Review of Public Health Services for 0-5 year olds

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Public Health 0-5 Service Review Document Contents List:

Foreword

Executive summary
1. Introduction
   1.1 Transfer of Public Health to Local Authority
   1.2 Why we reviewed the 0-5 Services
   1.3 What will we do with the findings

2. Scope and objectives of the review
   2.1 Scope of the review
   2.2 Objectives of the review

3. Methodology

4. National Policy
   4.1 National Model

5. Local Context
   5.1 Population health
   5.2 Who is at risk and why?
   5.3 Current services in relation to need
   5.4 Projected demand

6. Evidence of what works and policy drivers
   6.1 Local health and wellbeing priorities

7. Public Health 0-5 Service Review
   7.1 Current 0-5 workforce
   7.2 Current 0-5 service specifications
   7.3 Performance data

8. 0-5 Service Review Consultation
   8.1 User Views – voice of the child
   8.2 Stakeholder engagement from consultation
   8.3 0-5 Consultation Key Findings

9. Gap analysis local against national guidance

10. Recommendations

Appendix
Foreword

The Public Health function transferred to Milton Keynes Council in April 2013 along with the commissioning responsibility for a number of Public Health services. The Public Health 0-5 Services, which include Health Visiting (CNWL & Newport Pagnell Medical Centre), Family Nurse Partnership and Oral Health Improvement, transferred into Local Authority Public Health in October 2015.

This transfer of responsibility gives us some good opportunities to make sure that early years, early help, education, health and social care services for children and young people work in a much more integrated way and are more effective in improving health and wellbeing outcomes.

We have had some very valuable input into this review from a broad range of stakeholders, including children and young people, and would like to thank everyone who has contributed.
**Executive summary**

The 0-5 review has identified some challenges faced by the services, as well as key opportunities to enhance the impact the services can have on improving health and wellbeing outcomes for children under five and their families.

The services face challenges relating to:
- staffing and skill mix
- stretched capacity due to supporting key areas such as safeguarding
- significant population growth of MK
- information technology and the need to move to an up to date, consistent and effective approach for data collection
- the need for a more integrated approach to 0-19 Children’s Services

The review found:
- there are issues around having two separate health visiting services and the need for more consistent approaches for families and staff training and development
- there are issues around changes to some other services for children and families in Milton Keynes and who to refer to now that these are changed/gone
- there is lots of good practice which could be developed across the 0-5 areas of work
- there was a relatively low level of awareness from some stakeholders of the role of public health 0-5 Services and little understanding of the functions within the service

It is evident that moving forward we will need to focus on using the resources available as effectively as possible. In the context of a very constrained financial situation this means doing things differently and being very focused on making sure the service is being delivered where and when and in a way that it can make the most impact. We need to develop an integrated service model where a range of skilled practitioners can support families and their children in a way that is more accessible holistic and user friendly.
1. Introduction

1.1 Transfer of Public Health to the Local Authority

The Public Health function transferred to Milton Keynes Council in April 2013 along with the commissioning responsibility for a number of Public Health services. The Public Health 0-5 Services: Health Visiting (CNWL & Newport Pagnell Medical Centre), Family Nurse Partnership and Oral Health Improvement transferred into Local Authority Public Health in October 2015. This transfer of responsibility gives us some good opportunities to make sure that early years, early help, education, health and social care services for children and young people work in a much more integrated way and are more effective in improving health and wellbeing outcomes.

1.2 Why we reviewed the Public Health 0-5 Commissioned Services

This review is part of an overall programme to redesign and recommission community services for children and young people. The purpose of the programme is to take full advantage of the opportunity to review and remodel Public Health services for children and young people to:

- bring about better integration with the Council’s Children & Families services and other health and social care, early years and education provision
- achieve better outcomes for children and young people
- improve service user experience by simplifying access to services and pathways
- achieve economies of scale and financial efficiencies
- align the recommissioning and/or procurement of services with timescales for the overall community health services block contract held by MKCCG and currently delivered by a common service provider (Central & North West London NHS Foundation Trust)

1.3 What we will do with the findings

This review will support and influence the planning and development of a new integrated 0-19 service from April 1st 2018. The scope of the new integrated service will include the following services:

All Public Health services currently commissioned for 0 – 19 year olds (up to 25 for those with a learning difficulty or disability) and will potentially include 0-19 specialist services commissioned by MKCCG:
2. **Scope and objectives of the review**

2.1 Scope of the review

Review of the 0-5 Public Health Commissioned Services that are: Health Visiting (CNWL & Newport Pagnell Medical Centre), Oral Health Improvement and the Family Nurse Partnership.

2.2 Objectives of the review

To describe and understand the current 0-5 Service provision in MK:
- service delivery model, commissioning arrangements and governance of the delivery
- workforce information and professional mobilisation plans and activity
- known identified risks to the effectiveness of the service.

To evaluate strengths and challenges of the service by assessing:
- service delivery against national policy goals
- standard operating procedures against evidenced based national standards
- current outcomes and key performance indicators against that of IMD neighbours, English average

To make recommendations for achieving improvements in quality and impact of the 0-5 services that:
- gives high priority to addressing children’s Public Health indicators where performance in MK is below that in LA’s of comparable IMD and/or English average
- ensures that if local users raise concerns, these concerns are taken into account

3. **Methodology**

Step 1: Map all of the 0-5 Public Health services (in scope) in Milton Keynes to identify:
- details of the service, including location
- the commissioner
- the provider
- contract value and expiry date
- key health outcomes for children and young people that the Healthy Child Programme impacts upon and current performance within Milton Keynes Local Authority
- any evaluation of each service that has taken place recently

Step 2: Carry out Public Health 0-5 Service review to incorporate:
- stakeholder views
- benchmarking – comparing with other areas
- cost effectiveness
- review of the evidence of best practice
- review of workforce and skill mix

Step 3: The final stage of the review will be to make recommendations to inform the future development of more integrated and effective commissioning of The Healthy Child Programme and other services

What is not in the scope:
- 5-19 services Healthy Child Programme

4. National Policy

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP), a prevention and early intervention Public Health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. The Health Visitor Implementation Plan states: “The government believe that strong and stable families are the bedrock of a strong and stable society”.

