Public Health Nursing Services for Bristol

Commissioning Strategy

Consultation Report 2026

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1. Introduction

The Public Health Nursing Service supports children, young people and families from pregnancy to age 19, or up to 25 for young people with special educational needs and disabilities (SEND) or care experience.

The service includes:

- Health Visiting for children aged 0 to 5
- School Nursing for children and young people aged 5 to 19, or up to 25 where applicable
- Bristol's Family Nurse Partnership for young parents

The service delivers the national Healthy Child Programme, which focuses on prevention and early support. All children and families can access universal support, with additional help available for those with greater needs.

The service aims to improve health and wellbeing, identify needs early and help families access the right advice and support. It works closely with education, health, social care and other partners to provide joined-up support.

Under the Health and Social Care Act 2012, local authorities are responsible for commissioning public health services for children and young people aged 0 to 19, with support extending to age 25 for young people with SEND or care experience.

Bristol's Public Health Nursing Service is currently part of the Children's Community Health Partnership (CCHP), which brings together a range of community health services for children and young people.

The CCHP contract is led by the Bristol, North Somerset and South Gloucestershire Integrated Care Board. Bristol City Council is an associate commissioner alongside other local authorities and NHS organisations.

The Council has carefully assessed the options for commissioning the future Public Health Nursing Service. Going forward, the proposed approach is for Bristol City Council to procure and manage the service directly, providing greater local control over funding and performance and enabling the service to better reflect Bristol's needs. This will also strengthen links with other council services while maintaining close partnership working with the Integrated Care Board and wider children's community health services.

Bristol City Council consulted on its Draft Commissioning Strategy for Bristol's Public Health Nursing Services to gather views on the proposed vision and priorities and identify any changes or areas requiring further focus.

The consultation was publicly available on the Ask Bristol website from 4 March to 29 April 2026 and received 94 responses including one easy read response. Some staff requested a 7-day extension to complete the consultation which was granted so a further 6 consultation responses were received to 7 May 2026. In total 100 responses were received between 4 March and 7 May.

We particularly wanted to hear from young people, parents and carers, and professionals working with children and young people.

The consultation was promoted through internal and external networks and social media to reach a broad range of people and communities across Bristol.

Views from identified targeted groups were proactively sought through direct contact including ethnic minority groups; care experienced children and young people; young parents; children and young people with SEND and parents of children with SEND; Gypsy, Roma and Traveller communities and asylum seekers and refugees.

The feedback gathered through this consultation built on wider engagement, which included early conversations with around 60 people and organisations, including children, young people and families, community groups and professionals. We also drew on existing local insight, feedback gathered through the BNSSG Integrated Care Board and engagement with the Parent Carer Forum.

2. What we asked

Feedback on our vision and priorities

The consultation asked respondents how they rate our proposed vision and priorities within the draft Commissioning Strategy on a scale from 'strongly agree' to 'strongly disagree'. Our vision and priorities are as follows (full details are available here).

Vision

Our vision is to commission a high-quality Public Health Nursing Service that supports every child and young person in Bristol to be as physically and mentally healthy as possible. Working together, we will ensure that all children and young people feel they belong and can thrive in a city that enables them to be ambitious, healthy, safe and joyful. The rights and best interests of children and young people will remain at the heart of everything we do.

Priorities

1. Get the foundations right: a safe, high-quality Public Health Nursing Service, tailored to Bristol's needs
2. Narrow the gaps: better outcomes for children, young people and families facing the greatest barriers
3. Listen and act: prioritise the voices of children, young people and families and build on their strengths
4. Start early: prevention and early help for better outcomes
5. Make services easy to find and easy to use: clear routes to support
6. Strengthen joined-up care: clear pathways and better information sharing
7. Use data and technology effectively: to understand need and improve support
8. Focus on what works: use evidence to respond to changing needs
9. Build capacity: a strong, stable and supported Public Health Nursing workforce
10. Reflect our communities: flexible, inclusive and culturally competent support

Additional comments

Respondents were also invited to provide additional comments on their answers and/or the Commissioning Strategy more broadly.

Equalities data ('About you')

An 'About you' section requested information which helps us to understand if the responses are representative of people across Bristol who may have different needs. The first few questions also requested information to understand whether respondents were professionals, Public Health Nursing Service users or a member of the public who has not used Public Health Nursing Services.

