



# Highlights from the Bradford Public Health Nursing Service Insights Project

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**The Institute of Health Visiting (iHV) is an independent charity, professional body and centre of excellence** – established to strengthen the quality and consistency of health visiting practice, so that health visitors can effectively respond to the health needs of all babies, children, families and communities, enabling them to achieve their optimum level of health, thereby reducing health inequalities.

## Acknowledgements

We appreciate the time, experience, and expertise of everyone who has contributed to this project.

Ensuring that services are centred on the needs of the babies, children, young people, and families in Bradford is at the heart of this project. We thank especially, all the children and families who trusted us with their experiences, and have participated in interviews, focus groups and feedback surveys to share their thoughts, views, and insights on the service they receive. Their voices are central to our understanding and improvement of services.

We want to acknowledge the passion and dedication of the public health nursing service (PHNS) workforce in Bradford who engaged fully in the project, sharing their experiences in our workshops and staff survey.

It has been a privilege to work with professionals across a variety of roles within the City of Bradford Metropolitan District Council (the Council), Bradford District Care Foundation Trust (BDCFT) and its 0-19 Public Health Nursing Service, who are committed to improving outcomes for babies, children and families living in the city.

Finally, we want to thank all the settings and venues that supported us through provision of space for workshops and opportunities to engage with families and local communities.

## Executive Summary

This report presents the findings of an independent mixed-method project to provide insights into the service offered by Bradford’s Public Health Nursing Service (PHNS) and commissioned by the City of Bradford Metropolitan District Council. The purpose of the project was to inform the development of a future service specification, and it was completed between May 2025–October 2025. It supports Bradford’s vision for babies, children and young people to ensure they can reach their full potential.

**Background:** Bradford is one of the UK’s youngest districts, with nearly a third of residents under 20. It is also highly diverse, with ethnic minorities making up a third of the population and over 150 languages spoken. The Council’s vision, “Better Health, Better Lives,” focuses on improving health and wellbeing for all with a key priority to give every child a good start in life. Bradford’s ambition for children and families is being taken forward as part of the Prevention & Early Help System Board, a multi-agency strategic forum which is responsible for developing the maturity of the early help system and enhancing the shared responsibility for delivery of early identification and support.

The project was completed at a time when the national and local policy landscape for health services has rapidly changed. The government set out its key Missions to create the healthiest generation of children ever and break down barriers to opportunity. During the project, we also learnt of the closure of NHS England and the government’s major reform in the NHS 10-Year Plan- aimed at improving efficiency, cutting bureaucracy, and restoring democratic control over the health service. Going forwards, local healthcare transformation will require a much greater emphasis on Neighbourhood Health and integration from all parts of the health and care system, “where integrated working is the norm and not the exception”. To maximise the PHNS role in Bradford, within the new and evolving health and care systems, it will be important to take account of the changing policy context for the design and delivery of 0-19 services and Bradford’s over-arching vision to build “Better Health, Better Lives” for all its babies, children and young people.

### Approach

The project aimed to gather a range of perspectives from staff, system stakeholders, and families to better understand what is valued in the current PHNS model and what features are considered important for its future development. This included exploring views on essential components of the offer, desirable enhancements, and aspirational elements that could further strengthen the service, to inform future service planning and design.

Insights were drawn from the following groups:

1. People the PHNS is intended to reach and support:



- A. Parents and carers of babies, children and young people.
- B. Children and young people (CYP).

2. System stakeholders – who interact directly or indirectly with Bradford’s PHNS.
3. Public health nursing staff – health visiting and school nursing teams delivering the PHNS.

A collaborative approach engaged Bradford District Care Foundation Trust, Public Health commissioners, and key participants throughout the project using mixed-methods:

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  - Scoping - desktop review of data, policy and guidance from Bradford.
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  - Fieldwork engagement: Insights collated through surveys, engagement workshops, focus groups, and small group/ 1:1 interviews.
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  - Data analysis – Triangulation of data from multiple sources to identify key themes.
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  - Theme validation - Insights were shared at further engagement workshops with participants as part of a validation exercise to confirm that the findings reflected the reality of their experiences.
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  - Co-production of recommendations - Recommendations were developed in partnership with the PHNS provider and public health commissioners. These aligned with national policy guidance, evidence-driven practice and research to inform the future development of the PHNS in Bradford.