PUT MORE IN HERE- HIGH IMPACT AREAS

The Family Nurse Partnership (FNP)
The Family Nurse Partnership (FNP) was developed in the United States and introduced in England in 2007. It is a voluntary, home visiting programme for first time young mothers, aged 19 years or under. A specially trained FNP Nurse visits the young mother and her family regularly - from the early stages of pregnancy until their child is 2 years old. FNP was launched in Milton Keynes in 2008.

In 2009 the Department of Health commissioned the ‘Building Blocks’ randomised controlled trial (RCT) from Cardiff University to provide independent evidence on the effectiveness of the UK FNP Programme in improving short term outcomes for young parents and their babies. The findings cover the period from pregnancy to the child’s 2nd birthday and were published in October 2015.

The results from the RCT found the FNP did not have an impact across the study’s 4 main, short term outcomes: pre-natal tobacco use; birth weight; subsequent pregnancy by 24 months and A&E attendances and hospital admissions in the first 2 years of life. Neither was there any impact on these outcomes by key sub-groups (age, NEET, problems with basic life skills, area deprivation) or by variation in programme implementation.
A wide range of secondary outcomes assessed also did not show significant benefits from FNP at this stage. The RCT stated that the FNP Programme appeared to improve early child development - particularly early language development at 24 months - and may also help protect children from serious injury, abuse and neglect through early identification of safeguarding risks.

**Oral Health Improvement**

Local authorities are statutorily required to provide or commission oral health improvement programmes to improve the health of the local population, to an extent that they consider appropriate in their areas. They are also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health England (PHE) dental Public Health intelligence programme (formerly known as the national dental epidemiology programme). Tooth decay is the most common oral disease affecting children and young people (CYP) in England, yet it is largely preventable. While children’s oral health has improved over the past 20 years, in 2015 data shows decay rates at 21.5% still had tooth decay. Poor oral health impacts children and families’ health and wellbeing. Children who have toothache or who need treatment may have to be absent from school. Parents may also have to take time off work to take their children to the dentist. Oral health is an integral part of overall health; when children are not healthy, this affects their ability to learn, thrive and develop. Good oral health can contribute to school readiness. Tooth decay was the most common reason for hospital admissions in children aged five to nine years old in 2012-13. Dental treatment under general anaesthesia, presents a small but real risk of life-threatening complications for children. Dental treatment is a significant cost, with the NHS in England spending £3.4 billion per year on dental care (with an estimated additional £2.3 billion on private dental care).

4.1 National Model

‘Best start in life and beyond: Improving Public Health outcomes for children, young people and families Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services’, states:‘Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through strong children and young people’s Public Health.’

This is brought together in the national Healthy Child Programme 0-19, which includes:

- Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009)
- Healthy Child Programme rapid review to update evidence (PHE, 2015)
- Healthy Child Programme: From 5-19 years old (DH/DCSF, 2009)

The safeguarding element of the Healthy Child Programme 5-19 is currently part of a rapid review and the findings should be available in Spring 2016.
The 0-5 element is led by health visiting services and the 5-19 element is led by school nursing services. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child’s life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery.

The Programme (0-19) aims to:
• help parents develop and sustain a strong bond with children
• encourage care that keeps children healthy and safe
• protect children from serious disease, through screening and immunisation
• reduce childhood obesity by promoting healthy eating and physical activity
• identify health issues early, so support can be provided in a timely manner
• make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be ‘ready to learn at two and ready for school by five ’ (Milestones of normal child development age 4 years - based on the work of Mary Sheridan, From Birth to Five Years).

5. Local Context

Introduction and overview

• Milton Keynes Local Authority ranked 181/266 in the Index of Multiple Deprivation 2015.
• 18% (approx.) children and young people in Milton Keynes live in areas that are among the 30% most deprived in England (Child Poverty JSNA 2014/15).
• Level of child poverty is better than the England average with 17.6% of children aged under 16 years living in poverty.

In Milton Keynes:
Our population is young, with a different age profile than England as a whole. In 2016 22.8% of the Milton Keynes population were aged under 16 compared with 19% in England. We are a relatively safe place with 71.4 crimes per 1000 residents recorded during 2015. In context Oxford, Reading and Slough recorded 97.9, 79.9 and 79.4 respectively. Economically, we are in areas with low unemployment. 16-18 year olds not in education or training (NEET) is now down to just 4.7% (Source: Children’s Progress Check May 2016, Child Census, January 2015).

• 70,600 children and young people between 0-19 years old (2014 estimate). This is about a quarter of the whole population and the number is expected to increase to 80,600 by 2025
• 38.4% of school children are from a minority ethnic group (2015) [child health profile 2016]
• 17.6% of children under age 16 living in poverty (2015).

More information can be found in the full Children’s Services Progress Check May 2016 document35
Deprivation

- 12 LSOAs are in the 10% least deprived in England; examples of the wards these LSOA’s are located in include Olney, Newport Pagnell South, Loughton & Shenley, and Danesborough & Walton.
- 9 LSOAs are in the 10% most deprived in England; of which 4 of these are in the Woughton & Fishermead ward, 3 in Bletchley East, and 1 each in Bradwell and Stony Stratford. (Draft 0-19 HNA August 2016).

