.5 year check

- See larger differences by health visiting team but checks look reasonably equitable by % seen in each deprivation decile (1 = most deprived).
- 640 children unchecked in 20% most deprived areas vs. 150 in 20% least deprived.
- 82% of Black, Asian and Minority Ethnic children have been checked vs. 86% of White children. However, majority of unchecked children are White (238 vs. 69).

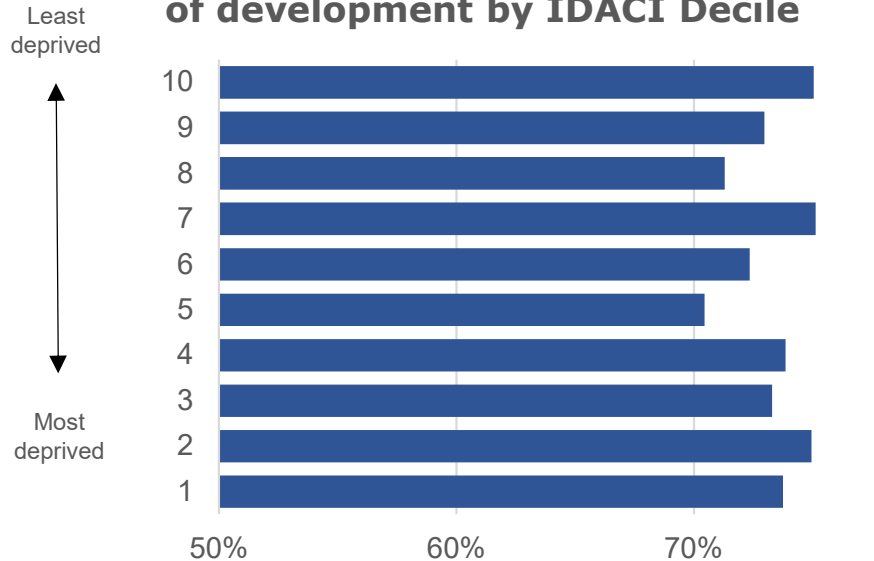


Good levels of development (1)

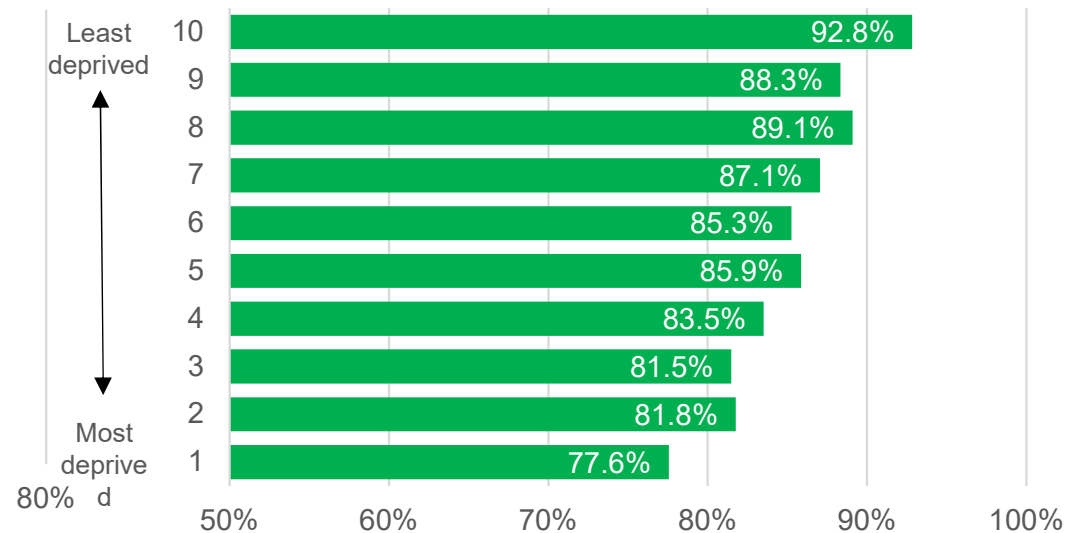
During checks, the Ages & Stages Questionnaire (ASQ) is undertaken. Shows that the inequalities gap in good levels of development occurs between 9-12 months and 2-2 ½ years. These are (obviously) just the children who have been checked.