3. Summary of respondents

The Public Health Nursing consultation survey received 100 responses, of which 1 was completed via the online Easy Read version. Below is a summary of the respondents.

Figure 1: Types of respondents

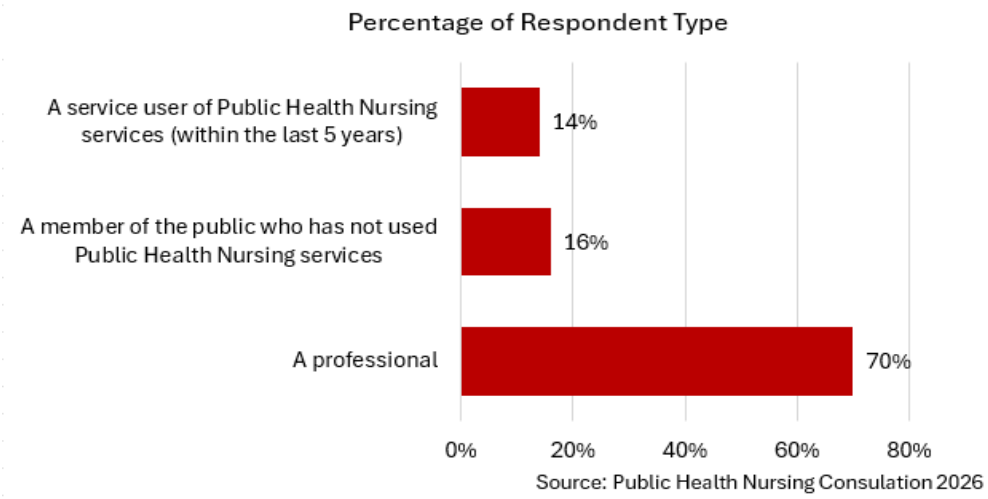
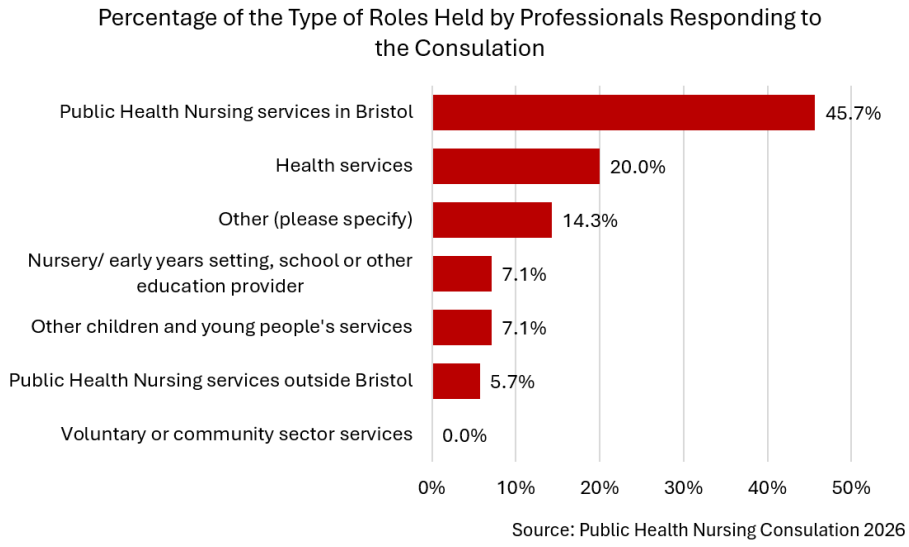


Figure 1 shows that 70% (n= 70) of the respondents were professionals, 16% (n= 16) were a member of the public who has not used Public Health Nursing services and 14% (n= 14) were a service user of Public Health Nursing services (within the last 5 years).

Of the 14% who reported having used Public Health Nursing services in the last 5 years, 36% had used Health Visiting services, 71% School Nursing and 14% had accessed the Family Nurse Partnership. 7% reported that they were unsure which service(s) they had used.