5.1 Population Health

The Child Health Profile provides a snapshot of child health and wellbeing for Milton Keynes compared to the England average and to the national best and worst-performing local authorities. The profiles use the latest available data for each of 32 key child and young people’s public health indicators. They comprise part of a series of health profiles published nationally on an annual basis

Key findings from the Child Health Profile 2016

- Children and young people under the age of 20 years make up 27.2% of the population of Milton Keynes. 38.4% of school children are from a minority ethnic group.
- The health and wellbeing of children in Milton Keynes is generally better than the England average.
- The Infant mortality rate is worse than and the child mortality rate is similar to the England average.
- The level of child poverty is better than the England average with 17.6% of children aged under 16 years living in poverty.
- Children in Milton Keynes have average levels of obesity: 8.9% of children aged 4-5 years and 19.4% of children aged 10-11 years are classified as obese.
- GCSE achievement is worse than the England average. Only 54.1% of young people gain five or more GCSEs at A* to C grade including maths and English.
- Nationally, asthma is the most common long term condition in childhood. Locally there were 186 emergency admissions because of asthma in 2014/15. This gives a rate which is higher than the average for England.

The best start in life

Children’s health and wellbeing matters and there is a strong evidence base for a life course approach. We know that what happens to and around a child during pregnancy, through the early years and school age, and into adulthood, has implications on their health and wellbeing both now and in the future.

How Do We Compare?

Significance of early life events

- Pregnancy is the very start of child development. Unhealthy choices and exposure to maternal stress can impact on future child health.
• Children’s brains go through rapid growth during two key phases: birth to two years and adolescence - key elements of development, particularly emotional development, continue until the early 20s.
• The foundations for life long obesity, smoking, substance misuse, sexual health and mental health are established in childhood and adolescence.
• Adverse events (e.g. growing up with a depressed parent or domestic violence) during childhood have been associated with poorer outcomes including higher rates of substance misuse, imprisonment, mental health problems, heart disease, obesity and unemployment.

(Chief Medical Officer, 2013)

Health and wellbeing of children in Milton Keynes shows a mixed picture which is similar to the national average. The infant (under 1 year old) mortality rate is significantly worse than both England and the South East regional figures and the child mortality rate (1-17 years) is higher than both England and the South East region average, and are therefore of concern.

Milton Keynes is performing better than the national average in some indicators, such as MMR vaccination levels and children in care immunisations, children under 16 in poverty, hospital admissions for dental carries (1-4 year) – national average 12% MK rate was 7.8% but of those affected the average number of teeth decayed was 3.17 (Dental Public Health Epidemiology Programme 2013), children in care, children killed or seriously injured in road traffic accidents, teenage mothers, A&E attendances in 0-4 year olds, and hospital admissions due to injuries and alcohol specific conditions.

Some indicators are similar to the national average such as childhood obesity, low weight of term babies, children achieving a good level of development at the end of reception, first time entrants to the youth justice system, smoking status at time of delivery, and hospital admissions as a result of self-harm and substance misuse.

Some indicators are worse than the national average, particularly those relating to mortality rates, hospital admissions due to preventable and manageable conditions, and outcomes related to education.

Key Findings from Draft JSNA Summary 15/16
In 2012-2014, the infant death rate in Milton Keynes was 5.4 deaths/1,000 births, which is statistically significantly higher than the national average of 4.0 deaths/1000 births. This is being investigated but is likely to be explained at least in part by differences in coding practice.

• Ensuring high quality maternity care with early antenatal assessment, increasing breastfeeding rates, reducing maternal smoking, child poverty and teenage pregnancy rates, and improving immunisation uptake are important actions required to address infant mortality.
• Healthy mothers are more likely to have healthy babies and a mother who receives high quality maternity care through pregnancy is well placed to provide the best possible start for her baby. The percentage of women accessing antenatal care early has increased, with 90% receiving early assessment in 2014/15. However, there is significant variation in access across the borough.
• In 2014/15, 73.1% of new mothers in Milton Keynes initiated breastfeeding, close to the national average of 74.3%. 52.6% were still breastfeeding at 6-8 weeks, which is better than the national average of 43.8% but efforts to increase it further continue.
Smoking in pregnancy (2013/14) is low (11.1% of pregnant women) compared to the national average (12.05%), but its negative impact on mother and baby can be further reduced by early access to good antenatal care.

Poverty and life chances form an intergenerational cycle and a lack of income and material resources in the early years adversely affects early development, which impacts on cognitive, emotional and behavioural capacities, and the ability of children and young people to achieve through their education.

In 2015, 19% of children under 16 were living in poverty in Milton Keynes. This is just below the England average of 19.2%. Approximately 18% of the overall Milton Keynes population and 18% of children and young people aged 0–15 years live in areas that are amongst the 30% most deprived in England.

5.2 Who is at risk and why?

Poor parental mental health is one of the key risk factors in mothers with social and complex needs, this includes substance misuse and domestic abuse – which often occur together and can significantly impact on the outcomes of the child. Parental mental health, during the perinatal period and beyond, has strong links with the infant’s health at birth and the child’s health, behavioural, emotional and learning outcomes.

In 2012, 18.3% of Milton Keynes’ children lived in low income families (i.e. families in receipt of out-of-work benefits or tax credits where their reported income is less than 60 per cent median income). (For more information please see Child Poverty Section JSNA 2015/16) Adversities faced by children may be linked to parental long term mental or physical health problems, substance addiction and associated domestic violence.

In 2011, among 4,643 households with children, one person had a long-term health problem or disability.

Although 26% of the Milton Keynes population are from a black and minority ethnic (BME) group, 36.9% of pupils belong to a BME group (school census 2015).

5.3 Current services in relation to need

Current health services for children and young people in Milton Keynes include:

- Health Visiting Services (2)
- Family Nurse Partnership
- Oral Health Improvement
- These work in partnership with other providers such as Strengthening Families, Early Years, Children’s Centres, Children Family practices and other local health providers to deliver the Healthy Child Programme
- Primary, community and secondary care children’s health services are provided by Milton Keynes General Practitioners, Central North West London Community Foundation Trust and Milton Keynes University Hospital NHS Trust.

