

# Report of the Director of Public Health to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 29 February 2024

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**Subject:**

**UPDATE ON THE PERFORMANCE OF THE PUBLIC HEALTH NURSING SERVICE (HEALTH VISITING, SCHOOL NURSING AND ORAL HEALTH SERVICES) FOR BRADFORD DISTRICT**

**Summary statement:**

This Paper sets out in brief the demographics of the population of Children in Bradford District, then goes on to discuss the Public Health Nursing Service and give an update on the recent performance of the service. The paper comprises:

- Demographics
- The Healthy Child Programme
- The Public Health Nursing Service in Bradford District
- Performance of the Public Health Nursing Service
  - o Health Visiting
  - o School Nursing
  - o Workforce
- Oral health performance

**EQUALITY & DIVERSITY:**

The Public Health Nursing Service is a universal service based on the evidence-based Healthy Child Programme, aimed at reducing inequalities and improving health and wellbeing. The Service works in the community, and is required to be accessible to every child in the district.

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**Portfolio:**

**Health and Wellbeing**

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**Overview & Scrutiny Area:**

**Health and Social Care**

# 1. BACKGROUND

## 1.1 Summary

Early support in infancy and childhood is known to improve life-long health and wellbeing. The Public Health Nursing Service in Bradford consists of Health Visiting, School Nursing, and Oral Health promotion, and delivers the national evidence-based Healthy Child Programme. This is aimed at improving the health, wellbeing and development of children aged from birth to the age of 19, and up to the age of 25 for young people with Special Educational Needs and/ or Disabilities (SEND). This paper provides an overview of the Healthy Child Programme and update on the performance of the current service, including details of recently implemented and in-development programmes to enhance the existing offer.

## 1.2 Demographics

### 1.2.1 Population – 0- to 19-year-olds

The 2021 census identified 154,780 children and young people aged 0 to 19 in Bradford District. The district had a higher proportion of 0- to 19-year-olds when compared to England.

Table 1: percentage of 0- to 19-year-olds in Bradford compared to England

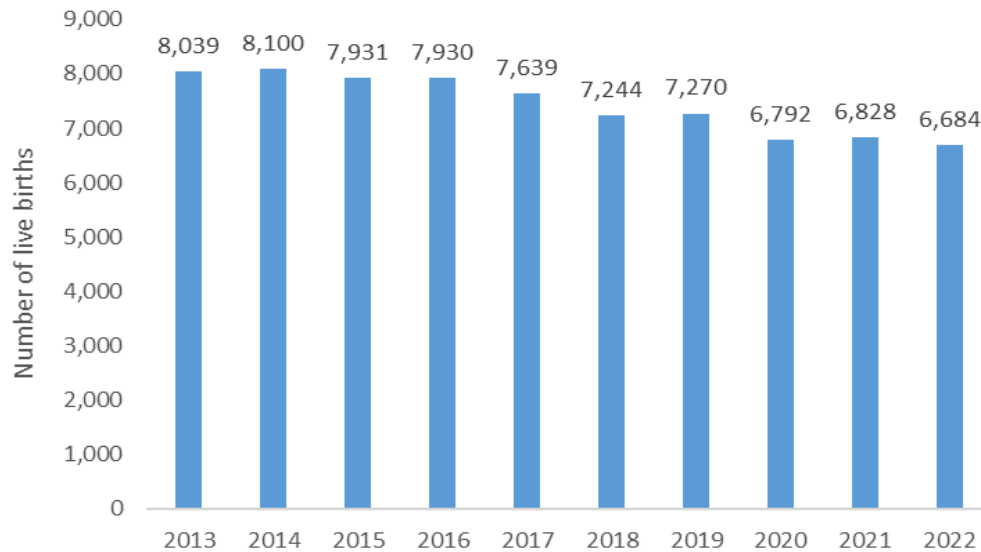
Population	Bradford	England
	546400	56490000
Aged 0 to 4	6.6%	5.4%
Aged 5 to 9	7.2%	5.9%
Aged 10 to 14	7.6%	6%
Aged 15 to 19	6.9%	5.7%

Data Source: Office of National Statistics (ONS.gov.uk)

### 1.2.2 Live Births

In 2022, there were 6,684 live births in Bradford District. This is the lowest number of births recorded since 2013 and 17.4% less when compared to 2014, which saw the highest number of births recorded over the last 10 years.

Figure 1: number of live births in Bradford, 2013 to 2022



**Data Source: Bradford District ONS Births in England and Wales: 2022**

### 1.2.3 Childhood Poverty

Living in poverty as a child is linked to the development of poor outcomes in adulthood, including premature mortality, and long-term health conditions<sup>1</sup>.