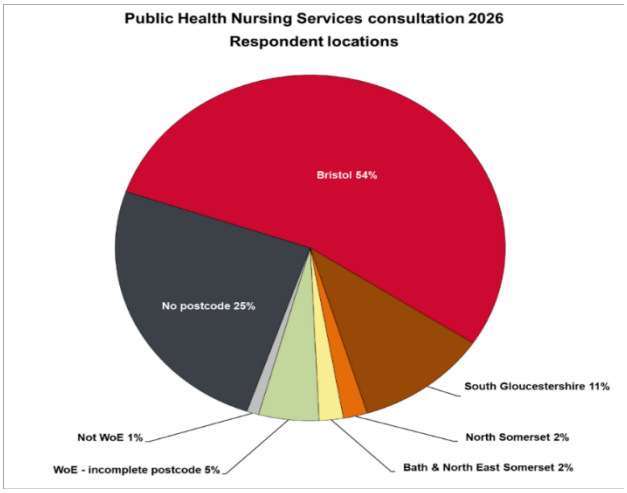
Figure 2 below shows the type of roles held by professionals.

Figure 2: Roles that professionals held



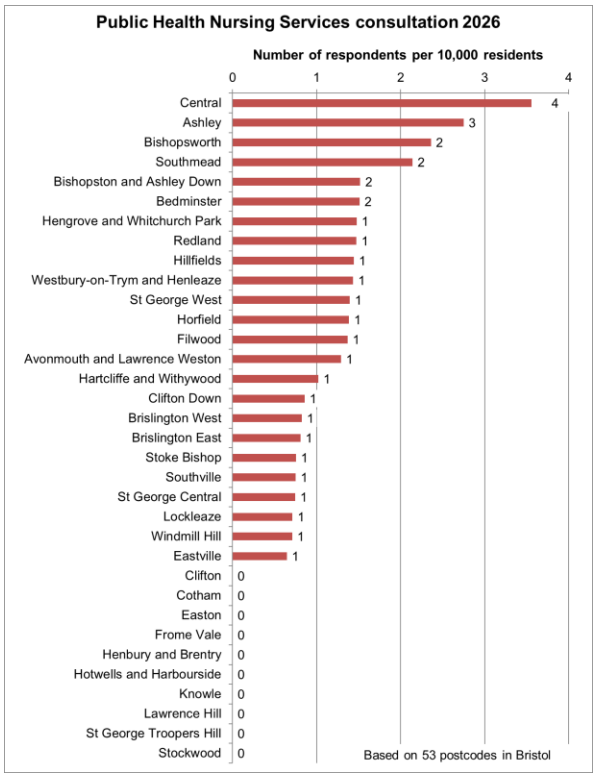
As figure 2 shows, the most common role held by professionals who responded to the consultation was for Public Health Nursing services in Bristol (45.7%, n= 32). This was followed by Health Services (20.0%, n= 14) and the 'Other' category (14.3%, n= 10). 'Other' roles included retired Health Visitors; wider NHS roles and university researchers.

Figure 3: Respondent locations across BNSSG



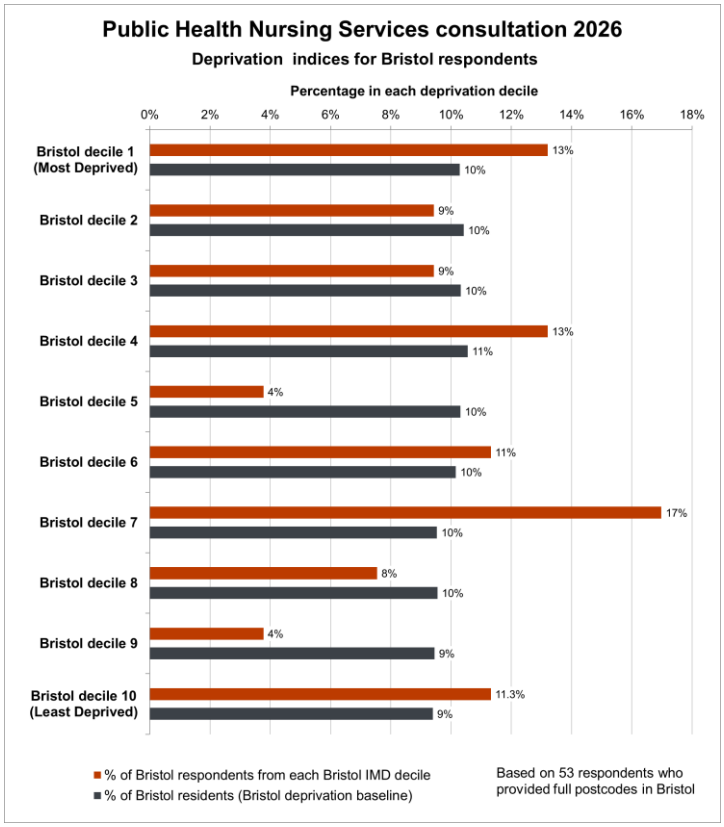
Respondents were most commonly residing in Bristol (54%), 11% were from South Gloucestershire and 25% did not provide their postcode.