5.4 Projected demand

In 2014, Milton Keynes Borough was home to 259,250 people. It was the 14th fastest growing local authority between 2004 and 2014 with a growth of 18.1%. The population is expected to continue to increase by another 50,150 (19.3%) by 2026.

- The population is growing due to increasing life expectancy, a rising birth rate and net inward national and international migration. Since 2004, Milton Keynes Borough has
experienced major inward migration from the European Union Accession countries, particularly Poland and Lithuania. Numbers entering the borough peaked in 2005/06 and in subsequent years have fluctuated.

- The number of people registered with the 27 Milton Keynes General Practices was 283,844 in January 2016. Over the next 10 years (2015/16 to 2025/26), the number of births is projected to increase by 100 p.a. to around 4000.
- The Milton Keynes population age profile is younger than that for England as a whole and is set to remain so. In 2014, 24% of the Milton Keynes population was aged under 16, compared with 20% in England. It is predicted that between 2011 and 2026 the school age population will increase by over a third.

JSNA Summary 2016/17 states ‘Milton Keynes has been identified as a growth area nationally. As such there is significant new housing development expected across Milton Keynes over the next 10-15 years, with 28,000 new homes in total. This is an average of 1,750 homes per year. The latest figures (from July 2015) show that of the 28,000 new homes to be delivered, approximately 6,600 have already been constructed. Land for a further 21,000 homes has also been identified as being deliverable up to 2026, with large sites that will be built out over a long time period having further capacity for around 1,500 likely to be built out beyond 2026.

A significant proportion of growth will result from large-scale developments in the expansion areas, namely the Western Expansion Area, Brooklands and Broughton Gate, Redhouse Park, Oxley Park, Tattenhoe Park, Newton Leys and the Strategic Land Allocations. There is also development in some of the older areas of Milton Keynes, including Campbell Park, Central Milton Keynes, Kents Hill, Bletchley, Woburn Sands and Wolverton.

Nationally there had been a significant reduction in the birth rate. Until now Milton Keynes has not reflected this reduction and instead births have continued to increase. Recent data has suggested that this increase may be at an end, however, since births have decreased by 2% from 4141 in 2013 to 4055 in 2014.

6.0 Evidence of what works and policy drivers

Several key reports identify characteristics of a high quality system of community care for children. The Marmot Review reported that it was important to:

- increase proportion of spending allocated to early years
- focus on supporting families
- extend services around schools
- reduce inequalities in educational outcomes.

The Commonwealth Fund International Comparison of Early Childhood Initiatives recommended:

- collaboration between healthcare, education and welfare
- innovation with new models of service provision and financing
- integration across sectors with common outcomes framework.

The Framework for Public Health - Young People Health and Wellbeing (PHE 2015) suggested focusing on:

- putting relationships at the centre
- focusing on what helps young people feel well and able to cope
• reducing health inequalities
• championing integrated services
• understanding health needs as young people develop
• developing accessible youth friendly services (You’re Welcome document).

A Kings Fund report described the changes needed for community services (this was not specifically focussed on children’s services). They recommended: “Simplify services and remove unnecessary complexity”.

**Local Health and Care Planning: Menu of preventative interventions** November 2016 section 12 is maternity and early years.

6.1 Local health and wellbeing priorities

Health and Wellbeing Strategy

Health and Wellbeing Boards are a key element of the new health and social care system. The Boards bring together commissioners of services across the National Health Service, Public Health, social care and children’s services, and build on the current strong local partnerships and joint working across health and social care within Milton Keynes. Milton Keynes Council has provided strategic leadership in developing a Health and Wellbeing Board for Milton Keynes.

**Health and Wellbeing Strategy 2015-18**

Starting Well: Giving every child the best chance in life
- To improve the start in life for children, with those in greater need receiving more support.
- Starting Well- Health and Wellbeing measures.

**Key Indicators:**
- Reduced likelihood of developing preventable mental health issues
- Reduction in levels of childhood obesity
- More children will be physically active
- Reduction in hospital admissions for children and young people
- Reduction in incidents of repeat domestic abuse
- Improved scores for Good level of Development at Foundation Stage
- The impact of the ‘toxic trio’ will be reduced
- Homelessness will decrease.

7. **Public Health 0-5 Services Review – June 2016**

**Workforce**

7.1 Current 0-5 Service Workforce

**Health Visiting CNWL**

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<th>Staff Grade</th>
<th>Previous Year 2015/16 Weekly Hours</th>
<th>Forecast 2016/17 Weekly Hours</th>
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<td>Nurse Band 8A</td>
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<td>37.5</td>
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<tr>
<td>Nurse Band 5</td>
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<tr>
<td>Nurse Band 6</td>
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Health Visiting Newport Pagnell Medical Centre

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<td>Nursery Nurse</td>
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<td>Health Care Assistant</td>
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<tr>
<td>Managing Partner</td>
<td>Not exclusive to this contract</td>
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<tr>
<td>HR Manager</td>
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<tr>
<td>Admin staff</td>
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<tr>
<td>Facilities Management</td>
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<tr>
<td>Cleaning Contract Staff</td>
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Family Nurse Partnership

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<td>Band 7</td>
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Oral Health Improvement

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<th>Forecast 2016/17 Weekly Hours</th>
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7.2 Current 0-5 Service Specifications

The current Service Specifications / Work plans for the 0-5 Services are in operation as below. Full specifications/work plans are available in:
- Health Visiting CNWL - National Specification 2015/16
- Health Visiting Newport Pagnell Medical Centre – National Specification 2015/16
- Family Nurse Partnership
7.3 Performance Data

Background

Following the transfer of responsibility for commissioning Health Visitor services in October 2015, performance data is submitted to Public Health England by Local Authorities on a voluntary basis and is published quarterly. The indicators include breastfeeding prevalence at 6-8 weeks and Health Visitor Service Delivery Metrics described in legislation for universal health visitor reviews and key outcomes for children resident within a local authority (based on the child’s postcode).