By age 2-2 ½ years, 93% of children in the 10% least deprived decile have a good level of development compared to 78% in the 10% most deprived decile. Attainment was similar at 9 months.

Percentage of children aged 9-12 months achieving an overall good level of development by IDACI Decile

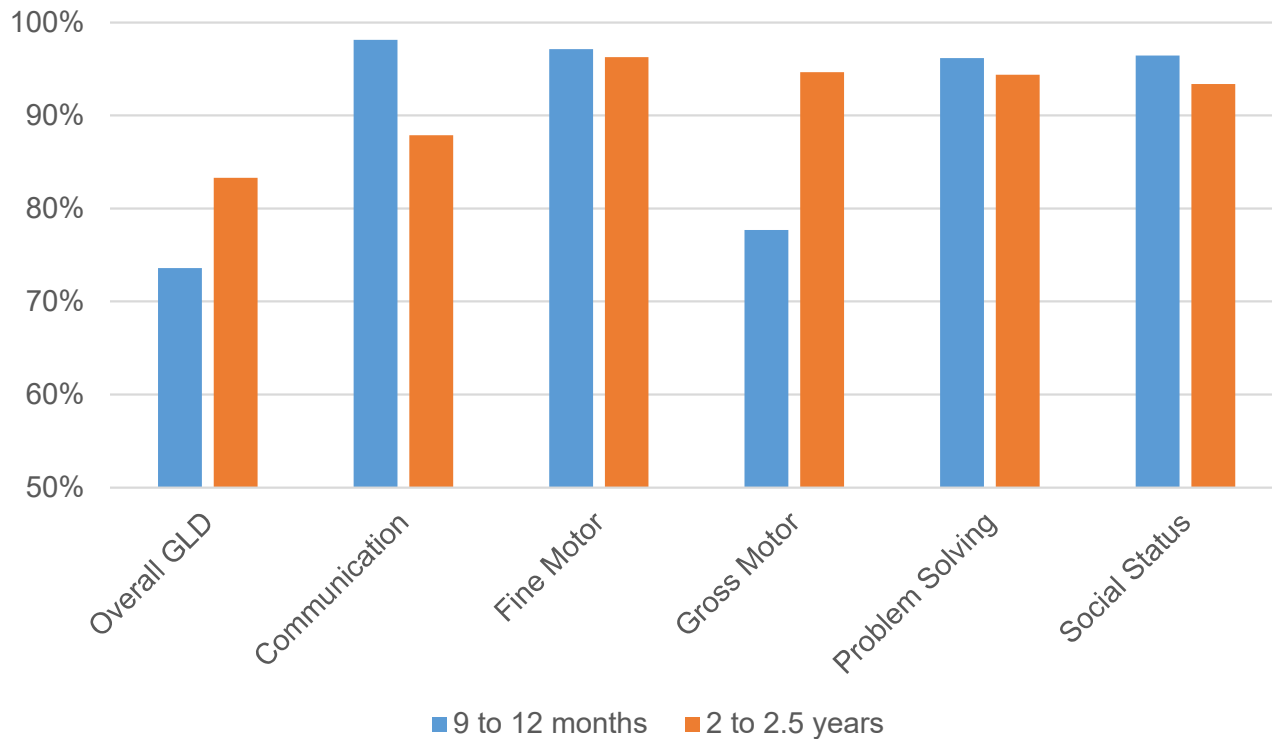


Percentage of children aged 2 to 2½ years achieving an overall good level of development by IDACI Decile



Good levels of development (2)