**Table 1 Summary of engagement**



## Findings

Throughout the project, the strong commitment to providing high-quality care for babies, children, young people, and families was strongly shared by Bradford's public health commissioners, the PHNS, and system stakeholders.

Overall, it was clear that the PHNS offer was highly valued by parents, children, young people and wider stakeholders who had accessed it. They provided numerous examples of when they had experienced high-quality care, delivered by highly skilled practitioners – and it was clear that they wanted more of this, with many calling for strengthened health visiting and school nursing services.

PHNS practitioners spoke passionately about their overriding ambitions to provide high-quality personalised support to all babies, children, young people and families when they need it. And when they were able to provide this, it gave them job satisfaction which is important for workforce wellbeing and retention.

Our findings also show that the local PHNS has been under a lot of pressure in recent years—due to staff shortages, rising demand for support as families' needs have increased, and strain on other services. Where people shared negative experiences, they largely related to the lack of capacity within the PHNS to respond to the level of need within the 0-19 population in Bradford and challenges accessing support when needed. First and foremost, this has directly impacted the babies, children, young people and families who the service PHNS is intended to support – but it has also impacted PHNS workforce morale and created knock-on impacts felt by wider stakeholders. These challenges reflect the national situation, so Bradford is not alone in facing them.

The table below presents the combined challenges derived from the engagement and insights gathered from participants involved in this project.

“FUNDING SHOULD MATCH THE NEED”

### We recognise national and local challenges:

- Constrained resources, staff shortages, lack of a 'place to work' and capacity pressure.
- A perception of a fragmented health, early years, education and social care system.
- Cultural and technical barriers to joining up provision across service and organisational boundaries - and within the context of national changes to the way healthcare is delivered.
- A lack of visibility and awareness of the PHNS service offer and support available – hampering engagement from parents, young people and system stakeholders.
- There are inequalities in who can access support and in the outcomes they experience. It can be challenging to reach, identify and support the babies, children, and young people with the greatest needs.
- Prioritising mandated contacts in Bradford has created barriers that prevent practitioners from delivering high-quality personalised care, affecting service-user satisfaction, and staff wellbeing and retention.
- Lack of opportunities to hear from and work with local communities and services to innovate and create conditions for success.

## What’s working well – conditions for success:

There was considerable agreement about what constitutes good quality care across all the groups that engaged in our fieldwork (parents and carers, children and young people, wider system stakeholders, and staff working in the PHNS) – and the key themes align closely with best practice and research.

Our key findings from all sources have been consolidated into 6 conditions for success. In line with Bradford’s overarching ambition to keep babies, children and young people at the centre of their plans to help them to thrive, the themes are presented in their collective voice.

## Conditions for success - what Bradford children and families say they want:

1. Personalised care – being known with my needs understood.
2. A universal offer that is visible, accessible and clearly communicated – to ensure I understand what support is available to me, regardless of my background or circumstances.
3. When I need extra targeted support (extra help), I want it to be easy to access - something that understands my family context and is tailored to meet my needs.
4. When different services are involved, I want them to work together with me and each other so that I experience joined-up care.
5. To ensure no-one misses out, there needs to be enough staff with the right skills, in the right place, at the right time to meet our needs.
6. I want high-quality healthcare that is informed by the latest evidence, co-designed with families, communities and local partners and can be shown to make a difference.