- In the longer term the Health and Social Care Information Centre will collect data on these metrics as part of the Maternity and Children’s Dataset (MCDS). Until such time as the MCDS has reached full coverage and maturity, an interim reporting system has been required. The health visiting information referred to below has therefore been obtained via the interim reporting system designed to collect health visiting activity at a local authority resident level.
- Responsibility for the Family Nurse Partnership (FNP) transferred to local authority together with the Health Visitor service in 2015. Performance data is reported directly by the service provider via the Site Dashboard to the FNP National Unit.

Health Visitor Performance

For 2015/16 Health Visitor services reported on a number of performance indicators grouped together under the following headings: Delivering capacity; System Transformation; Service Delivery; Key Outcomes; Early Identification; Quality Standards.

For the purpose of the review performance indicators associated with a) Service Delivery; b) Key Outcomes; and c) Early Intervention have been considered.

a) Service Delivery

The health visitor service delivery metrics currently cover the antenatal check, new birth visit, the 6-8 week review, the 12 month assessment and the 2-2½ year assessment and report on the following indicators:

- Number of mothers who received a first face to face antenatal contact with a Health Visitor at 28 weeks or above
- Percentage of New Birth Visits (NBVs) completed within 14 days
- Percentage of New Birth Visits (NBVs) completed after 14 days
- Percentage of 6-8 week reviews completed
- Percentage of 12 month development reviews completed by the time the child turned 12 months
- Percentage of 12 month development reviews completed by the time the child turned 15 months
- Percentage of 2-2½ year reviews completed
- Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)

For each indicator, performance is rated as green, amber or red as shown in Table 1.
Whilst it is evident from the published data that Milton Keynes has failed to achieve national targets, overall performance is, nonetheless, in the same range as the national average (See Table 2). Performance for the East of England is however substantially better than both the country as a whole and Milton Keynes.

It should, however, be noted that a degree of caution needs to be exercised when interpreting these figures as it is a new data collection system in use and there is not full coverage. Any figures shown at a PHE Centre or England level are based on an aggregate total of local authorities within those areas who supplied data items which complied with national validation criteria.

Table 2.

<table>
<thead>
<tr>
<th>PHE Health Visitor Metric (Targets)</th>
<th>C2: New birth visits within 14 days</th>
<th>C3: New birth visits after 14 days</th>
<th>C8i: 6 - 8 week reviews</th>
<th>C4: 12 mth reviews by 12 mths of age</th>
<th>C5: 12 mth reviews by 15 mths of age</th>
<th>C6i: 2.5 yr reviews by 2.5 yrs of age</th>
<th>C6ii: 2.5 yr reviews using ASQ 3</th>
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<tr>
<td>Target</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
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<td>95.0%</td>
<td>90.0%</td>
<td>90.0%</td>
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<td>England</td>
<td>87.0%</td>
<td>10.4%</td>
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<td>80.8%</td>
<td>73.3%</td>
<td>81.0%</td>
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<td>East of England</td>
<td>92.6%</td>
<td>6.3%</td>
<td>0.0%</td>
<td>85.8%</td>
<td>84.6%</td>
<td>85.2%</td>
<td>85.2%</td>
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<tr>
<td>Milton Keynes</td>
<td>82.8%</td>
<td>10.0%</td>
<td>87.7%</td>
<td>63.2%</td>
<td>55.6%</td>
<td>76.2%</td>
<td>100.0%</td>
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</tbody>
</table>

b) Key Outcomes
The key outcome measure for the Health Visitor Service is Breastfeeding Prevalence at 6-8 weeks after birth.

- In each quarter the submitted performance data for Milton Keynes has failed the validation tests and as a result has not been published.

The performance data provided to Milton Keynes Council by each of the suppliers via the local quarterly performance review process has however been reproduced for reference (See Table 3).

As before, a degree of caution should however be exercised when interpreting figures at a PHE Centre or England level.

c) Early Intervention
The key indicator for early intervention is the ‘Percentage of mothers who received a Maternal Mood review in line with local pathway, by the time infant is aged 8 weeks of age, based on the quarter when the infant reached 8 weeks of age’. There is however no published performance data currently available for this indicator. The performance data provided to Milton Keynes Council by each of the suppliers via the local quarterly performance review process has however been reproduced for reference. (See Table 4).

| Table 4. |
|-----------------------------------|-----------------|-----------------|-----------------|-----------------|
| Percentage of mothers who         | England         | East Midlands   | MK              | CNWL            | NPMC            |
| received a Maternal Mood review    |                 |                 |                 |                 |                 |
| in line with local pathway, by     |                 |                 |                 |                 |                 |
| the time infant is aged 8 weeks    |                 |                 |                 |                 |                 |
| of age, based on the quarter when  |                 |                 |                 |                 |                 |
| the infant reached 8 weeks of age  |                 |                 |                 |                 |                 |
| Target | G: >95% | A: 85-94.9% | R: <85% |

Serious Incidents Health Visiting
One case reported.

Family Nurse Partnership (FNP) Performance
The Family Nurse Partnership (FNP) programme includes a framework for measuring how well the programme is being implemented. These are known as the ‘Fidelity Goals’ and cover core aspects of the programmes delivery and implementation.