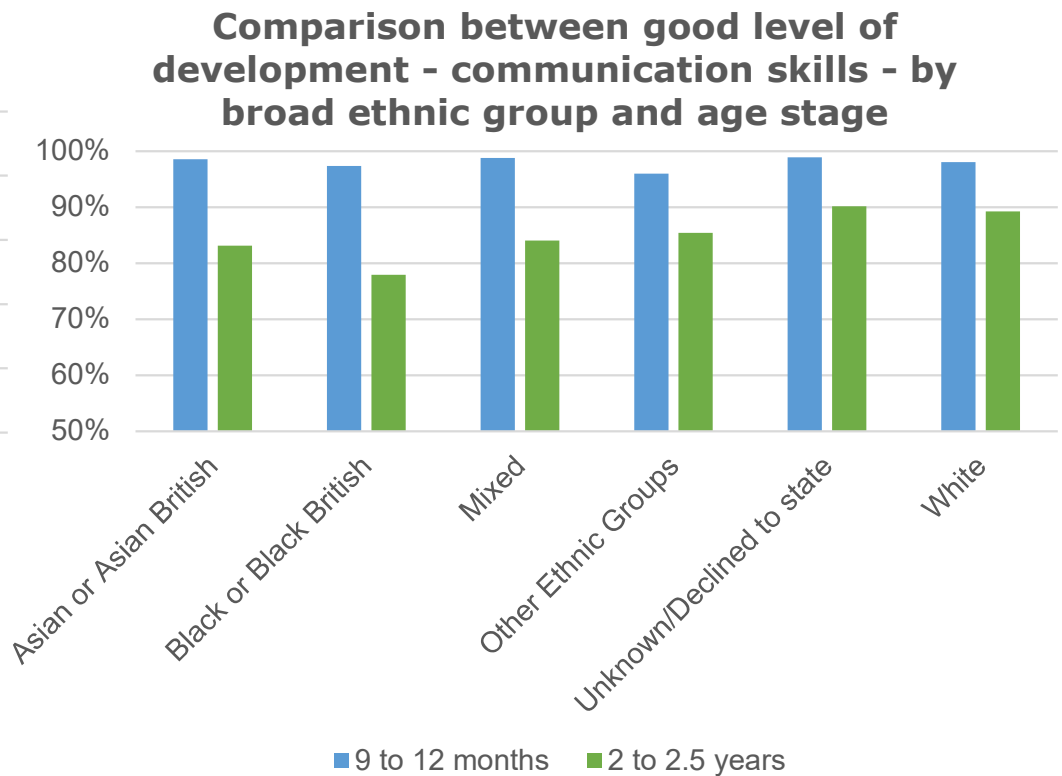
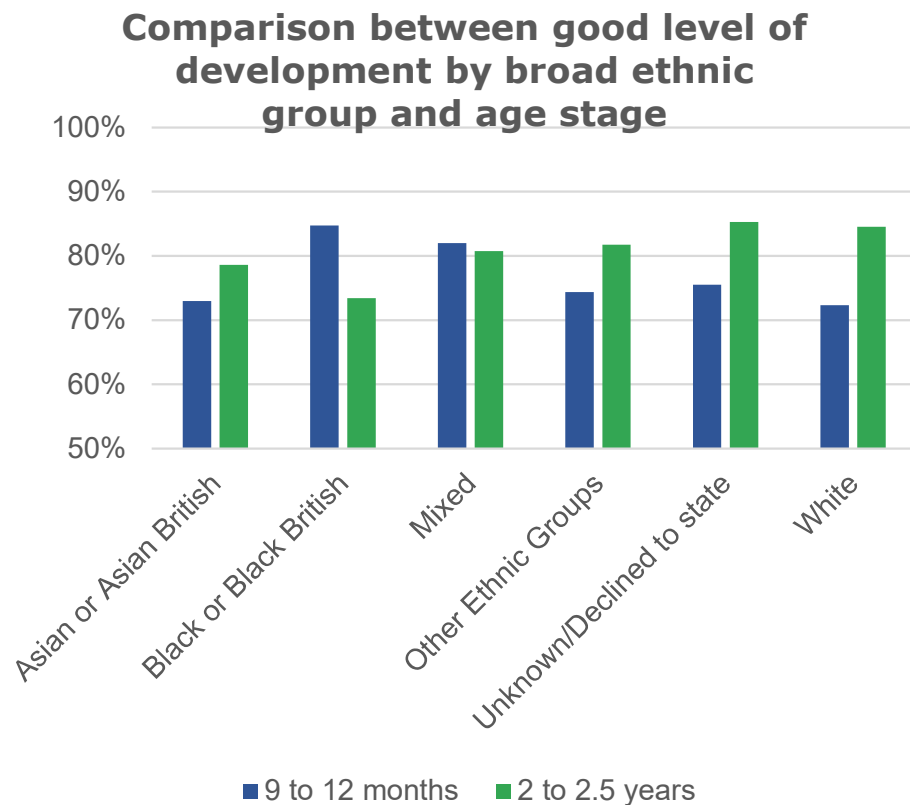
Comparison between development areas and age stage