Figure 4: Respondents per 10,000 from Wards across Bristol



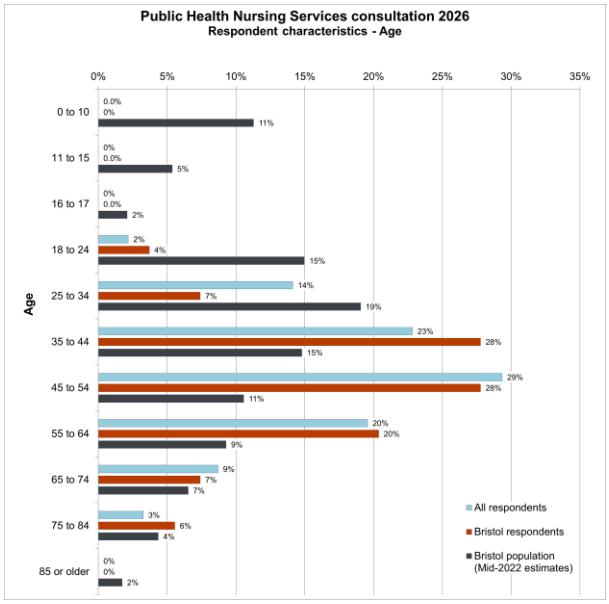
Most commonly respondents were from Central ward (4 per 10,000). A total of 3 respondents per 10,000 residents were from Ashley ward.

Figure 5: Respondents by Deprivation Decile



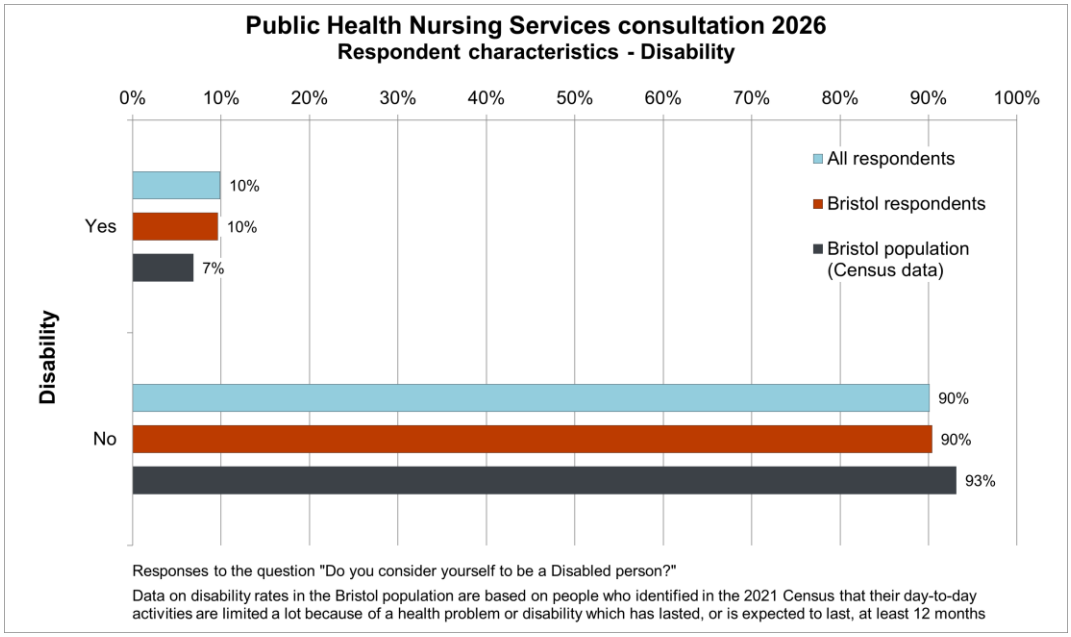
A total of 13% of respondents were living in the most deprived area of the city (decile 1) and 11.3% were from the least deprived area (decile 10).

