

GOVERNING BOARD			
Date of Meeting	20 January 2021	Agenda Item No	4
Title	Chief Clinical Officer's Report Extra-ordinary Item 17b. Children's Integrated Community Nursing Resources		
Purpose of Paper	<p>The purpose of this paper is to request additional investment to further develop and strengthen the provision of a children's integrated community nursing (CICN) offer across Portsmouth, Fareham & Gosport and South Eastern Hampshire. The additional investment will support remodelling of the service offer and ensure that local CICN provision meets local needs and is, so far as practical, able to deliver against the Department of Health's recommendations for Children's Integrated Community Nursing Services. The review of resources and subsequent request for investment builds on the Hampshire and Isle of Wight review undertaken in 2018.</p> <p>The revised service resource requires a recurring investment of £521,840 across the ICP (£198,000 from PCCG). This will allow the service to:</p> <ul style="list-style-type: none"> • increase staffing resource • establish a new community Advanced Nurse Practitioner role • extend service hours to operate 8am-8pm, 7 days per week • revise the clinical offer to extend the support offered to primary and secondary care, to reduce hospital contacts and admission, alongside reducing the average hospital stay 		
Recommendations/ Actions requested	The CCG is asked to consider the additional investment to support the future development and sustainability of CICN services.		
Engagement Activities – Clinical, Stakeholder and Public/Patient	CICN team, colleagues within PHUT Paediatrics, CCG children's clinical lead, PCC Inclusion Service, MACH Board.		
Item previously considered at	Not applicable		
Potential Conflicts of Interests for Committee Members	None identified		
Author	Anthony Harper - Head of Integrated Children's Commissioning		
Sponsoring member	Alison Jeffery - Director of Children, Families and Education		
Date of Paper	January 2021		

Report To: NHS Portsmouth CCG Governing Board
Report From: Anthony Harper - Head of Integrated Children's Commissioning
Report Date: 20 January 2021
Report Title: Childrens Integrated Community Nursing - Resources Investment

1. Purpose

The purpose of this paper is to request additional investment to further develop and strengthen the provision of a children's integrated community nursing (CICN) offer across Portsmouth, Fareham & Gosport and South Eastern Hampshire. The additional investment will support remodelling of the service offer and ensure that local CICN provision meets local needs and is, so far as practical, able to deliver against the Department of Health's recommendations for Childrens Integrated Community Nursing Services.

The review of resources and subsequent request for investment builds on the Hampshire and Isle of Wight review undertaken in 2018 (Appendix B) which, in part, recommended;

- CCG's should consider commissioning comprehensive, equitable, safe, sustainable services and ensure that the four children's acute hospital units (HIOW) are supported by a CCN service that operates seven days a week, minimum service 8am to 8pm and 24 hours seven days a week for end of life.
- Providers should ensure that there is a named CCNT for each of the 35 emerging GP practice clusters. The named CCN would provide advice and support to GP's and practice nurses ensuring better access to specialist care.
- Identify the benefits of building community nursing services that form an integrated part of a co-located wider network of multiagency child and family services.
- Information technology system standards for community nursing for data that supports consistent approaches to clinical recording, codes, entry and viewing of information.

The revised service resource requires a recurring investment of £521,840 across the ICP, with £197,800 sought from Portsmouth CCG (a full breakdown is available in section 7). This will allow the service to:

- increase staffing resource by 7.9 whole time equivalent staff (band 3-8a)
- establish a new community Advanced Nurse Practitioner role
- extend service hours to operate 8am-8pm, 7 days per week
- revise the clinical offer to extend the support offered to both primary and secondary care, to reduce hospital contacts and admission, alongside reducing the average hospital stay
- bring together specialist areas of practice to extend their reach and support across the service.
- extend the specialist school nursing offer within Portsmouth to include mainstream schools.

As this is an ICP commissioned programme, alongside this request for investment from PCCG, a parallel request for investment is being made to Fareham & Gosport and SE Hants CCG's for consideration. It is expected that their decision will be made in the coming weeks.