- While there is an increase overall in good levels of development between 9-12 months and 2-2 ½ years in Dudley, the gaps in attainment are being driven by communication skills.

Good levels of development (3)

On ethnicity, some minority ethnic groups (e.g. Black or Black British) have a higher level of development among children at 9-12 months but then fall behind, because of communications skills.



Family Nurse Partnership (FNP)

The FNP operates under a license agreement, providing an evidence-based programme for our youngest mothers and their children. The service also offers support to fathers and close family members. This is an intensive programme of tailored support which aims to improve life chances for young first-time parents and their babies by breaking the cycle of disadvantage.

Reviews/Contacts

- Home visits
- Planned sessions

Early Years High Impact Areas

- transition to parenthood and the early weeks
- maternal and infant mental health
- breastfeeding (initiation and duration)
- healthy weight and healthy nutrition
- health literacy
- reducing accidents and minor illnesses
- health, wellbeing and development (ready to learn, narrowing the 'word gap')



FNP statistics 2023/24

- A total of 138 families actively engaged with Family Nurse Partnership during 2023/24, equating to a total of 3,035 client contacts.
- 57% of caseload had DY1, DY2 or DY5 postcodes.
- A quarter of all contacts were undertaken in the presence of, and in partnership with, the baby's father.
- 27% of FNP clients breastfed *exclusively* at birth (Higher than FNP National average of 23%).
- From the babies that have reached their 1st birthday - 24% of these continue to receive breastmilk.
- 37 clients graduated during this timeframe.



FNP Client Quotes

- “My Family Nurse was the most helpful person to have whilst pregnant and for the first 2 years of my son’s life. I cannot put into words how helpful and brilliant she has been. From the day I met her I felt safe to talk and we clicked straight away. She has been incredible with me talking about previous trauma that I haven’t been able to talk to anyone about before. Anyone that has her should feel privileged to have such a nice and caring person looking after them”.
- “Before her (my Family Nurse) I was very sceptical about sharing personal information with professionals due to past experiences. However, she has changed my perspective on things. She’s never failed to be there for me support wise, even when the majority of my own family haven’t. As many will say, the service I think should carry on for longer than it currently does. But she has done the ‘above and beyond’ and I can’t thank her enough”.
- “Everything my Family Nurse did was absolutely amazing. She helped me and my partner to become better parents”.
- “My Family Nurse always listened to me and helped me whenever I needed it. I couldn’t have asked for a better family nurse. She was honest as well as helpful and considerate all at the same time. I am more than happy with the time that I had on the FNP Programme”.
- (Dad) “Made me feel more relaxed for when the baby comes. Feel prepared and not so nervous”.