Figure 6: Respondents by Age



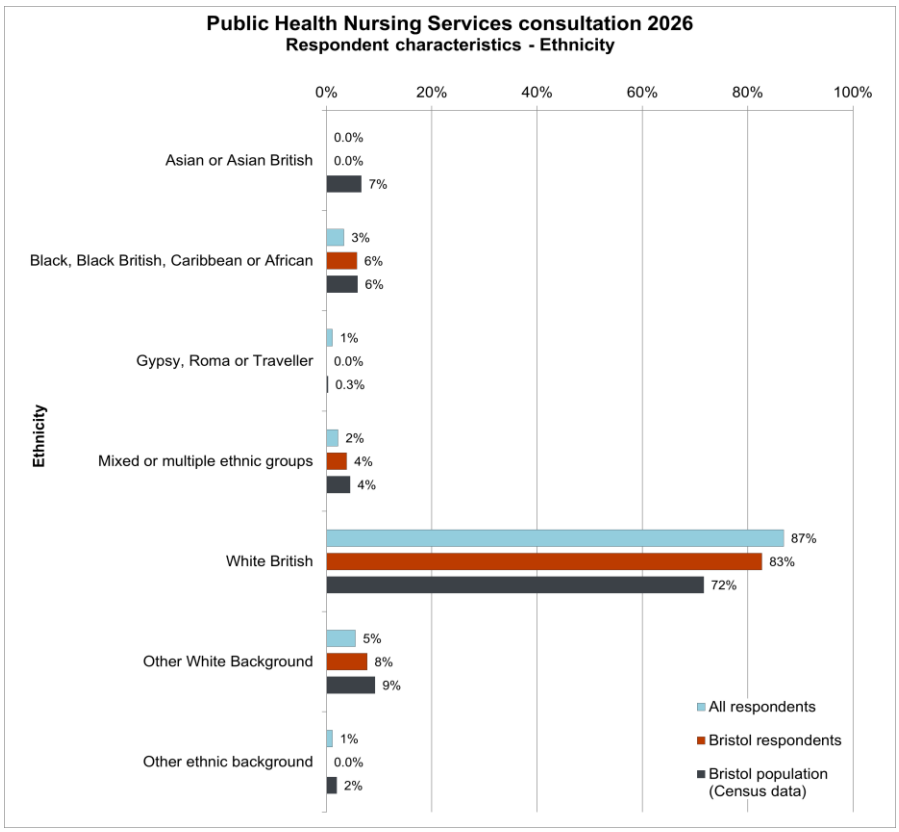
Almost three in ten (28%) respondents from Bristol were aged between 45 and 54. The next most common age group of respondents was age between 35 and 44, which equated to close to one quarter (23%) of respondents.

Figure 7: Respondents and Disability



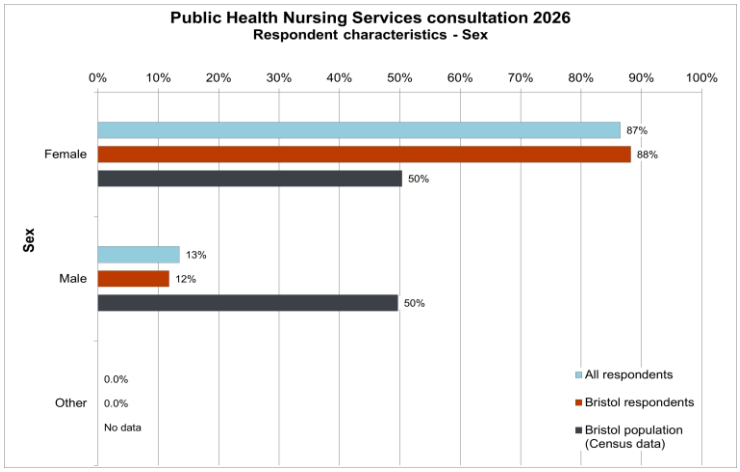
A total of 10% of respondents said that they were disabled, compared to 7% in the census.