#### ***Children in absolute low-income families (under 16s)***

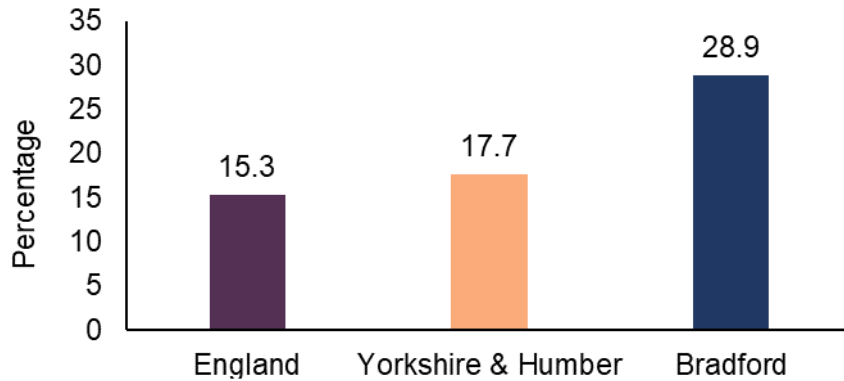
An estimated 28.9% (35,969) of children in Bradford District aged under 16 years old lived in absolute low-income families during 2021-22<sup>2</sup>. This is defined as children aged under 16 years old living in families with income below 60% of the UK's average 2010-2011 median income threshold (with the threshold aligning with inflation).

Bradford had a higher proportion of children living in absolute low-income families compared to the regional and national averages in 2021-22. The district was ranked the 6<sup>th</sup> highest nationally, out of a range between 4.2% to 35.3%. Trends over time data was not available at the time of this report.

<sup>1</sup> [Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441419/fair_society_healthy_lives_-_the_marmot_review_-_strategic_review_of_health_inequalities_in_england_post-2010.pdf)

<sup>2</sup> [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/publications-and-reports/public-health-outcomes-framework-data)

Figure 2: **Children in absolute low-income families (under 16s), 2021-22**

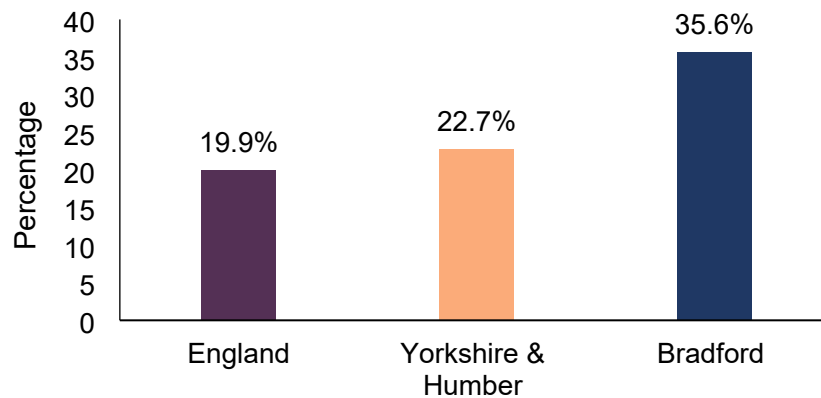


**Data Source: Public Health Outcomes Framework**

### **Children in relative low-income families (under 16s)**

An estimated 35.6% (44,287) of children in Bradford District aged under 16 years old were living in relative low-income families during 2021-22. This is defined as children aged under 16 years old living in families with income lower than 60% of the UK's average median income for the relevant year. This positioned Bradford District the 9<sup>th</sup> highest nationally out of a range between 5.4% to 41.7% and the district had the highest percentage across Yorkshire and The Humber.

Figure 3: **Children in relative low-income families (under 16s)**



**Data Source: Public Health Outcomes Framework**

### **1.3 The Healthy Child Programme**

Having the best possible start in life is vital to the future health and wellbeing of children and young people in Bradford, and that of the district as a whole. Strong evidence shows that intervening early in a child's life with support can improve physical health, mental health, and socioeconomic outcomes. This is particularly important for children from households with a lower income.

Evidence-based guidance is available to Local Authorities in the form of the Healthy Child Programme: a guide to commissioning of Health Visiting and School Nursing services for

babies, children and young people aged 0-19 years, and their families. This guidance covers a number of statutory responsibilities of Local Authorities and Directors of Public Health. Within the guidance are two separate, but linked, elements: the 0-5 service delivered by the Health Visiting Team, and the 5-19 service delivered by the School Nursing team. This includes five mandated health checks for young children, the National Child Measurement Programme (NCMP) and district wide Oral Health surveys. In Bradford, the Public Health Nursing Service also includes the community children's oral health promotion service to improve the oral health of children and young people.