2. National Context

Comprehensive, equitable, safe and sustainable modern Children's Community Nursing (CCN) is fundamental to realising a whole system approach to reducing avoidable hospital attendances, delivering care at the right place and time for children and their families, improving patient experience and outcomes. The DH publication "NHS at Home: Community Children's Nursing

Services” published in March 2011 (<https://assets.publishing.service.gov.uk>) outlines four key groups of children with community nursing needs:

- children with acute and short-term conditions
- children with long-term conditions
- children with disability and complex conditions, including those requiring continuing care
- children with life-limiting and life threatening illness.

It describes how a “comprehensive” community children’s nursing service should be the bedrock of wider out of hospital services for ill and disabled children and requires staff with the skills to cater to the needs of all four groups of children and young people and with the flexibility to adapt services when children move from one group to another.

Facing the Future - together for child health: 2015

The Royal College of Paediatrics and Child Health (RCPCH) published Facing the Future – together for child health in 2015 for care outside the hospital - www.rcpch.ac.uk. This consists of 11 standards which aim to ensure there is always high-quality diagnosis (safe, effective and caring) early in the pathway, providing care closer to home where appropriate (right care, right time and right place). The standards most applicable to CCN services are:

- Each acute general children’s service is supported by a community children’s nursing service which operates 24 hours a day, seven days a week, for advice and support, with visits as required depending on the needs of the children using the service.
- There is a link community children’s nurse for each local GP practice or group of GP practices
- Healthcare professionals assessing or treating children with unscheduled care needs in any setting have access to the child’s shared electronic healthcare record.
- Acute general children’s services work together with local primary care and community services to develop care pathways for common acute conditions.
- There are documented, regular meetings attended by senior healthcare professionals from hospital, community and primary care services and representatives of children and their parents and carers to monitor, review and improve the effectiveness of local unscheduled care services.

NHS Long Term Plan (2019)

The NHS Long Term Plan outlines how as medicine advances, health needs change and society develops, so the NHS has to continually move forward so that in 10 years’ time we have a service fit for the future - <https://www.england.nhs.uk/long-term-plan>.

It has been drawn up by those who know the NHS best – frontline health and care staff, patients and their families and other experts – the Long Term Plan is ambitious but realistic. It will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.

It highlights that children and young people account for 25% of emergency department attendances and are the most likely age group to attend A&E unnecessarily. Many of these attendances could be managed effectively in primary care or community settings.

As set out in Chapter One, local areas will design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services. These models will support health development by providing holistic care across local authority and NHS services, including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services.

From 2019/20 clinical networks were rolled out to ensure we improve the quality of care for children with long-term conditions such as asthma, epilepsy, diabetes and end of life care. This will

be achieved though sharing best clinical practice, supporting the integration of paediatric skills across services and bespoke quality improvement projects.

3. Current Local Delivery

In 2018, the Hampshire and Isle of Wight (HIOW) Sustainability and Transformation Children's Board reviewed Children's Community Nursing Services (CCN) across HIOW to create optimal system configuration for transformation and service delivery.

One of the key principles is that children and young people should receive care as close to home as possible, through the provision of more services in the community. The evidence suggests that this will help to reduce anxiety and stress for all, improve health education and reinforces/promotes self-care, and resilience.

It is the vision of commissioners to draw upon the response and learning from the service during Covid 19 to develop a sustainable and flexible service, meeting the increasing demand to support our most vulnerable and complex children; as well as system wide challenges.

Solent NHS Trust are commissioned to provide children's community nursing on behalf of Portsmouth, Fareham & Gosport and SE Hants CCGs. CICN provide specialist paediatric community nursing care to the ICP population of children with nursing needs. This includes those recovering from surgery or trauma, children with acute care needs, children with some long term conditions and children with complex disability. In Portsmouth the service also include specialist school nursing, which is commissioned as part of the Hampshire wide contract for FG&SEH.

The service currently operates Monday-Friday 8:00am - 8:00pm and 10:00am - 6:00pm Saturday, Sunday and Bank Holidays. During the Covid-19 pandemic, weekend and Bank Holiday hours have been extended to 10:00am - 8:00pm to support the 111 system.