### 1. Personalised care - being known with my needs understood.

Parents/Carers	CYP	System Stakeholders	PHNS
<ul style="list-style-type: none"> <li>■ Continuity of carer.</li> <li>■ Empowering for parents and carers.</li> <li>■ Culturally-informed care.</li> <li>■ Support for parents and carers.</li> <li>■ Parents listened to and no assumptions made.</li> <li>■ Tailored support when and as parents request.</li> </ul>	<ul style="list-style-type: none"> <li>■ I receive clear and consistent messages.</li> <li>■ I can see the same School Nurse when I need to.</li> <li>■ I understand that my information is kept confidential unless I’m at risk.</li> <li>■ I receive care that respects my identity and cultural needs.</li> </ul>	<ul style="list-style-type: none"> <li>■ Responsive to local needs/priorities.</li> <li>■ Clear service specification/communication/visibility.</li> <li>■ Evidence driven – continuity of HV/SN.</li> <li>■ Adequate resources/finance to meet Bradford’s population needs.</li> </ul>	<ul style="list-style-type: none"> <li>■ Personalised approach.</li> <li>■ Continuity of staff-named professional.</li> <li>■ Respecting professional autonomy.</li> <li>■ Effective communication.</li> <li>■ Transfer of care from HV to SN.</li> </ul>



AND WE HAD A GOOD RELATIONSHIP, I TRUSTED [THE HEALTH VISITOR], SHE HAD TIME, SHE LISTENED, SHE UNDERSTOOD, SHE HAD EXPERTISE BUT MOST CRITICALLY SHE HAD TIME AND SHE CAME TO ME BECAUSE I COULDN'T GO ANYWHERE"



WOULD HAVE BEEN NICE TO HAVE SEEN THE SAME HV TO BUILD A RELATIONSHIP"



WHEN I FIRST SAW THE SCHOOL NURSE, I DIDN'T REALLY TRUST ANYONE OR THINK IT WOULD HELP. BUT HAVING SOMEONE WHO ACTUALLY LISTENED, DIDN'T JUDGE ME, MADE A BIG DIFFERENCE. I KNOW THAT SHE CARES."

**2. A universal offer that is visible, accessible and clearly communicated – to ensure I understand what support is available to me, regardless of my background or circumstances.**

<b>PHNS</b>	<ul style="list-style-type: none"> <li>■ Clear and equitable universal offer – HV and SN.</li> <li>■ Visible and accessible in the community including drop-in clinics</li> <li>■ Range of universal public health-promoting initiatives across Bradford: for example, groups to support introduction to solid foods, sleep, behaviour.</li> </ul>
<b>System Stakeholders</b>	<ul style="list-style-type: none"> <li>■ Reach: Importance of all HV mandated reviews and first 1001 days.</li> <li>■ Accessible between reviews - value of HV drop-in clinics.</li> <li>■ High-quality assessments – early identification of need.</li> <li>■ Develop SN universal offer.</li> </ul>
<b>CYP</b>	<ul style="list-style-type: none"> <li>■ I can speak to the School Nurse in a private and confidential space.</li> <li>■ I can contact the School Nurse in a way that suits me.</li> </ul>
<b>Parents/Carers</b>	<ul style="list-style-type: none"> <li>■ Clarity of the PHNS offer for parents and carers.</li> <li>■ Explanation of the universal elements of the PHNS and why they matter.</li> <li>■ An equitable offer.</li> <li>■ Visible and accessible service.</li> <li>■ Easily contactable – clear process of how to contact the PHNS.</li> <li>■ Access to PHNS outside the mandatory reviews.</li> <li>■ Accessible timely support when needed.</li> </ul>

**3. When I need extra targeted support, I want it to be easy to access - something that understands my family context and is tailored to meet my needs.**

<b>PHNS</b>	<ul style="list-style-type: none"> <li>■ Able to meet families’ increasing complex needs.</li> <li>■ Clear and equitable targeted offer – HV and SN.</li> <li>■ Enhanced programmes and targeted interventions.</li> <li>■ Clarity of PHNS safeguarding roles.</li> </ul>
<b>System Stakeholders</b>	<ul style="list-style-type: none"> <li>■ Address known need (targeted-indicated) for public health priorities.</li> <li>■ Enhanced support to high-risk groups (targeted-selective) e.g. MECSH.</li> <li>■ Specialist: Role of HV/SN in multi-agency child protection/ SEND.</li> <li>■ Opportunities for innovation.</li> <li>■ High-quality support valued/ lack of capacity to meet level of need.</li> <li>■ Alignment with shared Early Help Assessment &amp; Team Around the Family approach to support visibility and consistency.</li> </ul>
<b>CYP</b>	<ul style="list-style-type: none"> <li>■ I am asked about what is important to me and my health.</li> <li>■ I receive support for my physical and emotional health.</li> </ul>
<b>Parents/Carers</b>	<ul style="list-style-type: none"> <li>■ Targeted support available to all who need it.</li> <li>■ Smooth transitions between universal and targeted support.</li> <li>■ Clear explanation of the targeted offer.</li> </ul>