The Healthy Child Programme aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

Reproduced from Guidance Healthy child programme 0 to 19: health visitor and school nurse commissioning; gov.uk: <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

#### **1.4 The Public Health Nursing Service in Bradford District**

Bradford District Care Foundation Trust (BDCFT) have held the current Contract for the Public Health Nursing Service since 1st August 2019, following a competitive tender process. Following an initially challenging period for the new service, including covid, an initial reduction in overall value of the contract, increasing safeguarding needs, and staffing challenges caused by recruitment issues and a national shortage of qualified health visitors and school nurses, Bradford Council took a decision to increase the investment in the Public Health Nursing Service by £1m for the financial year 2022/23. This additional investment became recurrent from April 2023, with the total financial envelope for the Service currently at £12.3m per annum until 31 March 2025. The investment has enabled the redevelopment of the public health offer within the school nursing service, screening team, a strengthened safeguarding offer, and improvements to the performance of the health visiting team.

Taking into account the increased budget and changes in the Healthy Child Pathway commissioning guidance, in addition to Public Health reviews of the Service, an updated

Service Specification was developed and implemented from April 2023. This clarifies the offer from the Health Visiting and School Nursing Services, continuing the five mandated health checks, universal School Nursing offer, the National Child Measurement Programme (NCMP), and Oral Health promotion.

Improvements have been seen across the service over the past two years. Of particular note are increases in the delivery of antenatal visits and 2 to 2.5 year checks, and improvements to the school nursing offer. In addition, new offers are currently in development which will deliver an enhanced health visiting offer for targeted families, and an enhanced oral health offer using additional external funding from NHS England, which will build on existing oral health delivery.

## **1.5 Performance of the Public Health Nursing Service**

### **1.5.1 Health Visiting**

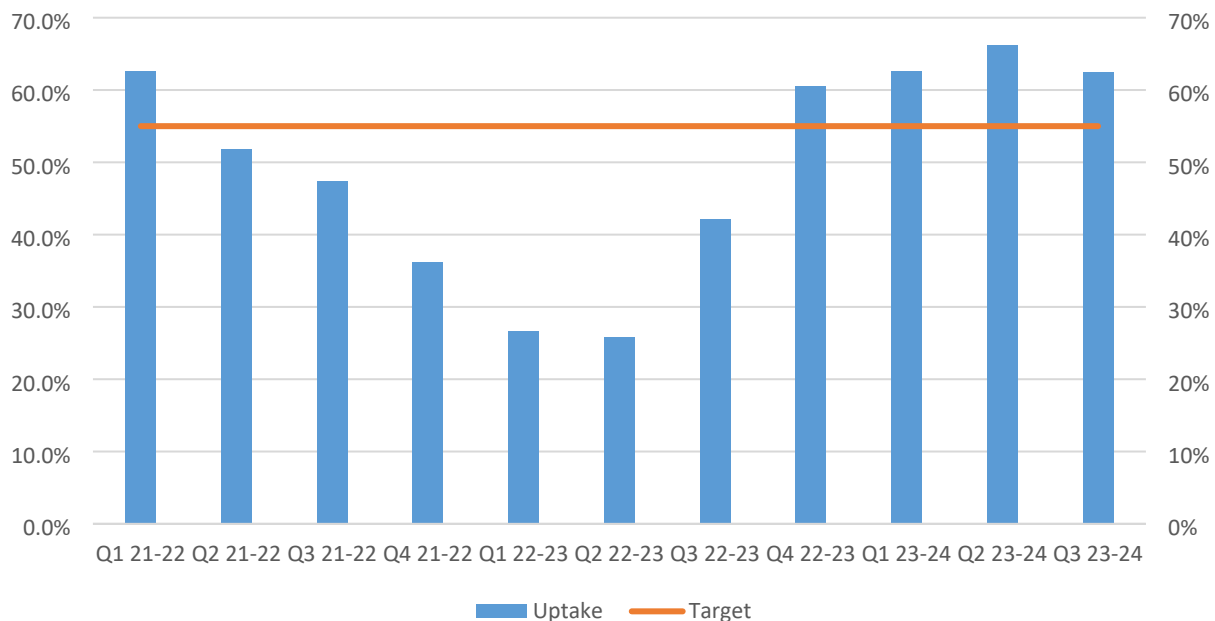
Delivery of the mandated health contacts has generally been strong over the past 12 months, meeting most KPIs in most quarters. In the last quarter, the service continued to see high numbers of children; however, delivery of some visits (new birth review, 6-8 week review, and the 12-month review) within the recommended timescales were negatively affected by higher than usual levels of staff sickness and the reduced number of working days available over the winter period. Weekly monitoring of these contacts and a proactive plan to support staffing is in place to improve performance. This is detailed in section 1.2.7: Workforce support and planning. In addition, the service has completed a management review of Health Visiting KPIs and is planning to prioritise KPI delivery by mobilising additional Public Health nursing hours into practice.

Other visits, including the antenatal review and the 2-2.5 year health check, have seen significant improvements in the past year. In addition, innovative programmes are in development to improve the quality of service that families receive.