There continues to be pressure placed on the acute and out of hours services as a result of the current community capacity. There is clear evidence for the need to bring care closer to home - 'right place, right time'. In addition, the Royal College of Paediatrics and Child Health recommend 24/7 access to community nursing advice and support. As a result, this investment will allow the service move to a 7 day a week service, operating 8:00am - 8:00pm. In doing so, intended outcomes for children and families (HIOW Children's Community Nursing Review, 2018) include:

- unnecessary hospital stays, offering a safe alternative to short stay
- reduction in separation anxiety for both children, parents and carers
- continuity of care and treatment at home: care closer to home
- reduction in the disruption to family life
- increased opportunity for delivery of community health education
- positive reinforcement of self-care abilities and builds resilience and confidence
- empowerment of parents to make effective health care decisions in the future.

Each caseload is analysed for complexity using frequency of visits provided and length of visits and based on template below. Time is allocated for nursing and Health Care Support worker. Travel time is added.

	Frequency	Annual	6 mth	3 mth	Month	2 weekly	weekly	2/week	3/week	5/week
Block	score	1	2	4	12	26	52	104	156	260
1	0.33	0.33	0.67	1.33	4	8.6	17.2	34.3	51.5	85.8
2	0.5	0.5	1	2	6	13	26	52	78	130
3	0.67	0.67	1.33	2.67	8	17.4	34.8	69.7	104.5	174.2
4	1	1	2	4	12	26	52	104	156	260
5	1.5	1.5	3	6	18	39	78	156	234	390
6	2	2	4	8	24	52	104	208	312	520

Descriptor	Time
1. Basic nursing intervention with minimal additional nursing follow up intervention required	0.33 (hrs)
2. Basic nursing intervention with low level of on-going commitment to essentially, stable, nursing care management (30 mins)	0.5 (hrs)
3. Lengthier nursing intervention > 30 mins duration with moderate / maintenance level of on-going nursing support & liaison with MDT (40 mins)	0.67 (hrs)
4. Complex nursing intervention approximately 60 mins duration with high level of MDT liaison to manage care (60 mins)	1 (hr)
5. Highly complex nursing intervention > 60 mins duration with a very high level of MDT liaison to manage care (90 mins)	1.5 (hrs)
6. Newly discharged complex care with very high MDT liaison (120 mins)	2 (hrs)

Score (per annum)	Descriptor
1	12 monthly review
2	6 monthly
4	3 monthly
12	Monthly
26	2 weekly
52	Weekly
104	2 days/week
156	3 days/week
260	5 days/week

If the following need consideration move up one time blocks (if more than one move up two blocks):

- Safeguarding
- Language barriers
- Crisis
- Palliative/End of Life
- If a joint visit is required double the time blocks required
- For consideration:
- Travel Time (average per caseload area)
- Nurse working hours (minus annual leave)
- Sussex complexity tool is non-linear and therefore doesn't account for the hours needed to visit the child. Using this tool a child that needs an annual review visit lasting 1 hour would score 3, a child that needs a one hour visit every weekday of the year would score 18 which is only 6 times the amount of the former child when it should be 260 times higher and therefore does not give an accurate representation of the nursing hours required.

The impact of this on the current CCN caseload (as of 15/11/20) has been provided by Solent NHS and is tabled below.

Area	Caseload Size		Direct Clinical Contact (Hours)	Number of Visits per year	Clinical Admin (Hours)	CCN Service Input Time
Portsmouth City	116	Per year	2018.76	2696	1735.68	3754.44
		Per Week	38.82		33.38	72.20
Fareham &	87	Per year	759.51	1544	1806.52	2566.03

Gosport		Per Week	14.61		34.74	49.35
South East Hampshire	75	Per year	657.63	1261	1482.88	2140.51
		Per Week	12.65		28.52	41.16

New resources will add a total of 3200 hours to the core CCN resource. The ANP and specialist roles add whole time equivalent resource to increase the specialist clinical work undertaken, alongside increased service delivery hours to reduce pressure on acute and primary care.

4. Current challenges

- Increase in the number and acuity of children and young people with complex health needs and the national requirements to support them within educational settings (mainstream, special school provision and colleges).
- Maintaining and increasing the reduction of hospital admissions to PHUT. This is the result of some limits in the current CICN skillset (ANP and further specialist nurse resources).
- A lack of community resource to sufficiently support Primary Care and ensure children are cared for close to home. This includes diagnostic and specialist care expertise for general practice to confidently refer into and seek advice from. This includes the need for CICN to be effectively linked to Primary Care Networks across the ICP.
- Impact of Covid-19 on staffing levels and demand across the system.