Figure 8: Respondents by Ethnicity



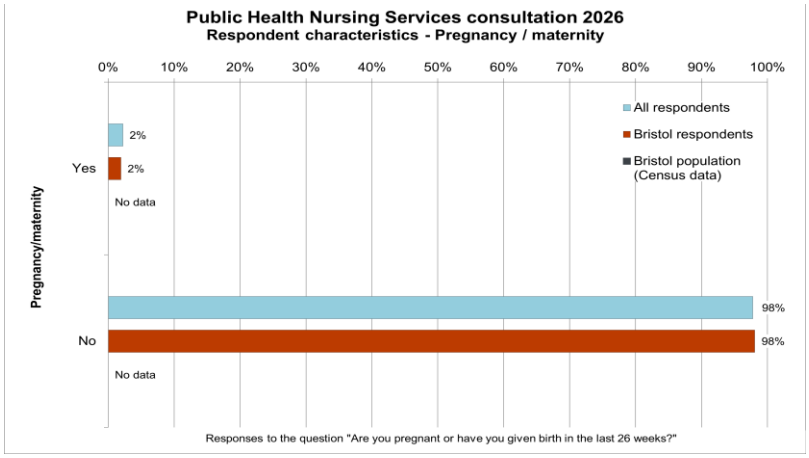
More than eight in ten (83%) Bristol respondents identified as ‘White British’. A total of 8% identified as ‘Other White Background’ and 6% as ‘Black, Black British, Caribbean or African’.

Figure 9: Sex of Respondents



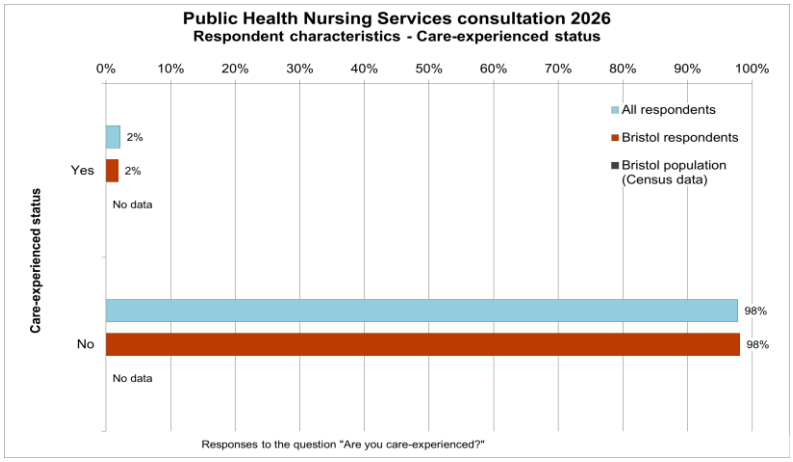
Close to nine in 10 (88%) respondents from Bristol identified as female.

Figure 10: Respondents Currently Pregnant or in Maternity



A total of 2% of Bristol respondents were pregnant or had given birth in the 26 weeks prior to the survey.

Figure 11: Respondents who had Experienced Care



2% of respondents had experience in care.

Under-represented groups

Compared with the population the consultation aimed to represent, the following groups were ‘under-represented’ among respondents:

- People from Asian or Asian British, Other White and Other ethnic backgrounds
- Christians, Buddhists, Hindus, Muslims and Sikhs
- Male respondents
- People aged 18 to 34

The following groups were ‘over-represented’:

- Disabled people
- White British people
- Gypsy, Roma or Traveller respondents who lived outside Bristol
- People reporting no religion, another religion or Jewish identity
- Female respondents
- Bisexual respondents
- People aged 35 to 84

This means these groups made up a smaller or larger proportion of respondents than their proportion within the population used for comparison. Responses were received from people living in areas across all deprivation deciles.

4. Summary of responses

Vision

Question: To what extent do you agree or disagree with our proposed vision for Public Health Nursing Services?

There were 100 responses to this question. 90% of respondents either strongly agreed or agreed with the vision, 5% disagreed or strongly disagreed and 5% neither agreed nor disagreed.