#### Antenatal Review

The first health check in the Healthy Child Programme is the antenatal check undertaken after 28 weeks of pregnancy and before birth. The 2022 Ofsted inspection of services for children with Special Educational Needs and Disabilities (SEND) highlighted the antenatal contact as an area for improvement as part of Improvement area 3 of the Written Statement of Action. In response, the Service has a clear improvement plan and performance is reviewed weekly. Figure 4 below shows the significant and improved position of the Service against this mandated contact, with the service now consistently reporting achievement above their target.

**Figure 4: Proportion of pregnant women receiving antenatal contacts from the Health Visiting Service, 2022/23**



At an antenatal visit, prospective parents are given advice, signposting and referral to other services, depending on their needs. In the calendar year of 2023, almost 53,000 interventions were given and documented, including education on childhood immunisations (~18,000), advice on safe sleeping (~17,500), referrals to voluntary services (~270), offers of listening visits (~870), and referrals to alcohol and drug services.

Antenatal visits are offered to all pregnant women in the district between 28 weeks of pregnancy and delivery. However, the health visiting service is particularly keen to ensure that families who may need more support, including first time mothers, receive a visit. To look in more detail at who is taking up the offer, an audit was undertaken of women who gave birth between 1<sup>st</sup> April and 30<sup>th</sup> June 2023. Of 300 women whose case notes were reviewed (50 from each of the four teams plus 100 additional first-time mothers), 54% were first time mothers and the remaining 46% had previous children. Within this sample, which represented 17% of all births in the district within that period, 93% of mothers were offered an antenatal visit (97% of first-time mothers) and 80% took up the offer (91% of first-time mothers). Of the 14 first time mothers who didn't receive a visit, reasons were investigated and included: declining the visit, non-attendance, delivery before appointment, pregnancy notification not received in time, and appointments not made or cancelled but not rearranged.

### New Birth Review

New babies are seen following birth by a Health Visitor, face to face for their first review. In total, 98.7% of eligible babies (1,795 babies) were seen for their New Birth Review in Quarter 3 in 2023-24.

However, the percentage of births that received this review within the recommended 14 days of birth dropped to 83.9%, against a KPI of 95%. This has fallen from 93.2% and 94.6% in the previous 2 quarters, respectively. See *section 1.2.7: Workforce support and planning* for workforce plans in place to improve timeliness of delivery. In addition, an IT

issue was identified, resulting in some births not being notified in a timely manner: this has now been rectified.

### 6-8 Week Review

The next mandated visit takes place at 6-8 weeks of age. In total, 96.1% of eligible babies (1,620 babies) were seen for their 6-8 week review in Quarter 3 2023-24.

However, the proportion of babies seen for this visit within the recommended 6–8-week timescale had dropped in the last quarter to 58.5%, from previously high performance over the previous two quarters, at 95.3% and 96.0% for quarters 1 and 2 of 2023-24, and 95.5% for 2022-23 as a whole. See *section 1.2.7: Workforce support and planning* for workforce plans in place to improve timeliness of delivery.

### Percentage of Babies Totally or Partially Breastfed 6-8 weeks after birth

The service has achieved and exceeded the KPI of 42%, with 61.6% of those babies seen for their 6-8 week review by 8 weeks being totally or partially breastfed in Quarter 3 of 2023-24. There has been a general increase in the number of babies totally or partially breastfed 6-8 weeks after birth over the past year, from an average of 49.9% of babies in 2022-23, to 59.9% of babies so far this financial year.

### Maternal Mood

New mothers are routinely offered maternal mood screening at their 6-8 week review following the birth of their babies.

- KPI 4b – the percentage of Mothers seen for their review by 8 weeks who were screened for maternal mood. Target 90%. The service achieved 91.5%
- KPI 5 – Percentage of women further assessed for maternal mood using PHQ9/GAD7 scoring 8 or above that are referred for appropriate support. Target 90%. The service achieved 90.3%
- KPI 6a – Percentage of women screened for maternal mood using PHQ9/GAD7 scoring below 8 that are offered emotional wellbeing visits. Target 90%. The service achieved 90.7%

### 12-Month Review

In Quarter 3 2023-24, 92.5% of eligible babies (1,646 babies) were seen for their 12-month review during the quarter.