I DIDN'T KNOW BABY CLINIC EXISTED. I DIDN'T KNOW THEY WERE LED BY HEALTH VISITORS. IT WAS THE GP THAT REFERRED US"



FROM THE START, IT WOULD BE GOOD TO KNOW WHAT THEY DO, WHERE THEY DO IT, AND WHERE IT'S AVAILABLE"



ONE THING I DON'T THINK I REALISED WAS HOW MUCH EXPERIENCE SOME HEALTH VISITORS ACTUALLY HAVE IN ORDER TO HELP SOLVE YOUR PROBLEMS"



WE DO NOT HAVE CAPACITY FOR TARGETED WORK A LOT OF THE TIME"

It was apparent that children were seeking support for a variety of issues, and these were all treated with equal importance during the session, as the issues were often interconnected.

#### 4. When different services are involved, I want them to work together with me and each other so that I experience joined-up care.

PHNS	<ul style="list-style-type: none"> <li>■ Joint commissioning approaches.</li> <li>■ Information sharing.</li> <li>■ Integrated clinical pathways.</li> <li>■ Service visibility.</li> </ul>
System Stakeholders	<ul style="list-style-type: none"> <li>■ Communication/ access to PHNS.</li> <li>■ PHNS engaging partner agencies – relationships/ leadership.</li> <li>■ Joint commissioning/ pathways.</li> <li>■ Information sharing.</li> <li>■ System learning.</li> </ul>
CYP	<ul style="list-style-type: none"> <li>■ I know what the school nurse offer is.</li> <li>■ I know to give feedback about the care I receive.</li> </ul>
Parents/Carers	<ul style="list-style-type: none"> <li>■ Clear explanation and processes of how PHNS and other NHS/ wider services align.</li> <li>■ Coordinated multi-agency approach.</li> <li>■ Equitable provision across Bradford.</li> <li>■ Services provided based on needs identified by families.</li> <li>■ Effective joined-up working across agencies.</li> <li>■ Connecting families to other community services and resources.</li> </ul>

#### 5. To ensure no-one misses out, there needs to be enough staff with the right skills, in the right place, at the right time to meet our needs.

PHNS	<ul style="list-style-type: none"> <li>■ Enough workforce to meet the needs of the population.</li> <li>■ Clear career pathways for all staff.</li> <li>■ Safe and effective use of skill mix workforce.</li> <li>■ Commitment to continuous professional development.</li> <li>■ Staff wellbeing.</li> </ul>
System Stakeholders	<ul style="list-style-type: none"> <li>■ Sufficient workforce capacity.</li> <li>■ Valuing expert knowledge – professional autonomy.</li> <li>■ Safe and effective use of skill mix workforce.</li> <li>■ Commitment to continuous professional development.</li> <li>■ Workforce wellbeing.</li> </ul>
CYP	<ul style="list-style-type: none"> <li>■ I know who my school nurse is and how to contact them.</li> <li>■ I receive care from school nurses who understand my health concerns.</li> </ul>
Parents/Carers	<ul style="list-style-type: none"> <li>■ Well-resourced PHNS to meet the demand of all families in Bradford.</li> <li>■ Knowledgeable and skilled workforce - and available staff.</li> </ul>

Staff provided numerous examples of where collaboration/ integration was working well... they also acknowledged that this was an area that requires further work to ensure joined-up support.

Parents and carers fed back how important it was to them to have a well-resourced, integrated community service in Bradford and one which they have opportunity to shape.



