

Appendix 2 service changes

0-5 Universal	Current	Future	Impact
Antenatal Contact From 28 weeks gestation	<ul style="list-style-type: none"> - Targeted offer - 50% of total births 	<ul style="list-style-type: none"> - Targeted offer - 95% of First time parents and vulnerable parents 	<ul style="list-style-type: none"> - Improved offer targeted at first time and vulnerable parents
New Birth Visit 10-14 days	<ul style="list-style-type: none"> - Universal Offer - 98% Target 	<ul style="list-style-type: none"> - No Change to Offer 	<ul style="list-style-type: none"> - Meet 98% Target
6-8 week review	<ul style="list-style-type: none"> - Universal offer - 95% Target 	<ul style="list-style-type: none"> - No change to offer 	<ul style="list-style-type: none"> - Meet 95% Target
9-12 month review	<ul style="list-style-type: none"> - 50/50 HV/NN - Home visit - By 12mth 90% - By 15mth 95% 	<ul style="list-style-type: none"> - 10% HV, 90%NN with HV oversight - Continue home visits - Same targets 	<ul style="list-style-type: none"> - Right skills – utilising registered workforce effectively based on clinical needs of child and parents - Achieve targets
2-2.5 year review	<ul style="list-style-type: none"> - 40/60 split HV/NN - Target 90% - ASQ3 (100%) 	<ul style="list-style-type: none"> - 10% HV, 90% NN with HV oversight - Target 90% - ASQ3 (100%) and target ASQ SE 	<ul style="list-style-type: none"> - Right skills – utilising registered workforce effectively based on clinical needs of child and parents - Achieve targets - Impact of SE – early identification of social/emotional deficits
2-2.5 integrated review	<ul style="list-style-type: none"> - Cambs – integrated approach (information sharing with separate reviews in health and early years) - P'boro – share information & targeted joint review 	<ul style="list-style-type: none"> - Information sharing to continue, with targeted integrated review depending on need. 	<ul style="list-style-type: none"> - Early years, Health and Parents have shared information and a joint plan to support early intervention. <p>Most at risk children have a combined approach to assessing learning and development – supporting improving Early Years Foundation Skills at reception entry</p>
Healthy child clinics	<ul style="list-style-type: none"> - Delivered by HV and Nursery Nurse. - Currently 172 per month across C&P 	<ul style="list-style-type: none"> - Delivered by NN overseen by HV - No change in No. of clinics Year 1 (may change once digital service launched) - Explore having weighing stations in public places eg Child & Family/Children's Centre's/Libraries 	<ul style="list-style-type: none"> - Right skills, right time, right place - Improved & flexible & timeliness access to support & advice
Feeding Clinics	<ul style="list-style-type: none"> - Cambs feeding clinics appointment based (all types of feeding) 	<ul style="list-style-type: none"> - Open access for all feeding support across C&P 	<ul style="list-style-type: none"> - Equality of access and support for all feeding issues

	- P'boro-baby café – open access only for breastfeeding mothers (licensed)		
Introducing solids workshops	- Cambs only	- P'boro & Cambs	- Equality of access and support - Evidence impact of early weaning leads to increased obesity
Transfers-in reviews	- Review of clinical records and targeted visit for any children moving into area	- No change	- Identification of health need
A & E notification and Follow Up	- Cause for concern sheets received from A&E depts. - Review of clinical record and follow up telephone call	- No change	- Identifying regular attenders to A&E with a thematic review of risk to identify any increased risk or health need.
Parentline Text back service for parents of children aged 0-19 yrs	- No Offer	- Implement parentline	- For those who don't have digital resources – can access via Single Point Access
Enhanced digital resources	- Minimum offer	- Coproduced enhanced digital offer	- Improved access to service
Single Point Access (SPA) clinicians	- Access via duty desks	- Access through SPA clinical staff	- Telephone access to SPA clinician
0-5 Universal Plus			
Behavioral and Development support	- 40/60 HV/NN. - oversight by HV - Use of Solihull Pack - 1-4 visits on specific problems	- 10% HV 90% HV - future systems focus formulation could lead to reduction in duplication of support from other providers	- Early identification & support - Reduction of referrals to specialists services
Nutritional support (complex feeding)	- Home visits - 50/50 HV/NN	- Home visit - 25/75 HV/NN	- Right skills, right place, right time
Maternal mental health	- HV - 2-6 listening visits at home	- HV - Practitioners supported by specialist perinatal mental health practitioners	- Early support & intervention - Specialist Practitioners Will have enhanced skill set to support more complex parents
Neonatal Blood spot	Any baby older than 28 days who requires a repeat screening sample must be offered and, where accepted, have a repeat sample taken by a trained Bloodspot Screener from the Provider and sent to the laboratory for processing.	- No change	- No Change