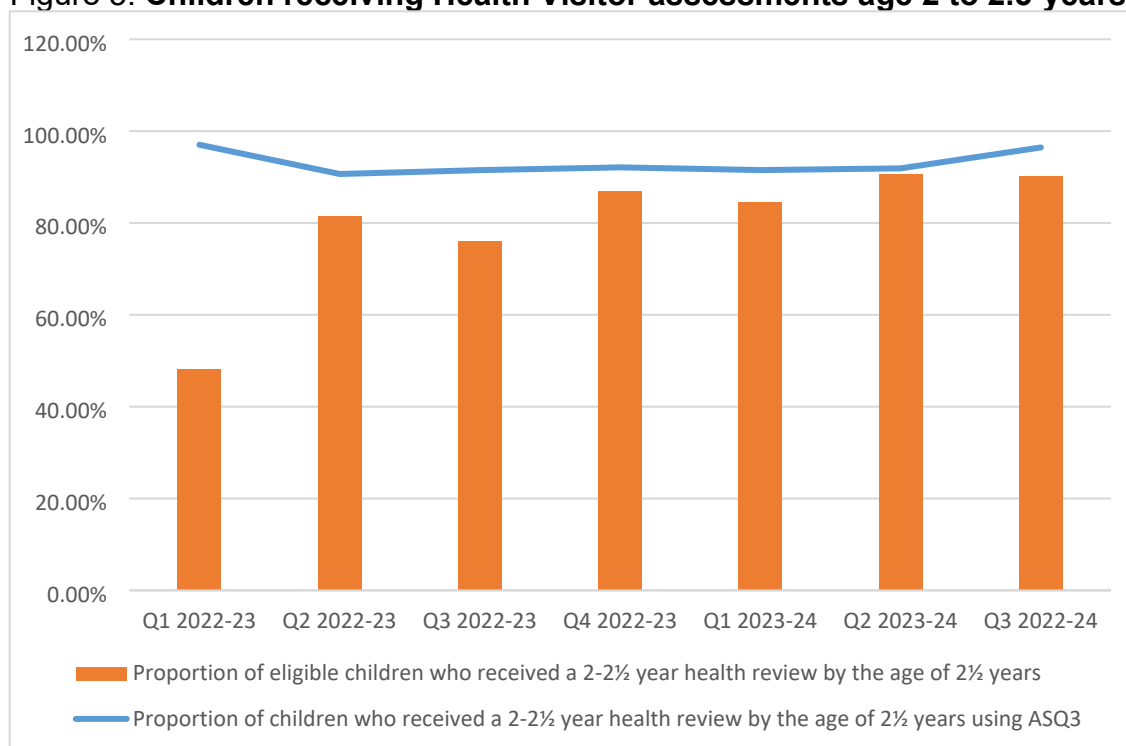
However, there was a fall in the number of babies receiving this review by the recommended age, at 77.2% of eligible children receiving this review by 12 months old; a fall from 97.6% and 98.2% in quarters 1 and 2, respectively, against a target of 90%. See *section 1.2.7: Workforce support and planning* for workforce plans in place to improve timeliness of delivery.



## 2 to 2.5-year Review

Before entry to pre-school, every child is offered a health check to examine their health and development. The 2 to 2.5-year review is another area identified in the Ofsted SEND inspection, and as such is part of the Improvement area 3 of the Written Statement of Action. There is a clear improvement trajectory for this contact. The Service has a strong improvement plan and performance is reviewed weekly. Figure 5 shows the improving position of the service against this mandated contact, and the service is regularly achieving above the target of 90% for children receiving an assessment by the age of 2.5 years, and for those assessments to be done using the standardised Ages and Stages Questionnaire (ASQ3).

**Figure 5: Children receiving Health Visitor assessments age 2 to 2.5-years**



In the latest reporting quarter, the service achieved 90.1% of children assessed, and 96.4% of those assessed using the ASQ3 measure, against KPIs of 90%.

## Maternal Early Childhood Sustained Home Visiting (MECSH)

BDCT are currently in the process of scaling up their delivery of MECSH. MECSH is a licensed programme of evidence-based intervention building upon international work, and learning developed with BDCT through Better Start Bradford. MECSH is a structured programme of home visiting for families at risk of poorer maternal and child health and development outcomes. It is a voluntary programme with a focus on prevention and early intervention. The approach has been shown to be effective for vulnerable and at-risk mothers, and it draws together the best available evidence in a number of fields to establish the foundations for a positive life trajectory for children.

The offer will be managed, led and delivered by the Health Visiting service, using a strengths-based approach and as part of a comprehensive, integrated approach to services for young children and their families, which links to other services.

MECSH contacts are designed to meet the agreed goals of family and health visitor and provide comprehensive support for:

- infant, mother and family health and wellbeing
- preventive health care
- referrals to other providers
- anticipatory guidance
- child development parent education
- planning and goal setting
- fostering aspirations

The programme is delivered through a minimum of 25 home visits by the same health visitor, enabling therapeutic relationships to be developed. It is flexible to meet the needs of families: it can commence from early pregnancy up to 6-8 weeks postnatal and continues to when the child is 2 years old (early discharge is possible). It can also start up to 6 weeks post discharge from hospital if the baby has a prolonged stay in hospital at birth. It can be delivered to mums/ carers of any age, with their first or subsequent babies, and can be delivered in the home or community setting.

Staff being trained in MESCH also has wider benefits to the population of Bradford district: components of MEC SH can be delivered to other families not receiving the full programme, but who would benefit from part of a module.