THE REDUCTION IN [PHNS] SUPPORT HAS LEFT A HUGE GAP IN THE SERVICES THAT FAMILIES RELY ON TO HELP SUPPORT THE HEALTH AND WELFARE OF SOME OF THE MOST VULNERABLE IN OUR SOCIETY- OUR CHILDREN... WE ARE NOTICING THAT THE EARLY STAGES OF POSTNATAL DEPRESSION, CHILDREN FAILING TO THRIVE, CHILD NOT BROUGHT, CONCERNS RE. VACCINATIONS ETC ARE NO LONGER PICKED UP IN THE COMMUNITY, BUT PRESENT WHEN A CRISIS POINT HAS BEEN REACHED. WE BELIEVE THIS IS A PATIENT SAFETY ISSUE”



**6. I want high-quality healthcare that is informed by the latest evidence, co-designed with families, communities and local partners and can be shown to make a difference.**

<b>PHNS</b>	<ul style="list-style-type: none"> <li>■ A place to work.</li> <li>■ Practical resources for staff to be effective.</li> <li>■ A whole 0-19 service approach.</li> <li>■ Effective leadership and governance.</li> <li>■ Digital technology to support innovation.</li> <li>■ Service user voice in service design and evaluation.</li> <li>■ Developing the evidence base.</li> <li>■ Outcomes driven.</li> <li>■ Quality improvement focus.</li> </ul>
<b>System Stakeholders</b>	<ul style="list-style-type: none"> <li>■ Shift from compliance to demonstrating real impact and quality.</li> <li>■ Enabling environments.</li> <li>■ Importance of children and families' perceptions of value – co-production.</li> <li>■ Evidence/ data-driven.</li> <li>■ Visible, accessible and effective leadership.</li> </ul>
<b>CYP</b>	<ul style="list-style-type: none"> <li>■ I am able to see the changes I have suggested for service improvement.</li> <li>■ It is important that the school nurses are kind and caring.</li> <li>■ I receive health information in a way that I understand.</li> </ul>
<b>Parents/ Carers</b>	<ul style="list-style-type: none"> <li>■ Parents engaged and involved in shaping provision.</li> <li>■ Understand from parents whether their engagement with the PHNS is time 'well-spent' and met their needs.</li> </ul>

System stakeholders consistently emphasised the value of targeted PHNS support when available.

However, a strong cross-cutting theme was the lack of capacity – particularly, insufficient numbers of health visitors and school nurses – to meet the scale of need.

The wide-ranging benefits of health visiting and school nursing span health, education, and social care, but this breadth can create tension when prioritising finite resources – especially when health visiting and school nursing services are facing workforce shortages.

System stakeholders valued the high quality of PHNS service provision across a breadth of topics and stressed the importance of evidence-based provision.

System stakeholders described a tension, between what is measured and what they perceived as actual features of service quality.

## Discussion and Recommendations

**Driving better outcomes by design:** There was widespread consensus on the key conditions for success for the PHNS to play its fullest part in the shared vision to improve the health and wellbeing of the babies, children and young people in Bradford. These themes can be used to inform the commissioning strategy, PHNS service design and an implementation plan to turn this into reality.

The iHV project team worked with key stakeholders to co-produce the following recommendations:

**1. Leadership, Partnership and Integration:** Focused on joint working, to maximise the role of the PHNS within local systems (including alignment across the Integrated Care Board and Neighbourhood Health footprints), through:

- i. Clear leadership across all system stakeholders including PHNS and commissioning – success depends on local leadership responsiveness and visible action on feedback.
- ii. Clarity on the role and remit of the PHNS - coherently integrated into wider children and family health and support services.
- iii. A commissioning strategy that supports a joined-up and equitable approach across the system, including securing resources and developing services to meet the needs of the population.
- iv. A clear service offer based on need – informed by a data-driven approach, including co-production, and demand-driven workforce modelling.
- v. Clear integrated local clinical pathways that are co-produced, and work with others to ensure pathway alignment across high-priority topics.
- vi. Opportunities to collaborate to build professional relationships between partners, enabling services to secure the best outcomes for families.

**2. Visibility and Accessibility:** To ensure that the PHNS reaches all babies, children, young people and families, this requires:

- i. A clear PHNS service offer – clearly communicated, with an explanation of both universal and targeted elements and why they matter - and connectedness with other agencies.
- ii. Visible and accessible services within the community – including promotion of the PHNS, and a presence in shared family-friendly venues (including Family Hubs).
- iii. Responsive to changing needs to support multi-agency working – easily contactable and accessible between mandated reviews, with a range of options to meet different needs, including maximising safe use of digital technologies.
- iv. Mechanisms to ensure that no child gets left behind – through targeted outreach.