	If there are any positive results the family will have results shared with them by a trained HV		
CONI (+)	<ul style="list-style-type: none"> - support to parents who are expecting a new baby where either parent has previously experienced the death of a child (less than 2 years of age) through sudden unexpected death. - HV 	- No change	- Continue to support families through a difficult and traumatic time.
Teenage parents support	- 200 FNP places commissioned across P'boro & Cambs	- 100 FNP places for the most vulnerable teenagers. Enhanced teenage parent pathway for all other teenage parents	- All teenage parent receive the appropriate level of support
0-5 Universal Partnership Plus			
Safeguarding	- Support Child Protection and Child in Need assessments and any interventions	- Streamlining case conference reporting to ensure quality and consistency and greater use of electronic case recording system - supported by training	safeguarding responsibilities will be met in a way that is efficient and less resource intensive freeing up capacity for other work
Early Help Assessments	- Appropriate referral to Early Help Hub	- No change	- No Change
Education Care Plans	- Support development	- No change	- No Change

5-19 Universal	Current	Future	Impact
School profiling/liaison	<ul style="list-style-type: none"> - Adhoc - SN 	<ul style="list-style-type: none"> - Annual review & discussion with schools - SN 	<ul style="list-style-type: none"> - Targeted HCP support - Right skills
Health Screening: Digital questionnaire at key transition points . (YR,Y5,Y9)	<ul style="list-style-type: none"> - P'boro Paper based questionnaire to specified year groups - Cambs Information leaflet on how to access service 	<ul style="list-style-type: none"> - Digital (plus support for those not digitally literate) - Targeted intervention 	<ul style="list-style-type: none"> - Identification of health requirements & needs - Improve efficiency/capacity moving from paper to digital - Right skills
Vision Screening (Cambs only)	<ul style="list-style-type: none"> - Cambs only 	<ul style="list-style-type: none"> - Continue to deliver, subject to future commissioning intentions 	<ul style="list-style-type: none"> - Right skills, right time, right place
NCMP, Hearing and Vision screening	<ul style="list-style-type: none"> - Peterborough only 	<ul style="list-style-type: none"> - Continue to deliver subject to future commissioning intentions 	<ul style="list-style-type: none"> - Right skills, right time, right place
Transfers-In	<ul style="list-style-type: none"> - Clinical review of records SN 	<ul style="list-style-type: none"> - No change 	<ul style="list-style-type: none"> - Identification of health need
A&E notification and follow up	<ul style="list-style-type: none"> - Admin tasks – admin - Triage + Follow up by most appropriate skilled practitioner 	<ul style="list-style-type: none"> - No change 	<ul style="list-style-type: none"> - Identifying regular attenders to A&E with a thematic review of risk to identify any increased risk or health need.
Drop in clinics	<ul style="list-style-type: none"> - P,boro only. SN 	<ul style="list-style-type: none"> - No drop in 	<ul style="list-style-type: none"> - Chat health + SPA provide virtual drop in links to appt clinics in f2f near
HYPAS led by ICASH just sexual health	<ul style="list-style-type: none"> - P'boro only, in some secondary schools - SN 	<ul style="list-style-type: none"> - HYPAS continue without SN support as they were not being utilised effectively 	<ul style="list-style-type: none"> - Releases SN capacity - Right skills – for issues young people were attending clinics for.
SPA Chathealth Telephone advice	<ul style="list-style-type: none"> - Chathealth in Cambs only - Telephone through duty 	<ul style="list-style-type: none"> - Across C&P - Through SPA clinicians 	<ul style="list-style-type: none"> - For those who don't have digital resources – can access via Single Point of Access
5-19 Universal Plus			
Enuresis	<ul style="list-style-type: none"> - NN/SN - Weekly, term-time only 	<ul style="list-style-type: none"> - NN with SN oversight 	<ul style="list-style-type: none"> - Evidenced based Intervention - Excellent engagement by families - Reduces attendance at Acute/specialist settings
Medicine Management face to Face	<ul style="list-style-type: none"> - P'Boro 	<ul style="list-style-type: none"> - Across C&P 	<ul style="list-style-type: none"> - Improved health knowledge in school settings, where there are children with complex needs attending
Young People Appointment clinics for Primary	<ul style="list-style-type: none"> - Peterborough once a term only, targeted to 	<ul style="list-style-type: none"> - Across C & P - Targeted to 50% of Primary Schools 	<ul style="list-style-type: none"> - Improved access - Parents as partners