### Infant to School

The Infant to School programme is another enhanced offer for families with children of pre-school age in Bradford district, training in which is currently being rolled out to health visiting teams for delivery in the coming year. The Infant to School programme fills two gaps:

- for families who have completed the MEC SH programme but still need additional support;
- for families who were not eligible for the MEC SH programme, but who require an enhanced offer.

Infant to School is a family-centred care planning approach, designed to build a team around the family to deliver preventative and early intervention. Joint goal setting is used with the family to identify their needs and to establish priorities. Families are eligible for the programme if they are experiencing sustained adversity and have health or social needs which require multi-agency input. Again, this is a manualised programme with clear guidance. Families receive visits every 3 months for at least 12 months until they leave the programme and are also signposted or referred to other services as needed.

## 1.5.2 School Nursing Performance

### School Nursing offer

The additional investment in the Public Health Nursing Service from 2022-23 has allowed the School Nursing Service to transform ways of working in order to improve outcomes for children and young people. Four projects were mobilised under the additional investment:

- Vulnerable children information team
- Screening team
- School nursing duty
- School nursing vulnerable children team

These were discussed in detail in last year's report to Overview and Scrutiny. With the development of these four specific projects, improvements were made in the performance of these four areas. In addition, capacity was able to be re-aligned to strengthen the universal offer.

This includes the development of a new school nursing agreement for schools in Bradford District, and standardised pathways to ensure consistency of the offer across schools.

The school nursing offer to schools includes:

- health needs assessment;
- attendance at school events;
- targeted services for children with identified health needs;
- involvement in safeguarding;
- hand hygiene education (primary only);
- puberty education (primary only);
- recap and review of puberty as part of the sex, education or science programme (secondary only);
- transition to adulthood health promotion session for year 11 (secondary only)
- drop-in clinics (secondary and post 16 only);
- access to Chat Health (secondary and post 16 only).

Every school in the district has been offered school nursing services: of 170 primary schools, all have been offered and 116 have signed up to the school nurse agreement. Of 52 secondary schools, all have been offered and 25 have taken up the offer of drop-in clinics so far this academic year.

### National Child Measurement Programme

Each year, all children in Reception and year 6 are offered height and weight measurement. Having a dedicated screening team has enabled the School Nursing service to successfully deliver the NCMP programme. This has both improved performance of the screening programme, and enabled the core School Nursing team to deliver against other activities. The Service has therefore been able to significantly improve its performance with regards to delivering the National Child Measurement Programme for Reception and Year 6 pupils. In the last academic year of 2022-23, the school nursing team collected height and weight data for 90.7% of all Reception children

and 93.9% of all children in year 6, against targets of 90%.

### Audiology Screening

The screening programme to identify children with hearing impairment on school entry is also included in Improvement Area 3 as part of the SEND Written Statement of Action. Performance in this area is positive as this outcome has also benefitted from the formation of the dedicated screening team, and performance has significantly improved. By the end of the 2022-23 academic year, the school nursing screening team had screened 95.4% of all children in Reception in the district, against a target of 90%. Screening for children in the current academic year is now in progress.

### Vulnerable Children Information Team

The vulnerable children information team is a skill mixed service including administrators, staff nurses and practitioners (employed by BDCFT Community Children's Services). The team provides health information from the children's SystmOne health records, and participates in strategy discussions when a child has been or is at risk of significant harm. They will also provide health information when requested by Children's Social Care as part of an assessment being undertaken.

The existence of the vulnerable children information team means that there is dedicated resource for strategy discussions and the provision of information when needed. This enables the service to respond promptly to strategy and health information requests essential for keeping children safe, whilst also enabling continued delivery of the universal Public Health Nursing outcomes via other teams within the service.

The Vulnerable Children Information Team's performance consistently achieves and surpasses the requirements of the Key Performance Indicators set. The service is almost fully staffed and responds well to both the Strategy meetings and the Social Worker requests for health information. In the last reported quarter, the team has attended all strategy meetings where input was requested, and has responded to 94% of requests for health information within 5 working days (target 90%).

Statutory Strategy Discussions are therefore well informed and attended and the correct information from a Public Health perspective is shared with partners in the meetings.

### School age safeguarding team

This team attend, when invited, all initial child protection case conferences and undertake a health assessment with school aged children who become subject to a child protection plan. This team is also skill mixed and includes senior nurses and staff nurses who will complete face to face visits with school aged children at school or the family home. The existence of a dedicated team for this work enables the School Nursing team to focus on the provision of the universal Public Health School Nursing offer.

The safeguarding team are almost fully staffed. In the last quarter, the team attended 100% of all Initial Case Conferences to which they were invited, and reported that 94% of children or young people received a Health Needs Assessment with 3 months of an Initial

Case conference. A Health Needs Assessment is undertaken by a nurse with the child or young person, face to face, to identify the child's health needs, including any unmet health needs. The process ensures that the child's voice and views are heard, and informs future referrals and care planning if needed.