5. Whole service benefits

The current CICN establishment does not support an equitable weekend service provision and currently operates a limited service due to staffing capacity. For the hospital avoidance services such as COAST, this is of particular concern due to the strategic and local delivery system priorities of care closer to home, better access to specialist care and integrated urgent and emergency care services 24/7.

The current need to respond to increasing acuity and complexity of nursing in the community, together with the need to include a broader scope of nursing access for children presenting with acute, short-term conditions out of hospital, calls for a fresh approach and investment to the nursing of children. This approach needs to maintain the excellence in the CICN specialism that exists but should also bring together greater flexibility across the service. This will allow the service to dial up resource in areas when required and dial down in others. For example, increasing support for hospital avoidance during winter months with increase bronchiolitis and viral wheeze.

To meet both the demands and needs across the system, providing children and young people with the most appropriate and clinically effective service; it is proposed that this approach will result in a more flexible and responsive service.

Along with additional staffing resource, it is proposed that existing commissioned specialist nursing roles also be included into the CICN structure to strengthen the community nursing offer. By moving specialist nursing services into CICN, we would have a truly integrated model whereby expertise from specialist nursing can be shared to upskill CCNs and support the management of children on both the specialist nursing and community nursing caseloads through a 'team around the worker' approach. This will include asthma, specialist school nursing, epilepsy (matrix management) and children's continence level 2 support.

The intended wider-system benefit include:

- Reduction in attendances or admissions to emergency department and children's assessment unit
- Reduction in attendance at primary care for the 6 HRGs that CICN currently cover

- Review of the HRGs with high attendance or admission which will move into the CICN specification
- Review of acute appointments (for example paediatric IV antibiotics outpatients) to move some attendance to the home
- Reduction in the length of stay in the acute setting for children.

Hospital admissions

The HIOW Children's Community Nursing Review (2018) noted that Children and young people are more frequent users of A&E than adults - www.qualitywatch.org.uk. In 2017/18, 0-4's were the highest attending age group across Hampshire and the Isle of Wight. In 2016/17, Portsmouth had the highest rate of A&E attendances in the 0-4 age group, with 623.6 attendances per 1000 children, higher than the national rate of 601.8 per 1000 children. Southampton had a rate of 598.6 attendances, followed by the Isle of Wight (584.4) and Hampshire (433.5).

The 10 most common conditions diagnosed on emergency admission for 0 to 24-year-olds in 2015/16 were:

- | | |
|--|--|
| • Viral infection | • Acute and chronic tonsillitis |
| • Acute bronchitis | • Poisoning by other medications/drugs |
| • Other upper respiratory tract infections | • Epilepsy, convulsions |
| • Abdominal pain | • Asthma |
| • Intestinal infection | • Fracture of an upper limb |

Admission avoidance and reducing the length of stay for children who are admitted to hospital is a core function of the CICN service; enabling these children to go home again as safely and as quickly as appropriate, whilst preventing unnecessary re-attendances and readmissions.

The COAST service recently extended its offer during the first wave of the COVID pandemic by providing additional support via NHS 111, which delivered care to 180 children over a 4-month period. In order to further reduce pressures on acute services, especially during winter, with additional staffing this offer could be further developed to accept referrals from 111 for non-Covid related enquires and conditions. In doing so, this would support both Primary Care and the Acute Hospital; thus reducing admissions and promoting self-care where appropriate.

Primary Care

The COAST element of the CICN service is well respected and valued in the City. This can be further built on by providing greater specialist advice to primary care practitioner. Direct GP referrals support primary care to safely care for the child in the community, preventing unnecessary attendance at the emergency department and CAU.

It is proposed that additional investment be provided for an 'Advanced Nurse Practitioner'. In its NHS Long-Term Plan, NHS England (2019) explains that it aims to increase the number of ACPs and develop multidisciplinary teams to give GPs more time to focus on complex cases. ANPs make an important contribution to the NHS and the role has been successfully introduced in many different settings. A fuller description can be found in section 6.

Complex Care & Long Term Conditions

The number of children who have complex health needs continues to rise, as has the complexity of these needs. This has placed considerable pressure on the CICN Team, both in terms of increasing numbers and complexity of these children. This includes specialist school nursing provision in the city (particularly across mainstream provision).