Fidelity Goals cover four main areas: recruitment and enrolment, retention of clients, amount of programme received (also known as dosage which is measured by visits), and programme content received (measured by the spread of content delivered in each of the programme’s domains).

a) Recruitment & Enrolment (Gestation)
At least 60% of clients should be enrolled on the programme by 16 weeks gestation. Evidence from the Site Dashboard for 2015/16 indicates that for MK this fidelity was not met and overall performance was significantly below the national average. Performance in the previous year (2014/15) was vastly better but nonetheless still fell short of the required performance.

b) Dosage
Each client should receive 80% or more of expected visits during pregnancy, 65% or more of expected visits during infancy and 60% or more of expected visits during toddlerhood. The FNP for MK performed less well in this area than it did in the previous year, when all fidelity goals were met. However, overall, performance for dosage in 2015/16 is broadly in line with the national average.

c) Content
Content should be delivered within the fidelity goals of the programme. Overall, the FNP’s performance in this area is fairly consistent with the national average. There is no significant difference in performance compared to the previous year. This does however translate into the service failing to meet a third of the fidelity goals for content.

d) Attrition
Programme attrition should be less than 40% and this should consist of 10% or less during pregnancy, 20% or less during infancy, and 10% or less during toddlerhood. Whilst there is scope for improvement with regard to the number of leavers during toddlerhood, the overall attrition rate recorded for Milton Keynes is good. It is, however, also evident that performance in 2014/15 was better.

Serious Incidents Family Nurse Partnership
Family Nurse Partnership has been in contact with three families where there was a child death this year.

Oral Health Improvement
The 2012 Health and Social Care Act conferred responsibility for oral health improvement to local authorities and Community Dental Service has provided our oral health improvement programme in Milton Keynes.

The 15/16 Service annual report demonstrated that the Service over performed on its targets. The outcomes from the evaluation also demonstrated that the oral health improvement team’s ability to deliver outcomes across the broader Public Health agendas - notably leading on the Healthy Early Years Award and developing the Healthy Young People’s Award. At the end of 15/16 the Service underwent a consultation due to a reduction in budget available and a member of staff was made redundant.

Service Delivery
16/17 Programme was developed with reduced budget and focuses on the following areas underpinned by performance targets reporting on quarterly:

1. Fluoride varnish programme
2. Smile Award
3. Early Years Professional Training (including Childminders, Level 3 college training sessions, Health Visitor’s and School Nurse’s).
4. Oral Health Improvement sessions - 1 session per Children’s Centre per quarter.
5. At Risk Adults & Children’s Professional Training (including Special Schools and Older People settings).
6. Smile for Life
7. Healthy Early Years Award and development of Healthy Young People’s programme

Examples of broader outcomes from our Oral Health Improvement programme include: advice around healthy eating and positive dietary changes (also supports weight management); speech and language improvements, educational attainment by supporting Ofsted and the Early Years Foundation Stage and supporting social care by making improvements to care and supporting effective care in the community.

The Service is currently performing well and meeting its 16/17 targets.

Performance Data Conclusions

Health Visiting and Family Nurse Partnership
Both the Health Visitor and the FNP services for Milton Keynes need to improve in order to meet performance targets and fidelity goals.
  • It must however be noted that shortcomings in the performance of Health Visiting services is not confined to Milton Keynes.
• The national average for those indicators reviewed here are no better than those achieved locally in keeping with performance nationally.
• Nonetheless, improvements are possible and, as evidenced by the figures for East of England, there are areas reporting better levels of performance that are much closer to the national targets.
• With regard to the FNP it is clear that 2015/16 has been a challenging year, due in part to the serious incidents within the service and overall performance is not as good as it was in 2014/15.
• To some extent this may be the result of a changing caseload with more challenging client characteristics as is suggested in the FNP Annual Report for 2015/16.
• If this is the case, there may be lessons to be learned from 2015/16 that will help the service adapt to working with clients presenting with higher levels of need in the year head.

Oral Health Improvement
• Oral Health Improvement performance is improving in Milton Keynes - the latest child decay rates in 5 year olds show that MK has reduced from 25.1% in 2012 to 21.5% in 2015.
• In quarter one the Oral Health Prevention Service underwent a consultation period as this year’s budget was reduced.
• Despite this unsettlement the Service is performing well and is well on track with delivery of the work plan.

8. 0-5 Service Review Consultation

8.1 User views - voice of the child 0-5

The United Nations Convention on the Rights of the Child 1989 (available at http://www.unicef.org/crc/) changed the way that children are viewed and treated, that is as human beings with a distinct set of rights. Article 12 of the Convention states that when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

For the age group covered by this review, the model is not directly applicable but observations of interaction between the Health Professionals and the children were observed as follows:
8.2 Stakeholder engagement from consultation

In June 2016 the Public Health team led this review with the 0-5 Service providers and engaged with a range of stakeholders including:

- staff teams day nurseries, children’s centres, childminders
- baby clinics

A wide range of views from those involved with children and family services was critical to inform the review. Full review responses are available within Appendix 9.

8.3 0-5 Service Review Consultation Key findings

To enable us to collate key findings we used

- Staff & Manager, Service Users (from survey monkey questionnaire & baby clinics & staff focus groups) & Stakeholders Questionnaires

Staff and Managers Views can be found in Appendix 12.

**Overall Themes from service users and stakeholder feedback**

Stakeholders feel 0-5 services are very supportive regarding

- Safeguarding
- Identifying children who have speech and language needs
- Referring children who may have language needs as part of an overall global developmental delay

**Service Users like**

- Links to GP
- Feel teams are welcoming and friendly
- Relaxed and not rushed
- Understand choice
- Drop in clinic
- Can see a different Health Visitor
• Home visits, That HV can prescribe, Weekly weigh-in and face to face time with HV. Specific comments were, Got to know me / never gives up on me, Advice anytime, Friendly, Learn new things, See the same person, Helpful, Dedicated, Frequency, Texting"

• **Build on Collaborative Working**
Some positive responses about how well the services are working together, some stakeholders and services users were not sure what 0-5 roles were and how they would link, more could be developed to ensure consistent approach for all

• **Good Practice Examples**
Very positive service user responses about Family Nurse Partnerships practice and use of IT, mobiles and the close relationship working with families