### System-wide involvement

The Health Visiting and School Nursing service continues to be actively involved in the Start for Life Programme and family hubs, both by involvement in the leadership and programme management of Start for Life, and direct delivery in family hubs.

A School Nurse has been allocated to link to the main Family Hub in each Locality, and the School Nursing service are offering primary age drops-in sessions for parents in each Locality. The school nursing service has also been piloting a novel approach basing a family health worker at a secondary school part time. This is currently being evaluated by the Centre for Applied Education Research (CAER).

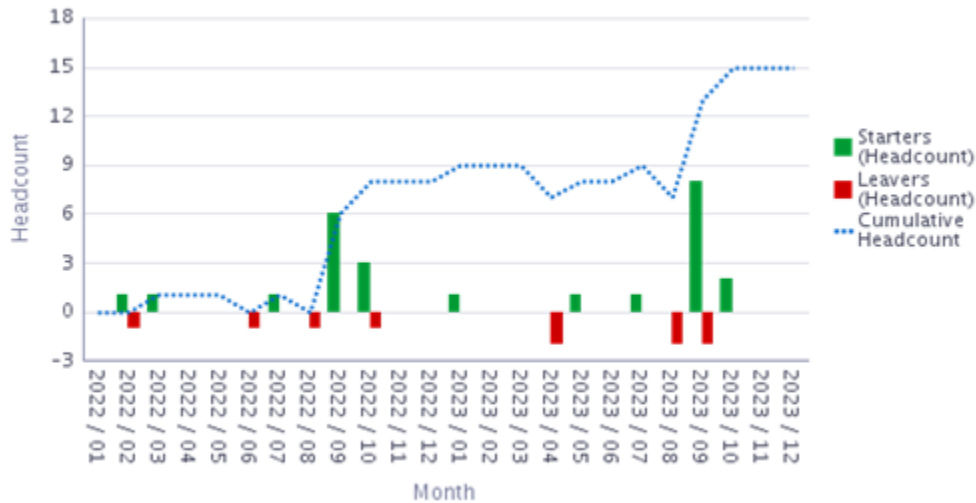
In addition, the service is closely involved with the Children and Families Act as One Partnership Board, in particular with Pillar 2: Early Help and Prevention. This ensures that the work of the service is integrated across the system, consolidates and builds links between partners, and maximises the efficiency of the universal health and care system in Bradford District.

### **1.5.3 Workforce support and planning**

Whilst challenges remain regarding the Public Health Nursing workforce the service continues to mitigate the risk by working proactively on recruitment, retention and resilience.

Recruitment across the entire skill mix (Health Visitors, School Nurses, Staff Nurses, Community Nursery Nurses, Family Support Workers and Health Visiting Assistants) remains a priority to ensure that Bradford district has the right professional with the right skills in the right place for our children and families. The recruitment of Health Visitors and School Nurses remains a challenge due to a national shortage of these highly skilled specialist nurses. However, the 'Grow Our Own' approach initiated by the service will, this Summer, see an additional 8 Health Visitors and 5 School Nurses complete their training and consolidate their practice, hopefully remaining in the service by recruitment to permanent roles (figure 6). Recruitment is currently underway for next year's student intake with the service continuing to offer training placements for both post-registration and pre-registration students.

Figure 6: progress of recruitment through the 'Grow Our Own' system



The service has had a successful recruitment campaign for Band 5 Staff Nurses recently and the Community Nursery Nurse workforce continues to remain stable.

Additional skill mixed roles have also been added to the establishment:

- 4 Health Visiting Assistants will work across the locality Health Visiting Teams supporting registrant clinicians with activities that will release more time to care for our families.
- A successful pilot of the Family Support Worker (FSW) role in the School Nursing Service has been scaled seeing the FSW capacity increase from 1 to 4 whole time equivalents working in partnership with schools. The Service is expecting a full evaluation of the Family Support Worker role and its impact, completed by the Centre for Applied Education Research (CAER) in March 2024.

Bradford District Care Trust's offer of Restorative Clinical Supervision (RCS; figure 7) delivered by Professional Nurse Advocates remains in place and has grown in strength with the service now providing group and individual RCS as well as an 'as required' individual RCS support. The Professional Nurse Advocates now number 6 in total.

Figure 7: poster advertising the Restorative Clinical Supervision offer to support staff

**Are you a nurse working in Children's Services and in need of support?**

**A Professional Nurse Advocate (PNA):**

- Has a non-judgemental approach and can offer a safe, confidential and reflective space for you to talk
- Can help you to build resilience through restorative clinical supervision
- Can support you with a career conversation

Just scan the QR code to find out more and self-refer, or contact [pna@bdct.nhs.uk](mailto:pna@bdct.nhs.uk)

**NHS**  
Bradford District Care  
NHS Foundation Trust

NHS Professional Nurse Advocate  
#teamCNO

W: [www.bdct.nhs.uk](http://www.bdct.nhs.uk)    @BDCFT

better lives, together

The service has a detailed understanding of why colleagues leave the service by way of their exit interview process recording themes and trends. Given that there is an ageing workforce profile across the Public Health nursing services, BDCT have also surveyed their staff with regards to their potential retirement plans, to inform future recruitment.