School Nursing

School Nurses support children and young people from age 5 up to the age of 19 who attend an educational setting in Dudley. From 1st April 2024 this will include up to the age of 25 with an Education, Health and Care Plan. Their role includes health surveillance, health promotion, health protection, health improvement and support outlined in the healthy child programme 5 to 19.

These are recommended reviews and contacts

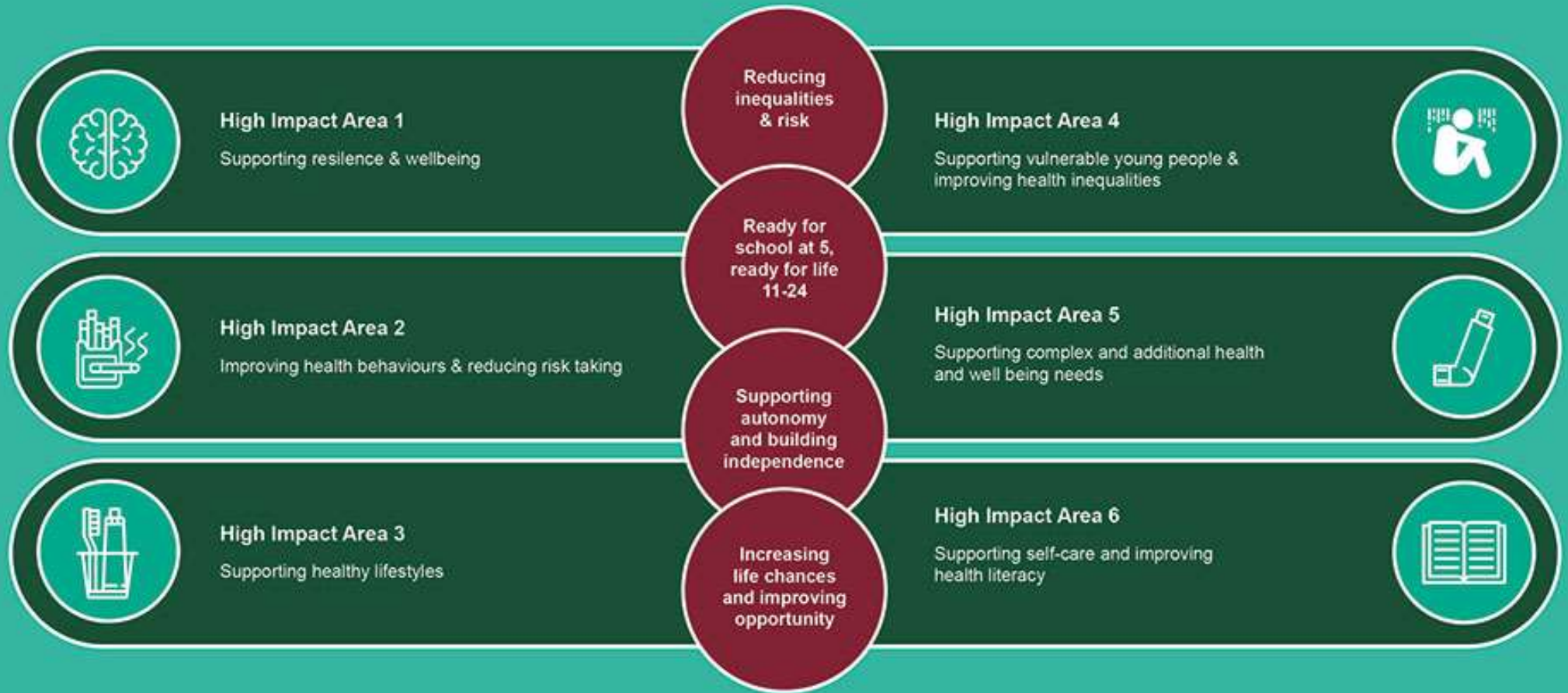
- 4-5 Health needs review
- 7-8 Health needs review
- 10-11 Health needs review
- 12-13 Health needs review
- School leaver review
- Transition to adult services
- 18-24 Health Need Contact

