# **APPENDICES**

## **Appendix A: Current Health Visiting Service Specification**



## **Appendix B**

## **Table 1.** The Healthy Child Programme Team Contribution (5-19/25 years)

Community						
	Work within communities/neighbourhoods to develop and deliver asset based community development for school aged children, their families and communities, including the development of volunteer programmes					
	Regular contact with GP practices for referrals and collaborative service delivery					
Universal	Leading, co-ordinating and delivering the National Child Measurement Programme and associated interventions and referrals identified (PHE, 2015).					
	Healthy Settings Approach: identify community population health needs, develop School Health Profiles and action plans including. Identify individual health needs at Reception, Year 6 and Year 9, with targeted interventions as appropriate. To include assessment of the child's, young person's and family's strengths, needs and risks; assessment of physical health, growth and development and immunisation status.					
	Ensure HCP offer is communicated effectively to all children, families and education settings, and that they have an opportunity to discuss health concerns and aspirations. Provide public health interventions in a range of settings and at times that meet the needs of local children, families and communities including:  • Educational settings					
	Home visits					
	<ul> <li>Community venues (including with the Youth Service/in Youth Centres)</li> <li>Digital (i.e. online chatrooms, text messaging, email, social media)</li> </ul>					
	Provide brief interventions, information, signposting and focussed health promotion campaigns on public health topics including, but not exclusively:					
	<ul> <li>Prevention of unintentional injuries and accidents; Healthy weight; Relationships, sexual health and contraception;</li> <li>Drugs, alcohol and tobacco; Emotional health and wellbeing; Dental health</li> </ul>					
	Lead, coordinate and deliver screening programmes including:  Chlamydia screening; Vision screening as part of the wider local service model with Orthoptist Services.					
	Identify and reduce barriers to high coverage for all childhood immunisations in order to prevent serious communicable disease, particularly targeted at vulnerable groups. Support and respond to emergency planning situations, including outbreak response in schools. Ensure all children, including those not in employment, education or training (NEET), or children educated at home receive the universal offer. Provide and promote a HCP offer that meets the needs of young people aged 16-19 years					
Universal Plus	Ensure appropriate multi-disciplinary care pathways address all elements of HCP including:  • Speech, language and communication; Dental health; Emotional health and wellbeing/mental health issues; Healthy weight; Long-standing illness or disability; Teenage pregnancy and sexual health; Drugs, alcohol and tobacco; Unintentional injury and risk taking behaviours. Ensure Public Health Nurses are available to provide Tier 1 Nurse led continence services as per agreed local pathway.					
	Ensure appropriate intelligence sharing agreements are in place to triage and follow up school aged children. Identify support for children with additional health needs; care plans & training for education settings, as appropriate.					
	Contribute to the delivery and reporting for Blackburn with Darwen Early Help Strategy					
Universal Partnership	Work in partnership to safeguard and protect children and young people. Work collaboratively to support children and young people where there are identified health needs that can be met by the HCP Team.					
Plus	Provide support for vulnerable groups, including Children in Care, young carers, children with disabilities, NEET and young offenders. Supporting safeguarding and access and contribution to targeted family support, including active engagement in the Troubled Families Programme, Transforming Lives Programme and others					
	Complete CAF and act as lead professional where appropriate. Complete 'Children in Our Care' Health Reviews in line with Statutory requirements for children and young people aged 5-19 years.					

## Appendix C

### **Public Health Outcomes Framework**

#### (9)(0)

To improve and protect the nation's health and wellbeing and improve the health of the poorest factors!

#### Outcome measures

Outcome 1) increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and bealthy life expectancy between communities (through greater improvements in more disadvantaged communities)

#### Alignment across the Health and Care System

- Indicator shared with the NHS Outcomes Framework.
- \*\* Complementary to indicators in the NHS Outcomes Framework
- Indicator shared with the Adult Social Care Outcomes Framework.
   Complementary to Indicators in the Adult Social Care Outcomes.
   Framework.

Indicators in italies are placeholders, pending development or identification

Public Health Outcomes Framework 2013–2016

At a glance (Autumn 2012)

## 1 improving the wider determinants of health

### Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

#### Indicators

- 1.1 Children in poverty
- 1.2 School readment (Alaceholder)
- 1.3 Publishence
- 1.4 Prof. time entrants to the youth justice system
- 1.5 16-18 year olds not in education, employment or training
- 1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation? (ASCOS 1G and 1A)
- Reopie in prison who have a mental illness or a significant mental (liness (Placeholder)
- 1.8 Employment for those with long-term health conditions including abults with a learning disability or who are in contact with secondary mental health services "II-MHSOF 2.5) 111 (N-ASCOF FE) \*\*(N-MHSOF 2.5) 111 (N-ASCOF FE)
- 1.9 Sickness absence rate
- 10 Killed and seriously injured casualties on England's roads
- 1.11 Domestic abuse (Placeholder)
- 1.12 Violent crime (Including sexual violence)
- 1.13 Re-offending levels
- 1.14 The percentage of the population affected by
- 1.15 Statutory homelessness
- 1.16 Utilisation of outdoor space for exercise/health reasons
- 1.17 Fuel poverty (Placeholder)
- 1.18 Social isolation (Placeholder) † (ASCOF 1))
- Older people's perception of community safety (Placeholder) 11 (ASCOF 4A)