Priorities

Figure 12: Response Breakdown for the Commissioning Priorities

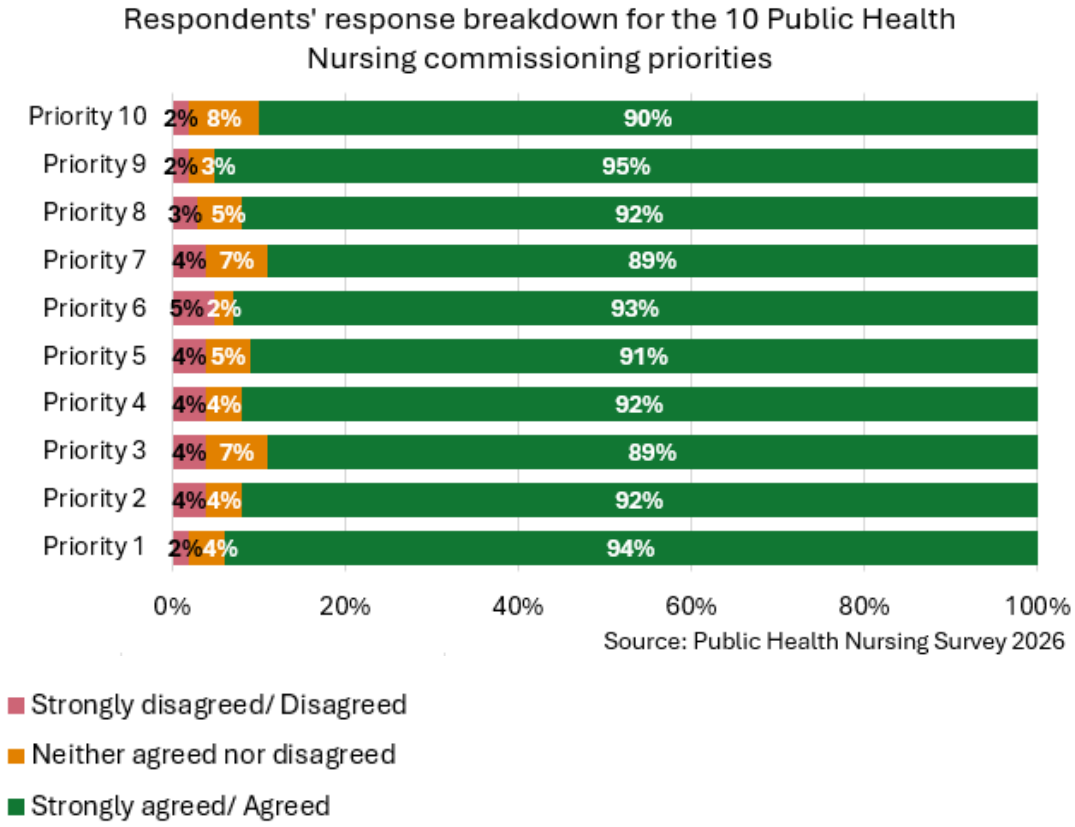


Figure 12 above shows the respondents' response breakdown for each of the 10 priorities in the Public Health Nursing Commissioning Strategy. Further information on the individual priorities is outlined below.

1. Get the foundations right: a safe, high-quality Public Health Nursing Service, tailored to Bristol's needs

Question: To what extent do you agree or disagree with Priority 1?

There were 100 responses to this question. A total of 94% of respondents either strongly agreed or agreed with the vision, 2% disagreed or strongly disagreed and 4% neither agreed nor disagreed.

2. Narrow the gaps: better outcomes for children, young people and families facing the greatest barriers

Question: To what extent do you agree or disagree with Priority 2?

There were 98 responses to this question. A total of 92% of respondents either strongly agreed or agreed with the vision, 4% disagreed or strongly disagreed and 4% neither agreed nor disagreed.

3. Listen and act: prioritise the voices of children, young people and families and build on their strengths

Question: To what extent do you agree or disagree with Priority 3?

There were 98 responses to this question. A total of 89% of respondents either strongly agreed or agreed with the vision, 4% disagreed or strongly disagreed and 7% neither agreed nor disagreed.

4. Start early: prevention and early help for better outcomes

Question: To what extent do you agree or disagree with Priority 4?

There were 98 responses to this question. A total of 92% of respondents either strongly agreed or agreed with the vision, 4% disagreed or strongly disagreed and 4% neither agreed nor disagreed.

5. Make services easy to find and easy to use: clear routes to support

Question: To what extent do you agree or disagree with Priority 5?

There were 98 responses to this question. A total of 91% of respondents either strongly agreed or agreed with the vision, 4% disagreed or strongly disagreed and 5% neither agreed nor disagreed.

6. Strengthen joined-up care: clear pathways and better information sharing

Question: To what extent do you agree or disagree with Priority 6?