School Age High Impact Areas

- resilience and wellbeing
- health behaviours and reducing risk taking
- healthy lifestyles
- vulnerable young people and improving health inequalities
- complex and additional health and wellbeing needs
- self-care and improving health literacy

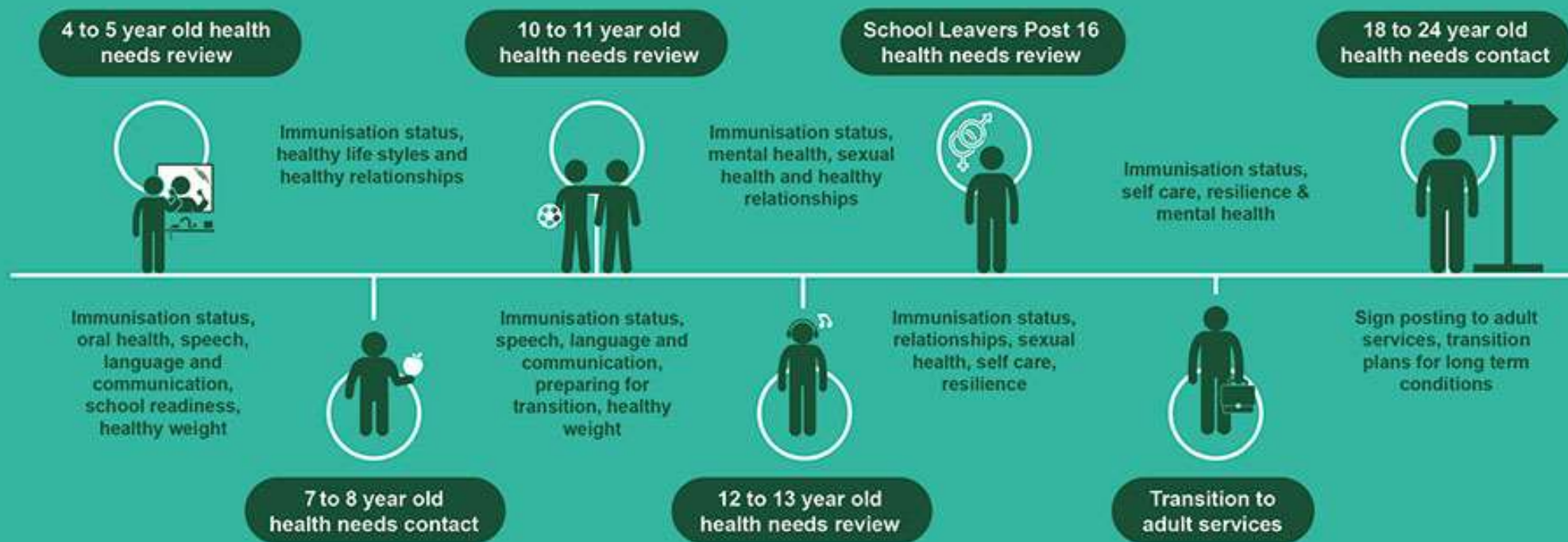


High Impact Areas for school age years



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Nationally Mandated Programme delivered by School Nurses

The National Child Measurement Programme (NCMP)

Measures the height and weight of children in primary schools to assess overweight and obesity levels.