## 2 Health Improvement

#### Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

#### Indicators

- 2.1 Low birth weight of term bables
- 22 Broosteedne
- 2.3 Smokine status at time of delivery
- 2.4 Under 18 conceptors
- 2.5 Child development at 2-21/h years (Placeholder)
- 2.6 Excess weight in 4-5 and 10-11 year olds.
- 2.7 Hospital admissions caused by unimentional and deliberate injuries in under 18s
- 2.8 Emotional well-being of looked after children
- 2.9 Smoking prevalence 15 year olds (Placeholder)
- 2.10 Self-harm (Placeholder)
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 2.14 Smoking prevalence adults (over 18s)
- 2.15 Successful completion of drue treatment
- 2.16 People entering prison with substance dependence issues who are previously not known to community treatment.
- 2.17 Recorded diabetes
- 2.18 Alcohol-related admessions to hospital (Placeholder)
- 2.19 Cancer diagnosed at stage 1 and 2
- 2.20 Cancer screening coverage
- 221 Access to non-cancer screening programmes
- 2.22 Take up of the NHS Health Check programme - by those eligible
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

## 3 Health protection

#### Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

#### Indicators

- Fraction of mortality attributable to particulate ar audiction
- 3.2 Chlamytha diagnoses (15-24 year olds)
- 3.3 Population vaccination coverage
- 3.4 People presenting with HIV at a late stage of infection
- 3.5 Treatment completion for Tuberculosis (TB)
- 3.6 Public sector organisations with a board approved sustainable development management plan.
- Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies (Placeholder)

### 4 Healthcare public health and preventing premature mortality

#### Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

#### Indicators

- 4.1 Infant mortality\* (NHSOF 1.68
- 4.2 Tooth decay in children aged 5
- 4.3 Mortality rate from causes considered preventable\*\* (WHSOF fail
- 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)\* (NHSCE 1.1)
- 4.5 Under 75 mortality rate from cancer\* (WHXCF f 40)
- 4.6 Under 75 mortality rate from liver disease\* (NASCAF 1.3)
- 4.7 Under 75 mortality rate from respiratory diseases\* (NHSOF 1.2)
- 4.8 Mortality rate from infectious and parasitic diseases
- 4.9 Excess under 75 mortality rate in adults with serious mental filness\* (NASOF 1.5)
- 4.10 Suidde rate
- 4.11 Entergency readmissions within 30 days of discharge from hospital\* (NHSGF 3b)
- 4.12 Preventable statit loss
- 4.13 Health-related quality of life for older people (Placeholder)
- 4 14 Hip fractures in people aged 65 and over
- 4.15 Excess winter deaths
- 4.16 Estimated diagnosis rate for people with dementa\* (NHSOF 2.6)

## Appendix D

## **Blackburn with Darwen Child Health Profile 2015**

## Blackburn with Darwen Child Health Profile

June 2015

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

	Indicator	Local no.	Local	Eng. ave.	Eng. Worst		Eng. Best
Premature	1 Infant mortality	11	4.6	4.1	7.5	O	1.7
	2 Child mortality rate (1-17 years)	7	18.9	11.9	22.8	0	3.0
Health protection	3 MMR vaccination for one dose (2 years)	2,116	94.2	92.7	78.3	0	98.3
	4 Dtap / IPV / Hib vaccination (2 years)	2,155	95.9	96.1	81.6	<b>•</b>	99.1
	5 Children in care immunisations	210	85.7	87.1	27.3	<b>(</b>	100.0
	6 New sexually transmitted infections (including chlamydia)	501	2,543.4	3,432.7	8,098.4		1,899.8
	7 Children achieving a good level of development at the end of reception	1,022	46.5	60.4	41.2		75.3
	8 GCSEs achieved (5 A*-C inc. English and maths)	905	54.6	56.8	35.4		73.8
ants	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care			12.0	8.0		42.9
determing	10 16-18 year olds not in education, employment or training	370	6.2	5.3	9.8	00	1.8
determinants	11 First time entrants to the youth justice system	75	450.1	440.9	846.5		171.0
Wider de	12 Children in poverty (under 16 years)	7,775	22.6	19.2	37.9		6.6
	13 Family homelessness	24	0.4	1.7	10.8		0.1
	14 Children in care	345	90	60	153		20
	15 Children killed or seriously injured in road traffic accidents	14	40.9	19.1	48.3		8.2
Health Improvement	16 Low birthweight of all babies	207	9.2	7.4	10.4	0	4.6
	17 Obese children (4-5 years)	207	9.9	9.5	14.2		5.5
	18 Obese children (10-11 years)	368	18.8	19.1	26.8		10.5
	19 Children with one or more decayed, missing or filled teeth	8	41.1	27.9	53.2	0.0	12.5
	20 Under 18 conceptions	74	24.0	24.3	43.9		9.2
Ē	21 Teenage mothers	24	1.2	1.1	2.5		0.2
	22 Hospital admissions due to alcohol specific conditions	27	69.1	40.1	100.0	-	13.7
	23 Hospital admissions due to substance misuse (15-24 years)	40	211.2	81.3	264.1		22.8
Prevention of a health	24 Smoking status at time of delivery	346	15.5	12.0	27.5		1.9
	25 Breastfeeding initiation	1,609	72.7	73.9	36.6	<b>♦ ♦</b>	93.0
	26 Breastfeeding prevalence at 6-8 weeks after birth	27.	. 3	20	19.4	la constitue de la constitue d	77.4
	27 A&E attendances (0-4 years)	5,201	464.3	525.6	1,684.5	40	252.7
	28 Hospital admissions caused by injuries in children (0-14 years)	576	179.3	112.2	214.1		64.4
	29 Hospital admissions caused by injuries in young people (15-24 years)	326	168.4	136.7	291.8		69.6
	30 Hospital admissions for asthma (under 19 years)	207	509.1	197.1	509.1		54.6
	31 Hospital admissions for mental health conditions	37	96.0	87.2	391.6	()	25.6
	32 Hospital admissions as a result of self-harm (10-24 years)	147	507.5	412.1	1,246.6		119.1

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