The existing provision of special school nursing in Portsmouth is a historical model of service that is based on the provision of support around Mary Rose Academy. Over recent years, children with complex health needs have been placed in other educational settings, much more akin to their

educational needs, such as mainstream schools and colleges and therefore do not have access to the same type of service as those pupils at Mary Rose. This means that there is an inequitable service provision across the city.

Additional resource will enable equitable, sustainable support for schools, so that they are able to manage each child's complex health needs safely.

End of life care

End of life and palliative care continues to be a pressure for the service. The Core Care Pathway for children's palliative care (Together for Short Lives 2018) recognises the complexity of care required to support children and young people and outlines key standards of practice throughout the child's illness journey. The CICN service seeks to facilitate preferred place of care and ensure services are delivered in line with NICE (2016) guidelines to support children's palliative care practice and quality standards NICE (2017).

This offer should be available around the clock and at short notice to families. Whilst the team do deliver against this ambition, it does impact on core services. Additional flexible resource across the integrated team will support and strengthen this crucial area of nursing.

6. Roles

Advanced Nurse Practitioner

The Advanced Nurse Practitioner (ANP) role is a unique integration of nursing and medical knowledge and skills, which can facilitate new ways of working and greater collaborative autonomous working. The Advanced Practitioner in the community children's nursing team is likely to undertake acute assessment of health and social needs, acting as a senior decision maker and directing the patient onto the right pathway using an integrated approach.

The benefits of the addition of the ANP role into the CICN Service include:

- Support for GPs who have little or no formal paediatric training
- Better co-ordination of care and services working together; supporting both Primary & Acute services
- Improvement of workforce competence in a range of areas, such as the emotional and mental health needs of children and young people

Advanced Paediatric nursing practice - to be resourced by the 2.1 ANP. This practice will facilitate the introduction of additional clinical services into the team, specifically diagnostic services for the urgent care pathways (these diagnostic services are currently undertaken by medical professionals in primary or acute care). In addition there is scope for the advanced practitioners to undertake an extended scope of practice for children at the end of life, through supporting verification of death, prescription changes and changes to meds administration (thus reducing the need for medical input at this time). This will improve patient flow and provide a greater level of place based care in the community.

Service exemplar - Salford

The Salford Children's Community Partnership (SCCP) is a ground-breaking project developed to improve paediatric acute illness management in the community. Originally funded as an innovation project by the Department of Health, the project places an ANP within a general practice setting in order to provide an expanded offer of care to:

- decrease the paediatric acute admission spend for the practice
- improve the quality of acute children's illness management in the community
- provide to the wider NHS an effective, scalable model for paediatric acute admission avoidance that is general practice based.

The service provides a primary care alternative to A&E and short-stay admissions; early feedback suggests that families will defer non-emergency A&E attendance for a high quality, child-specific service in general practice with excellent access. Initial results from the first two years of project delivery have shown the:

- total spend for **paediatric acute admissions decreased 36%** at the project practice compared to the control practices
- admission expenditure per child within the practice decreased 40% compared to the other sites
- **admission rate per 1,000 children decreased 43%** compared to the other sites.
- satisfaction scores on a nationally validated assessment tool were almost double the national benchmark scores for service quality in general practice. Families expressed their exceptional satisfaction with the involvement and care of project staff and the way they communicated.

Within the context of this new proposal, the ANP position will begin as a developmental role for a Band 7 Nurse Practitioner who will then move to a Band 8a once qualified. Funding within this investment request will support the requisite training and development.

Team Leadership

Additional team leader capacity will strengthen leadership within the service; provide on-going assessment of care needs and the development, implementation and evaluation of programmes of specialised care. Providing specialised skilled nursing care to children with a variety of nursing needs, including; long term conditions and complex needs, life limiting conditions, palliative care, acute care & short-term nursing interventions as well as care for children following an urgent care pathway. The care will be provided in children's homes, schools, nurseries and across other community settings. The role will also involve provision of community children's nursing services working with partners in acute trusts, 111 and primary care networks as part of an children's integrated community nursing service.

Each of the 3 team leaders will also act as the lead clinician for Specialist School Nursing, Palliative Care, Children with short term and acute illness.