The measurements are conducted in

- Reception (aged 4 to 5) and
- Year 6 (aged 10 to 11)

Figures are from 2022/23 data

Prevalence of Overweight & Obesity: Dudley, West Midlands & England Compared

2022/23, From National Child Measurement Programme Data

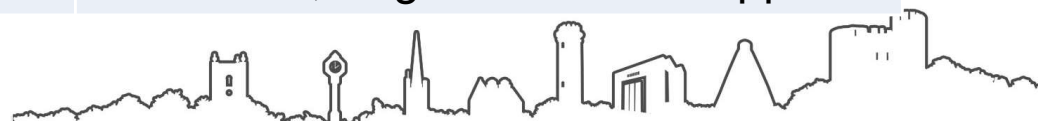
RECEPTION CHILDREN	West Midlands Region			Dudley compared to England	Recent Trend
	Dudley	West Midlands Region	England		
Overweight (incl. obesity)	23.8%	22.2%	21.3%	●	➡
Obesity (incl. severe obesity)	11.5%	10.1%	9.2%	●	➡
Severe Obesity	3.2%	2.9%	2.5%	●	➡

YEAR 6 CHILDREN	West Midlands Region			Dudley compared to England	Recent Trend
	Dudley	West Midlands Region	England		
Overweight (incl. obesity)	40.5%	39.3%	36.6%	●	➡
Obesity (incl. severe obesity)	26.3%	25.2%	22.7%	●	➡
Severe Obesity	7.1%	6.7%	5.7%	●	➡

Key: ● = Dudley value worse than England value
➡ = Recent trend: No significant change

Current School Nurse Impact Areas

Impact areas	Support
Resilience & wellbeing	EHWB/MH drop-in sessions, individual needs or requests
Healthy lifestyles	Support following very low or very high NCMP results. Puberty sessions.
Health behaviours and reducing risk taking	Drop-in sessions and individual support requests for sexual health and smoking/vaping
Improving health inequalities and supporting the most vulnerable	Workforce deployed to meet need across borough, higher deprivation areas, CIC, CP, CIN.
Self-care and improving health literacy	Promoting wellbeing, knowing when and how to seek help
Support for complex needs	Medical conditions and care plans, GP liaison, Brighter Futures support



Emotional Health & Wellbeing

The Emotional Health & Wellbeing team will support School Nurses to provide a whole school approach to wellbeing, supporting children, young people, and their families to maintain and improve their own individual and peer emotional health and wellbeing.

The whole school approach work will focus on the schools in Dudley without a Mental Health Support Team, to ensure there is an equitable offer.

The team will also provide a point of contact for educational and young people's workforce, providing education and training to support children's emotional wellbeing.

This element of the 0-19 service is jointly funded with the ICB.

i-Thrive framework



Governance



Commissioning Process

- Part of the ring-fenced Public Health Grant from OHID to local authorities is to provide 0-5 years (prescribed*) and 5-19 years (non-prescribed*) services and mental health support (non-prescribed).
- Full competitive tender process completed in line with legal requirements
- Provider awarded - ***Shropshire Community Health NHS Trust***
- Contract commencement 1st April 2024 (3 years + 2 years + 2 years)
- Contract monitoring of mandatory/statutory measures and performance will begin from 1st April 2024 as outlined in the tender.
- Development phase from 1st April 2024 to 31st March 2025
 - establish governance and processes, including across partnership
 - agree partnership priorities for development
 - service model development, integration and pathways
 - development of outcomes and KPIs, including on equity