**3. High-quality universal and targeted offer – safe and effective care:** Using evidence-driven approaches to service design, quality assurance and a continuous cycle of quality improvement:

- i.** Parents, children and young people engaged in service design and evaluation.
- ii.** Personalised and relationship-based care – with continuity of carer embedded, culturally-informed care, and a seamless service between universal and targeted provision and across the 0-19 pathway.
- iii.** High-quality holistic assessments to support early identification of need.
- iv.** Strong evidence-based universal and targeted offers that reach all families. Continue use of evidence-based targeted approaches such as MECSH (Maternal Early Childhood Sustained Home Visiting programme) and look to extend the targeted offer to ensure it meets Bradford’s changing needs.
- v.** A focus on meeting the High Impact Areas for school nursing and health visiting.
- vi.** Clear, joined-up and equitable pathways of care for families with children with SEND.
- vii.** Innovation and quality improvement - enable the workforce to engage in developing the service and the evidence base, tapping into their passion, breadth of skills and professional autonomy to drive quality improvement and improve job satisfaction.

#### **4. Infrastructure**

- i.** All PHNS staff need a place to work - local bases with dedicated space, aligned with local services, and where children and families live, with efforts to support multi-agency working, not just co-location.
- ii.** Digital transformation to support the shift to digital across the health service – with technology to support innovation, interoperability and analytical capability – including evaluation of safety, efficacy and impact.
- iii.** Information sharing - local data-sharing arrangements to support better joined-up care.
- iv.** Outcomes driven - a clear approach to monitoring, auditing and benchmarking to secure expected outcomes for babies, children, young people and families (using a range of qualitative and quantitative measures - and measuring what matters).
- v.** Effective system governance – with strategic leadership and direction to set the tone and culture of the organisation, oversee high standards of care, lead system-wide improvements and build positive partnerships between the commissioner and PHNS, as well as other stakeholders.

## 5. Workforce capacity and capability – including maximising skill mix

- i. Ensure the PHNS has sufficient workforce to meet the needs of the population and deliver the service model as intended – this needs to be data-driven, based on demand-driven workforce modelling, and supported by a workforce plan to train, retain and reform the workforce.
- ii. Build on the PHNS workforce’s ambition and desire to be the best they can by ensuring a skilled and confident and knowledgeable PHNS workforce – with clear career pathways to support career progression, safe use of skill mix workforce and a commitment to continuous professional development.
- iii. Right skills, right place, right time – ensure that the roles of the PHNS team are reviewed and considered to maximise effectiveness and efficiency. Working on the principle of time well spent for all stakeholders.
- iv. Continue to make Bradford a ‘great place to work’ – with a focus on workforce wellbeing, safe and supportive environments, and manageable caseloads.
- v. Feeling valued and appreciated – the PHNS is appropriately prioritised and promoted by relevant leaders and decision makers in recognition of its role in prevention and early intervention.

## 6. Bradford’s Public Health Nursing Service’s safeguarding role for all babies, children and young people.

- i. Maximise the unique contribution of the PHNS within safeguarding, offering clarity both within and outside the service. Please see: [Joint Policy Position on the Safeguarding Role of Public Health 0-19 Services](#).
- ii. Continue local transformation in prevention and early help; and a more integrated model with enhanced pathways across health and social care and a clearer remit for PHNS.
- iii. Explore the merits / challenges and impact of the current approach of using the Vulnerable Children’s Information Team and Vulnerable Childrens School Nursing Team to support the PHNS safeguarding offer.
- iv. Offer more opportunities for integrated safeguarding multi-agency training and supervision to support shared understanding of roles and building of relationships.

### Next steps

This report forms the foundations for future development of the PHNS offer in Bradford. The Council and key stakeholders will work in partnership to consider the best model to support achievement of the recommendations, with a focus on delivering a high-quality service within the current climate.