Special School Nursing (Portsmouth only)

Solent NHS provide special school nursing across both Portsmouth and Hampshire. The delivery model and contractual arrangements are different. This request for additional resource is for the Portsmouth Commissioned service only. In making this request both the commissioners and provider are confident that the commitments to the Hampshire-wide specialist school nursing offer will not be negatively impacted.

The number of children who have complex health needs has been rising over the past few years, and this has therefore placed considerable pressure on specialist school nursing provision in the city; both in terms of increasing numbers and complexity of these children.

CCGs are responsible for section 3 NHS Act 2006 services which include clinical nursing. Importantly, in terms of special schools this represents two distinct types of nursing care; clinical and public health which CCGs and LA are respectively responsible.

The special school health and nursing provision for Mary Rose Special School has been extended to include two satellite units that are now open in Craneswater School and Penhale School.

Education has been required to respond to increase demand in recent years, with an increase in both numbers of children and complexity of their physical and emotional health conditions. This has required the school to seek alternative options to enable them to meet this demand outside of the main site in Gisors Road.

Further resource into this element of CICN is therefore required to support educational settings across the city; both specialist and mainstream. It is proposed that the Specialist School Nursing Offer be supported with the addition of a Team Leader and Band 6 Special School Nurse; operating a hub and spoke model offering support and guidance to schools and colleges across the city.

The Team Leader will act as the main contact for educational settings; hold responsibility for reviewing and updating individual care plans, facilitate an agreed comprehensive training and education package for schools, organise clinical visits where required and act as link between parents and schools.

The additional Special School Nurse will deliver training to all schools and educational settings who support pupils with complex health care needs as well as site visits as required and when appropriate.

Specialist Asthma Nurse (F&G and SEH CCG areas)

Between August and December 2020 a small team have been reviewing the respiratory pathway across the ICP. This has found a generally well resourced, well understood system with regards to common respiratory illness. The key area for quality improvement has been identified as community resources following diagnosis and/or discharge. This includes the introduction of greater parental and professional's education around symptoms managements and early intervention.

What is evident is that there is currently a lack of equitable specialist community support across the ICP for children with asthma, this has resulted in a disjointed care pathway for this group of children. Currently Portsmouth has a full-time specialist nurse, whilst Fareham & Gosport and South East Hants do not have any resource. This post-holder would support families, schools and other colleagues across the system to continue managing asthma within the community.

The lack of specialist service results in the absence of consistent high quality guidance to both children and their families to improve their management and self-care, as well as the delivery of high quality training for education and primary care providers. This results in both a poorer experience and poorer outcomes for children with complex asthma as well a high risk of adverse exacerbations of their condition. Respiratory admissions including asthma account for the majority of non-elective acute pediatric admissions. The community nursing acute outreach team (COAST), experience that GPs frequently misdiagnose asthma and prescribe contrary to the British Thoracic Service guideline, which leads to illness exacerbation, impacting on the health and well-being of the child and family. This results in disruption to education and learning and family life, due to poorly controlled illness. Children with severe and moderate/severe asthma with complex needs are especially impacted as their health and educational outcomes are significantly reduced.

Paediatric Consultant's at Portsmouth Hospital Trust (PHT) report that the Respiratory Nurse Specialist input provided for children with asthma in Portsmouth *"in terms of training, support and review, undoubtedly results in:*

- *Reduced hospital attendances*
- *Improved understanding and self-management for families*
- *Improved symptom control- resulting in reduced morbidity*
- *Improved understanding and delivery of care in schools*
- *True picture of what actually goes on in patients' homes "This is gold dust clinically"*

The current caseload for the service stands at 266 with referral numbers as of September 2020 at 70 so far. The addition of this post will extend the provision of community based specialist nursing service to children with asthma in Fareham & Gosport and South East Hants. Contributing to service delivery with the other Asthma Nurse Specialist/s and children's community nursing team, the post holder will manage their own caseload of patients with severe, moderate or complex asthma and/or complex needs with asthma. As part of a multi-professional team they will ensure children and families/cares receive the highest standard of care and support and are able to enjoy improved health outcomes and a better quality of life.

With reference to the Special School Nursing & Continence elements of the service, there are potential future opportunities for the three CCGs to jointly commission, once existing contractual arrangements are fulfilled.