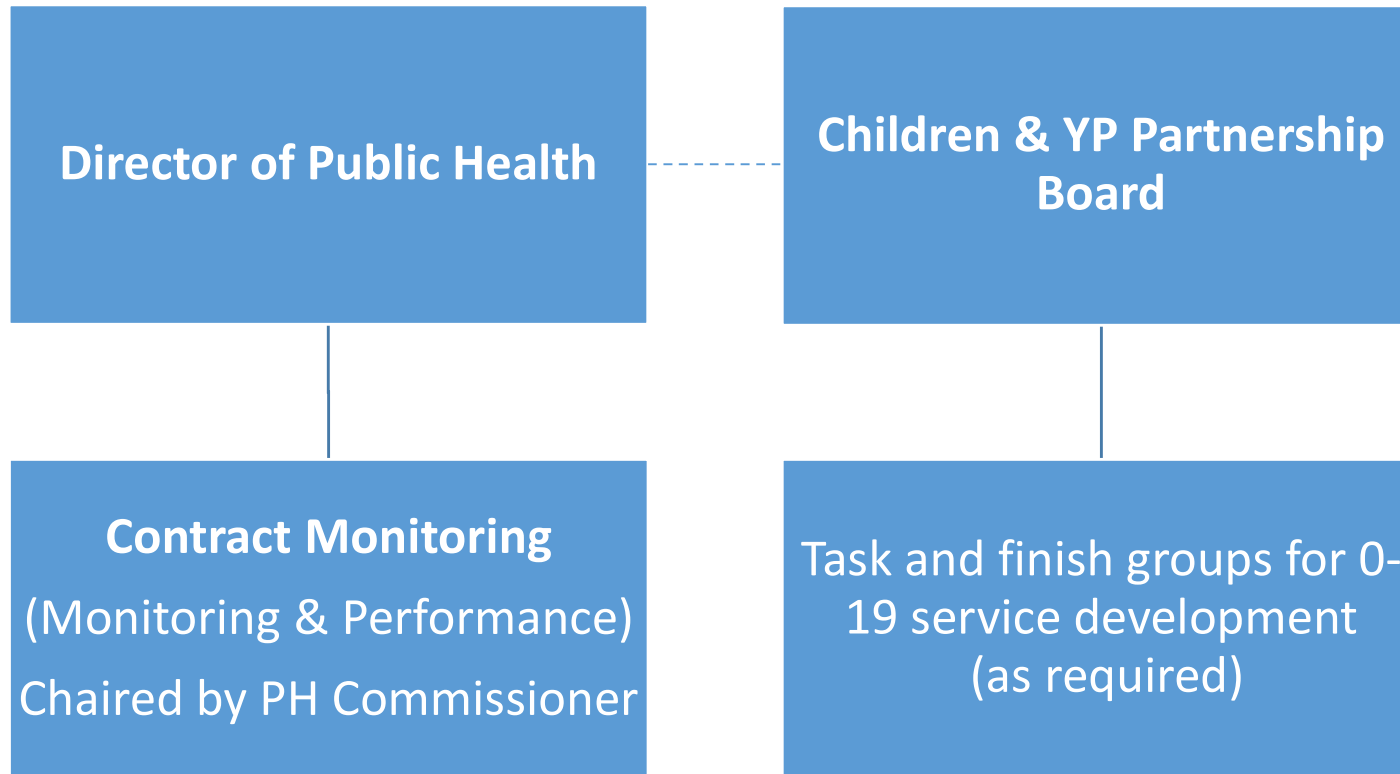
*a prescribed function in the Public Health Grant is one that all local authorities are expected to commission/deliver to a prescribed model. Non-prescribed functions need to be delivered but there is more discretion on that delivery, according to local population health needs.

Whole System Approach & Partnership Working

- The service will
 - Work as part of a wider health system to deliver optimal health outcomes for children, young people and families
 - Maintain efficient working relationships with allied services, agencies and stakeholders
 - Work with partners to promote, protect and improve health inequalities
 - Ensure delivery is informed by national and local policy including JSNA and DPH annual reports
 - Ensure robust clinical governance arrangements are in place including Duty of Care, CQC registration, Clinical Audits, SI reporting and Safeguarding



Proposed Governance Framework



Development Priorities

Phase 1 – April 2024 (1st year)

- Safe landing of workforce and service
- Concentrated effort to improve school readiness
- Coproduce and finalise local KPIs
- Establish Emotional Health & Wellbeing Team
- Establish 16-to-19-year support



Dudley Council Contract Monitoring

- Compliance with the Council's Gold Standard contract monitoring requirements
- Quarterly contract meetings with commissioner and provider
- All formal contract elements, contract variations, finance and FNP licence requirements will be covered
- Where appropriate, issues, concerns and under performance will be reported to the 0-19 Strategic Partnership for resolution



Key contacts – Public Health, Dudley Council

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