• **Consistent support for Breastfeeding**
Some specific comments were detailed around more consistent approach needed to breastfeeding information, advice and support

**What is working well?**
- Good internal information sharing and communication
- Good working models in practice from all areas 0-5
- Credibility of professional services
- Strong evidence base that these services work well for families
- Autonomy is brilliant to ensure adaptability to changing needs of families
- Working with particular agencies, around safeguarding referrals and multi-agency work with families such as the Multi Agency Safeguarding Hub (MASH), Children’s Social Care
- Antenatal work is good, relationships with families are developed well during this work, is built up and continues throughout time together, more work could be developed
- Health Visitors are very knowledgeable about local services and matching to families
- Huge benefits and examples of working out of community bases, examples: GP Medical Centre, Children’s Centres, including family and community relationship building and for GP Medical Centre IT
- Breast feeding drop ins are going well
- Positive experiences in Milton Keynes as part of ‘Growing Health Visitor’ training
- Clinics are well attended

**Issues and areas for development from Service Users and Stakeholders**

**Growth of Milton Keynes**
- increasing population and issues around no/little current services for families moving into new builds
- need to identify and support changing needs of population, local data find out what does MK need
- Service users and Stakeholders understanding what the services provide and how to work with them

**Staffing, Training and Development**
- for example increasing workloads, need changes to skill mix, recruitment and retention, sickness, ageing workforce

**Training and Development**
- Breastfeeding training
- Training in consistent messages and support to services users

22
• Training to retain highly skilled teams, Safeguarding work books can be very high updating training and support
• Lack of job security and service reviews affects forward planning and work plans which can change quickly
• Benefits and drawbacks to staff moving around areas fresh eyes but can also take two to three years to get to know a community

**Information Technology**
• needs improving/updating
• need electronic systems that ‘talk to other agencies’
• electronic resources to share with families & stakeholders Information sharing/cascade
• make sure to stakeholders and service users information is up to date, consistent, available in other languages, choices/agreed times for home visiting, central register for food banks and voluntary organisations, notifications of miscarriages could happen more frequently as sometimes these have happened between the regular planned meeting, look at other alternatives for families who do not respond to ‘paperwork’ style working

**Gaps and changes to 0-5 services in Milton Keynes**
• Less available/gaps in services for 0-5 providers to signpost to
• Children’s Centre organisational changes, less Children Family Practitioners, Mental Health provision in Milton Keynes: huge problem, not enough support/long wait/thresholds, 0-5 professionals are then left to support where it is not their specific level of expertise e.g. children’s centres, libraries now charging for some of their services, no vouchers within book start programme
• There is limited two year old provision in Newport Pagnell area and some settings only take children from 2.5 years
• Boundary issues within children’s centres, families cannot choose their centre they have to go, sometimes families make friendships during antenatal sessions where they then find they are encouraged to go to different centres a current gap in Parenting Support and education for parents has been identified, families who refuse support from Family Nurse Partnership but still need ongoing support, more communication two way conversations between teams to provide balance

**Poverty/Homeless Families**
• Need to ensure that we are still supporting those who are not in main areas. Other issues include: social housing, isolation, need more support, homeless families increasing mobility and support can be difficult. To work more closely with housing and children in hostels

Full Service User and Stakeholder Analysis can be found in appendix 12

9. Gap Analysis local against national guidance documents

For some services there are extensive national or regional guides, for example Guidance supporting public health: children, young people and families from: Public Health England first published: 1 July 2014 Last updated: 1 November 2016, see all updates Part of: Public health contribution of nurses and midwives: guidance, Public health contribution of nurses and midwives: guidance and Children’s health. Documents to support local authorities and providers in commissioning and delivering children’s public health services aged 0 to 19 years.

Interventions - It is important that services deliver the interventions chosen based on the best available evidence. In March 2015 Public Health England published a rapid review of evidence of for
interventions for the Healthy Child Programme (0-5 year olds). This drew heavily on NICE guidance. It reviewed evidence for 11 key areas of action. It additionally considers evidence related to implementation and cost effectiveness.

The 11 areas of action identified were:

- Maternal mental health
- Smoking
- Drugs and alcohol
- Intimate partner violence
- Preparation and support with childbirth and the transition to parenthood
- Attachment
- Parenting support
- Keeping safe
- Nutrition and obesity prevention
- Oral health
- Promotion of child development including speech, language and communication

Local update on where Milton Keynes is currently regarding 11 areas of action identified from Draft JSNA Summary 2015/16 and commissioning lead updates:

Maternal mental health
Healthy mothers are more likely to have healthy babies and a mother who receives high quality maternity care through pregnancy is well placed to provide the best possible start for her baby. The percentage of women accessing antenatal care early has increased, with 90% receiving early assessment in 2014/15. However, there is significant variation in access across the borough.

Smoking in pregnancy (2015/16) is low (10.6% of pregnant women) compared to the national average, but its negative impact on mother and baby can be further reduced by early access to good antenatal care.

Drugs and alcohol
The alcohol related admission rate is increasing but still below national average other than for cardiovascular alcoholic-related admissions and so is the death rate from preventable (alcohol, obesity, hepatitis) liver disease. Drug dependency is a complex health disorder with social causes and consequences. It is estimated that around 949 people in Milton Keynes use opiates or crack cocaine, around half of whom are aged 25-34.

Intimate partner violence
Milton Keynes Council has commissioned the service provider MK ACT who offer support for families. Health Visiting and Family Nurse Partnership actively refer families accordingly into Domestic Abuse services as required. Safer MK is currently supporting training to develop Domestic Abuse Champions for services and community.