We will be entering the new financial year (2024-25) with a newly set baseline establishment across all roles in Public Health Nursing ensuring the service has the capacity to maintain current performance.

### 1.6 Oral Health Performance

The oral health component of the contract is designed to enhance dental well-being in children. In the 2021-22 period, 32.4% of 5-year-old children in Bradford reported experiencing dental decay, a figure higher than the national average of 23.7% in England and the regional average of 27% in Yorkshire and Humber. However, when comparing the 2021-22 statistics to the 2008 survey, it is evident that there has been an improvement: in 2008, 52% of five-year-olds in Bradford had experienced dental decay.

The oral health KPIs cover the delivery of evidence-based interventions, including supervised toothbrushing in priority schools, and fluoride varnishing of children's teeth in priority schools and private day nurseries. Annual dental screenings are carried out in special schools and a 2 yearly National Dental Public Health Epidemiology Programme (NDEP), an oral health survey of 5-year-olds.

#### ***Supervised Toothbrushing and Bradford Babies Brush***

In the most recent quarter (Q3 23/24, trimester 1), participation in the supervised brushing programme exceeded the target, with 42 schools actively involved (target = 40),

benefitting over 4,000 children. An additional external investment of £113,917 has been secured from NHS West Yorkshire Integrated Care Board (ICB), dedicated to expanding the toothbrushing scheme provision throughout the district. The Bradford District Care NHS Foundation Trust, as the provider, will be extending the toothbrushing programme to an additional 24 priority 1 / 2 schools.

The expansion also aims to introduce the Babies Brush programme to a further eight nurseries, with a specific emphasis on recruiting Children's Centres/Family Hubs. This infusion of resources and commitment reflects a concerted effort to broaden the reach and impact of oral health initiatives within the community.

### ***Fluoride Varnish***

The number of children recruited to and receiving fluoride varnish in schools are measured against an annual target of 5,000. During the academic year of 2022/23, 5792 children received a 2nd application of fluoride varnish. Overall, performance of this KPI has improved and the programme delivery is currently being transformed in line with evidence-based recommendations, and to enable a wider reach including priority 3 and priority 4 areas.

There has been a focus on expanding the delivery of fluoride varnish to more families with additional vulnerabilities and children with special educational needs and disabilities (SEND), by extending the fluoride varnish programme into Bevan House. A suite of dental leaflets for those with SEND has been produced which will be supported by an oral health training package with support from the Community Dental Service's (CDS) paediatric Consultant.

The annual dental screening in special schools will provide information about oral health status among children in these settings, to help influence and increase toothbrushing in special schools. In response to the cost-of-living crisis and increased requests from health and school professionals for families that cannot access toothbrushes, funding was also received from the Household Support Fund for additional toothbrushing packs.

## **2. OTHER CONSIDERATIONS**

Not applicable

## **3. FINANCIAL & RESOURCE APPRAISAL**

*Reviewed on 01.02.2024.*

The total Public Health financial envelope for Public Health Nursing Services in Bradford is £12.3m per annum for 2023-24 and 2024-25. This is fully funded by the Public Health Ring-Fenced Grant and recurrently available. The Contract end date is 31.3.25, with no further options to extend in the current contract. Work has begun to confirm the commissioning intentions for Health Visiting, School Nursing, and Oral Health promotion provision beyond this contract end date.



## **4. LEGAL APPRAISAL**

*Reviewed on 05.02.2024.*

There are no legal issues arising from this report.

## **5. OTHER IMPLICATIONS**

### **5.1 WARD IMPLICATIONS**

This is a universal service and therefore provides universal Public Health nursing to children across the district in every ward. However, families experiencing disadvantage will be offered additional visits from Health Visiting teams if required, in a proportionate universalism model. In addition, some oral health services are provided for priority wards only, based on the index of multiple deprivation, to ensure that the service reaches those who could benefit most.

### **5.2 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE**

This is a universal service provided for children and young people in Bradford District, which aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

As such, there are positive implications for children and young people in having a well-performing health visiting and school nursing service. The oral health service is a preventative service aiming to improve dental health and reduce the need for dental treatment.

## **6. NOT FOR PUBLICATION DOCUMENTS**

None

## **7. OPTIONS**

Members may wish to comment on the contents of the report

## **8. RECOMMENDATIONS**

- Members are kindly requested to note the contents of the report and the current delivery status of the Public Health Nursing Service
- Members are asked for comments and feedback on the progress to date

## **9. APPENDICES**

None

## **10. BACKGROUND DOCUMENTS**

None