School Age Children (child & parent)	schools in deprived wards. - SN only	- 6hrs per term - Split between SN/NN	- Early Identification of health issues
Themed sessions	- PSHE-P'boro	- Targetted according to school pop comm profile	- PSHE-school delivery - Themed session – based on robust needs assessment which may change to reflect changing population.
Young Peoples Appointment Clinics for Secondary Age Children. (Young People only)	- Both C & P - SN only	- SN assessment - Intervention by right person, right skill - Targetted to 40% of most deprived secondary schools	- Release SN Capacity - Right Skill, Right time - Increase workforce expertise and knowledge
5-19 Universal Partnership Plus			
Safeguarding	- Support Child Protection and Child in Need assessments and any interventions	- Streamlining case conference reporting to ensure quality and consistency and greater use of electronic case recording system - supported by training	safeguarding responsibilities will be met in a way that is efficient and less resource intensive freeing up capacity for other work
Early Help Assessments	- Appropriate referral to Early Help Hub	- No change	- No Change
Education Care Plans	- Support development	- No change	- No Change

Key

HV: Health Visitor

NN: Nursery Nurse

SN: School Nurse

Service User Experience

Jade, a mum to a 3month old baby girl who has not been feeding well over the last couple of days. Her mum has told her to start the baby on some solid food but Jade know's that isn't right. She is feeling very tired and just wants the baby to settle down. Her next baby clinic is 5 days away and although there are other clinics in the city she is anxious about going somewhere new. Jade continues to try and breastfeed her baby, places a call to the Health Visitor and leaves a message on the answerphone.

Current possible outcome:

Health visitor calls Jade back but receives no answer, leaves a message asking Jade to call back or come to the baby clinic. Jade misses the call and is too tired to call back, the baby becomes more unsettled. The baby doesn't seem to be very alert and Jade is worried ,so takes the baby to the GP surgery, baby has sunken fontanelle and appears dehydrated and is sent into A&E. Baby is found to be severely dehydrated and is started on a drip and has an nasogastric tube inserted to give her some formula feed. Jade continues to try and breastfeed but baby does not want to feed. Baby is discharged within 48 hour and is now fully formula fed. Jade feels like a failure as a mum because she is unable to continue to breastfeed, her anxiety is increased and she becomes more isolated leading to her becoming depressed and interacting less with her baby.

Future possible outcome.

Jade has texted Parentline and receives a response from a Health Visitor in the Single point of access team. This is followed up by a phone call to Jade with Jade walking the Health Visitor through the feeding problems. A home visit is arranged with a nursery nurse the following morning to observe a feed and to talk through the baby's neuro-biological development. Explaining that the baby's vision is becoming more defined and therefore they often have periods of fussy feeding due to this, and that this isn't a sign that the baby needs solid food. However the baby may need to have different experiences to stimulate its visual connections, such as going outside and seeing the sky, to experiencing new visual sights. The nursery Nurse also talks to Jade about trying out a mother and baby group at the local Child&Family/ Children's centre where she could meet other mums, and discusses access to the local feeding clinic if she has any further concerns.

The future outcomes have a greater impact for not only the outcomes for Jade and her baby but as a health system in preventing a GP appointment, A&E attendance and admission.

The ability for parents to receive quick easy access to Health support early means that our Specialist Community Public Health Nurses and their team are able to meet the prevention agenda effectively and efficiently, by utilising the right skills at the right time for the right outcome.

Staff experience

15-year old presents with Emotional health concerns.

Currently there might be a School Nurse supporting the young person, but would have to wait for an appointment in the school appointment clinic/drop-in. The young person may

have spoken to someone in school to facilitate 'a referral'. However, due to recruitment pressures the young person might have to wait longer for an appointment.

New Service

In the new model there is the opportunity for a Band 4 Assistant Practitioner to support this family and the support would be offered in a more timely way.

The young person has made contact with the service via ChatHealth. They were made aware of this service as her school has a dedicated ChatHealth School Ambassador, who had spoken in a Year 11 assembly. She had also seen a YouTube animation about it. A 'conversation' had started via ChatHealth and over the next few days the School Nurse on duty assessed that the young person would benefit from a face-to-face intervention to address the health need. The intervention would be delegated to the Assistant Practitioner in the team, who is linked to this particular school.

The Assistant Practitioner would be educated to degree level and would be a post-graduate from either a psychology, social work or children and families education route. There would be the opportunity to undertake additional learning. Two examples are: the foundation Solihull training and the CAMHS foundation module. This would provide them expertise when offering interventions and strategies to support young people around emotional health, anxiety and self-esteem. They will use a goals based outcome approach. They would be supervised by the School Nurse and could access the Emotional Health and Wellbeing Team for additional support/resources.