Preparation and support with childbirth and the transition to parenthood and attachment
In 2014/15, 73.1% of new mothers in Milton Keynes initiated breastfeeding, close to the national average of 74.3%. 52.6% were still breastfeeding at 6-8 weeks, which is better than the national average of 43.8% but efforts to increase it further continue. Extracts from Baby friendly Status Report 11 Unicef UK Baby Friendly Initiative (BFI) "The UNICEF UK Baby Friendly Initiative provides a framework for the implementation of best practice by NHS trusts, other health care facilities, Children Centres and higher education institutions, with the aim of ensuring that all parents make informed decisions about feeding their babies and are supported in their chosen feeding method. Facilities and institutions that meet the required standards can be assessed and accredited as Baby Friendly. Implementing Baby Friendly standards is a proven way of increasing breastfeeding rates. BFI in Milton Keynes -Milton Keynes Hospital Foundation Trust (MKHFT) is working towards Baby Friendly Initiative accreditation and achieved stage one accreditation in November 2015. A Baby
Friendly Initiative strategy group was established for Milton Keynes in 2015. The group is developing a Milton Keynes breastfeeding pathway in line with the national breastfeeding pathway. In order to increase breastfeeding initiation and breastfeeding prevalence rates in Milton Keynes and in line with NICE Guidance (PH11, CG37) Public Health is working towards implementation of the Baby Friendly Initiative within Health visiting services and Children Centres. The BFI accreditation process has not started in Milton Keynes for Health Visiting and Children Centres. It is hoped that this will begin in July 2016.

Parenting support
Milton Keynes Dons Set are commissioned by MK Council to offer targeted parenting support for those on the Strengthening Families Programme. Family and Children Centres offer parenting programmes on a rolling bases.

Keeping safe
The 0-5 commissioned services have robust safeguarding processes in place. They attend MKSCB Mandatory training. There are issues around NPMC obtaining supervision at present.

Nutrition and obesity prevention
The HENRY programme in Milton Keynes is delivered within Children’s Centres or in locally acceptable settings to parents. Funding is provided by Public Health to support the delivery of the programme. To date HENRY delivery has not achieved the targets and outcomes required by the service level agreement. There are a number of reasons why the required targets and outcomes have not been reached, both Children Centre leadership and Public health have been working to rectify these and new challenges as they present themselves. The restructure of Children Centres has led to issues around programme delivery due to changes in staffing some being part of schools. Local evaluation shows a positive impact on whole family lifestyle for families who have accessed the HENRY group programme across Milton Keynes. A service improvement plan lead to key improvements in 2015/2016 and a revised service level agreement is in place for 2016/2017. Making Every Contact Count (MECC) approach is utilised for the delivery of simple healthy lifestyle advice by practitioners to improve health and wellbeing. (Children Centre staff have access to free MECC training and MECC is part of their mandatory training).

Oral Health please see Oral Health Sections of this review
Promotion of child development including speech, language and communication
0-5 services actively refer into the Speech, Language and Communication service. SALT completed training and development for Children’s Centres.

11. Recommendations (for 0-5 Health Visiting, Family Nurse Partnership & Oral Health)

Overall Draft Recommendations taking into account the National and Local documents, Performance data, Staff, Service users and Stakeholders are below:

1. Develop a fully integrated 0-19 locality model with centralised back office functions
   - Look at skill mixes within staff teams
   - More flexible hours and more flexible approaches when arranging to meet families
   - Develop more training and development opportunities such as a resource unit, social prescribing, upskilling others
   - Supporting services by having specialist roles such as the role of HV Champion e.g. perinatal mental health, who can act as a spear head for initiatives,
   - Develop more flexible and broader antenatal support rather than just home visiting.
   - Develop an alternative to FNP in the Universal services so that we have a more flexible and integrated specialist support service for vulnerable young mothers.
   - Look at different locations for basing staff in and models that are currently working e.g. children’s centres, GP/medical centres, being based in social care
2. Include more collaborative integrated working with other professionals

3. Review and refresh Referral pathways
   • ensuring they are followed
   • review processes for Cross counties boundaries
   • define roles for professionals working with same families

4. Introduce and include more client service involvement, particularly fathers

5. Review current KPI’s
   • Moving towards a more outcomes focussed service
   • think of innovative ways to capture information
   • working towards Government initiatives - can do more with families

6. Raising Awareness of the services and what is provided to families and professionals
   • include training
   • regular advice drop in
   • links with schools, more education sessions
   • what is available and how they can access and work collaboratively

7. To look into information technology issues to develop improved processes
   • for mobile working
   • for data collection
   • and also to cascade health promotion information to families

8. Scope options available for families for Parenting Support and referral pathways and processes
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>Family Nurse Partnership <a href="http://fnp.nhs.uk/evidence">Family Nurse Partnership</a></td>
</tr>
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<td>4</td>
<td>Child Health Profile March 2016 <a href="http://www.chimat.org.uk/resource/view.aspx?RID=101746&amp;REGION=101637">Child Health Profile March 2016</a></td>
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<td>5</td>
<td>Joint Strategic Needs Assessment Summary 2015/16 - Milton Keynes Starting Well [Joint Strategic Needs Assessment Summary 2015/16 - Milton Keynes Starting Well](Mnkdfs01\Shared\Neighborhoods\Public Health\health_improvement\Children &amp; Young People\Liz Wilson\0-5 inc HEYHV DEV\0-5 Community Service Review MK\Milton Keynes JSNA Summary 2015_16.pdf)</td>
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<td>7</td>
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<td>Appendix</td>
<td>Description</td>
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<td>9</td>
<td>Consultation documentation: Staff Survey monkey questions &amp; comments, Focus group sessions Health Visiting, Family Nurses and Oral Health. Consultation analysis documents from service users.</td>
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<td>Focus Group comments: Baby Friendly and Henry Status reports. BFI.</td>
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<td>Baby Friendly and Henry Status reports. BFI.</td>
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<td>Staff and Manager, Full Service and Stakeholder User Feedback 0-5</td>
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