7. Additional Investment Required

It is increasingly acknowledged that change is needed to make health care services for children and young people safe and sustainable, and to improve their health outcomes. These changes cannot happen without appropriate investment and roles which allow children's nurses to develop their level of practice alongside medical colleagues and other members of integrated multidisciplinary teams.

The option below has been generated in collaboration with Solent NHS and a clinically led, multi professional task and finish group to deliver the following:

- a renewed focus on the 4 core pillars of children's community nursing
- an extension of the service to allow access 8-8, seven days per week
- the introduction of an 'advanced nurse practitioner' role, to bridge the space between primary and secondary care
- increased clinical leadership to reflect best practice standards
- increased asthma specialist resources to support F&G/SEH families - as identified in the ICP Programme, respiratory pathway review
- an increase to specialist school resources within Portsmouth City, to support mainstream provision and focus on core work in special schools
- greater flexibility across the team, with further integration of staffing

The total additional, recurring investment required is £521,840 and outlined below:

NHS Portsmouth CCG Investment

Team leader	1	£ 69,385.80	0.5 specialist school nursing, 0.5 service team leader
ANP	1	£ 69,385.80	
Specialist B7	0	£ -	
Band 6	0.33	£ 6,915.48	Unsociable hours across 3 x CCG
Band 5	1	£ 49,371.00	0.5 specialist school nursing, 0.5 service
Band 3	0.34	£ 2,698.58	Unsociable hours across 3 x CCG
	3.67	£ 197,756.66	

NHS Fareham & Gosport and South Eastern Hampshire CCG

F&G

Team leader	0.5	£ 34,692.90
ANP	0.5	£ 34,692.90
Specialist B7	0.5	£ 34,692.90
Band 6	0.33	£ 6,915.48
Band 5	1	£ 49,371.00
Band 3	0.33	£ 2,619.21
	3.16	£ 162,984.39

South E Hants

0.5	£ 34,692.90	Shared leadership role
0.5	£ 34,692.90	Shared role
0.5	£ 34,692.90	Shared role
0.34	£ 7,125.04	Unsociable hours across 3 x CCG
1	£ 49,371.00	
0.33	£ 2,619.21	Unsociable hours across 3 x CCG
3.17	£ 163,193.95	

8. Evaluation and next steps

Much of the additional resource requested will allow CICN to extend its skill base and operational hours. By its nature, this means that the benefits to hospital admissions, primary care and the quality of care pathways for children is yet to be realised. As a result of the agreed investment, the service specification will be re-written, outlining clearly the expectations of commissioners. Within this,

commissioners will outline an evaluation framework which will seek to embed a new robust set of data which measure:

- the positive impact of the service on acute admissions
- the length of admissions
- an increase in referrals from primary care and management of case
- the timeliness and quality of care planning and reviews
- the improvement in management of children's complex health needs within school (PCCG)
- the added value to children and the system of greater integrated working across the system.

An evaluation at the end of year one and again at the end of year two will allow commissioners, in partnership with the provider, to make any necessary adjustments to the operating model.

There are also longer-term opportunities to review the possible benefits of integrating Hampshire-wide services delivery into the ICP model. This would include children's continence and specialist school nursing. Alongside improving equality of service access for families, this may bring efficiency's for the CICN service delivering across the ICP. This will only be possible as and when contractual arrangements allow.

9. Recommendation

The CCGs are asked to consider the additional investment as outlined above to support the future development and sustainability of CICN services. The additional investment will support remodelling of the service offer and ensure that local CICN provision meets local needs and is, so far as practical, able to deliver against the Department of Health's recommendations for Children's Integrated Community Nursing Services.

10. Appendix A - service delivery outline

Community Children's Nursing Core Service (CCN)

The service provides a nurse led specialist children's community nursing service to children and young people with short-term and long-term conditions, with disabilities and complex health conditions, with life-limiting and life-threatening illness, including those requiring palliative and end of life care. The core team provide the following:

- Home visits and provision of clinics for those with on-going health needs to provide nursing care and assessment closer to home.
- Assessment and monitoring of children's symptoms and clinical observations, recognising sickness or deterioration and take the first steps in the management of conditions, including informing GPs or hospital paediatricians as appropriate.
- Post-operative management of children after surgery for example wound dressings.
- Care and treatment to prevent hospital admission and expedite discharge for ill children with on-going nursing needs (e.g. intravenous drug administration, tracheostomies, oro/nasopharyngeal suction, gastrostomies, ventilation, catheter care, pressure sores, dressings and abscess management)
- Telephone advice and support to encourage self-management.
- Work in partnership with acute local and tertiary hospital teams, community paediatricians, GPs and a wide range of agencies and professionals to provide a network of support to families, which is cohesive and responsive.
- Composition of individual health plans, support and health education to children and their families in self-management of their illness/on-going/chronic condition and its treatment, to recognise early signs of exacerbation and know when to seek help
- Deliver health education, training and advice for carers and families in community settings. In addition, provide health education and appropriate support to practice nurses, health visitors and school nurses in delivery of specialist nursing need.
- Specialist nursing in community settings for children undergoing oncology treatment under the direction of Southampton University Hospital's Shared Care System and the paediatric oncology outreach team for example taking blood samples.
- Provision of assessment and home palliative nursing care for children/young people with life limiting and life threatening conditions.
- Development and provision of end of life home nursing packages of care in partnership with other providers to enable a child to die in their own home if this is the chosen place.
- Psycho-therapeutic support for the child/young person with palliative care needs and their family.

Urgent Care Service

The Urgent Care service consists of a skill mixed team of Registered Children's Nurses working across the seven-day period. A nurse is available Monday to Friday 08.00 – 20.00. The service is also provided on Saturday, Sunday's and Bank Holidays (except Christmas day) between the hours of 10.00 and 18.00. The key aims include:

- To reduce primary care face to face contacts, non-elective paediatric admissions, primary care contacts and Emergency Department attendances.
- To give parents the confidence to enable children to be cared for in their homes.
- To work with stakeholders (parents, primary care and acute trust) to deliver the message that childhood acute illnesses can be managed in the community.
- To provide appropriate health promotion, guidance and training to children/young people and families including signposting to appropriate self-care resources to prevent future admissions. This may include websites such as NHS Choices and Wessex Healthier Together.

- Community Asthma Specialist (Portsmouth) - to provide specialist advice, treatment and health education for children with complex, moderate or severe asthma.

Specialist school nursing

The core offer to each school in Portsmouth will be:

- Provision of assessment and treatment of children / young people with identified health care needs attending the school. This would be in relation to their health and safety within the school and their fitness to access the curriculum in support of their health and development.
- Liaison with families and other professionals including specialists to ensure children and young people have appropriate prescriptions, emergency protocols and feeding regimes clearly documented for use by staff within school.
- Care planning – to include liaison with members of the multidisciplinary health team re the health needs of children / young people within school in relation to their nursing care plan i.e. to ensure that all nursing care is consistent with overall management of the child/young person.
- Training of school staff regarding the safe administration of essential and rescue medications to children and young people at school where this is appropriate and advising on safe storage.
- Training of school staff as appropriate on the safe storage of enteral feeds and administration of enteral feeds to children and young people at school.
- Support to medical clinics within the school as able to provide specialist nursing expertise.
- Attendance at termly enteral feeding review meetings.
- Attending clinical emergencies when on site and facilitating or providing training for school staff to deliver rescue medication and prescribed support for emergency care for children with complex on long-term conditions and illness.
- Child Health Promotion in conjunction with Paediatric Medical Service within the school setting, working in partnership with school staff.

Respiratory Nurse

- To work independently to manage a specific caseload of children with respiratory conditions in Portsmouth currently 256 children with up to 10 referrals monthly
- To accept referrals, assess, diagnose, develop a family centred treatment plan, review and evaluate plan
- Empower families with information
- Work alongside Local Integrated CCN Service and Portsmouth Hospital Paediatric Respiratory team to make every contact matter
- Act as a link between secondary and primary care developing further partnership working ensuring a smooth interface between hospital and community
- Provide Clinical expertise in all aspects of child hood asthma acting as a role model and having an active role in education and audit

11. Appendix B - additional reading

- Hampshire and Isle of Wight STP - Children's Community Nursing Review November 2018



2018 HIOW CCN
Review Paper

- Hampshire respiratory patient case study



Case Study
Hampshire Child.docx

- Advice and guidance developed by Solent NHS Asthma nurse during Covid 19 pandemic



Childrens Asthma
Nurse gives valuable :

- COAST Asthma patient story



patient story.doc