There were 98 responses to this question. A total of 93% of respondents either strongly agreed or agreed with the vision, 5% disagreed or strongly disagreed and 2% neither agreed nor disagreed.

7. Use data and technology effectively: to understand need and improve support

Question: To what extent do you agree or disagree with Priority 7?

There were 98 responses to this question. A total of 89% of respondents either strongly agreed or agreed with the vision, 4% disagreed or strongly disagreed and 7% neither agreed nor disagreed.

8. Focus on what works: use evidence to respond to changing needs

Question: To what extent do you agree or disagree with Priority 8?

There were 98 responses to this question. A total of 92% of respondents either strongly agreed or agreed with the vision, 3% disagreed or strongly disagreed and 5% neither agreed nor disagreed.

9. Build capacity: a strong, stable and supported Public Health Nursing workforce

Question: To what extent do you agree or disagree with Priority 9?

There were 99 responses to this question. A total of 95% of respondents either strongly agreed or agreed with the vision, 2% disagreed or strongly disagreed and 3% neither agreed nor disagreed.

10. Reflect our communities: flexible, inclusive and culturally competent support

Question: To what extent do you agree or disagree with Priority 10?

There were 99 responses to this question. A total of 90% of respondents either strongly agreed or agreed with the vision, 2% disagreed or strongly disagreed and 8% neither agreed nor disagreed.

Comments

Respondents were given the opportunity, through a free text box, to explain their answers and/or to comment more widely on the strategy. There were 44 responses to this question.

Question: If you would like to tell us why you chose the answers above, or if you would like to comment on the draft commissioning strategy for Public Health Nursing Services, please do so using the textbox below.

23% of respondents expressed further support for the priorities outlined in the draft commissioning strategy. However, around 1 in 10 also reported feeling uncertain about how this strategy would translate into action.

What people told us

- *"I completely agree with the draft commissioning strategy for Public Health Nursing Services."*
- *"These are all lovely and lofty goals. However, the most important element is how and whether these will be implemented."*
- *"Greater clarity on implementation, measurable outcomes and system constraints would strengthen the strategy."*

Thematic analysis of comments

A thematic analysis identified several clear themes and priority areas which respondents felt particularly strong about, as follows:

1. **Service quality**

Over one third (34%) of respondents highlighted service quality, primarily referencing priorities 1 and 5. Respondents expressed that delivering a high-quality service should remain the central priority. This included ensuring that services are accessible, user-friendly, and easy to navigate for both professionals and service users.

What people told us:

- *"The focus should be around high-quality safe care that is available to all...The MECSH program though limited in its capacity is much closer to how health visiting should look for all families but with varying frequency of visits."*
- *"It is hard for me as a professional to navigate the complex web of services that each have often quite fixed referral criteria."*
- *"It's hard to find who to contact when you have a concern about a child you've seen at the hospital."*
- *"As a HV I have felt services have become fragmented and pathways confusing."*

2. **Resource capacity/ allocation**

Almost one third (32%) of respondents commented on resource capacity and/ or resource allocation, primarily referencing priorities 1 and 9. Many expressed concerns regarding insufficient funding and limited-service capacity. A small number of responses emphasised the need for resource allocation to be tailored to the needs of specific populations.

What people told us*:*

- *"We no longer have the time we used to have for families to help and support them in the way they deserve. The 10 priorities will bring the services back together to re-focus on the aims for families."*
- *"Bristol requires a differentiated model because population complexity is different…Equal allocation does not always produce equitable outcomes."*
- *"Services that are desperately needed have not been commissioned especially ASD support and children of nursery age being excluded and not ready for school."*

3. **Staff wellbeing**

Almost one third (32%) of respondents highlighted the need to prioritise staff wellbeing, partially referencing priority 9. Respondents highlighted concerns about high workloads and insufficient support. These challenges were linked to issues around staff retention, as well as the physical and mental wellbeing of the workforce.

What people told us:

- *"Practitioner wellbeing is not being adequately prioritised. Full days…in high-need areas are extremely demanding and emotionally exhausting."*
- *"Proper supportive management behaviours will reduce sickness and enable experienced staff to stay and not be driven away/leave."*

Additionally, 16% of respondents highlighted the importance of practitioner autonomy and ensuring that staff feel their voices are heard, also referencing Priority 9.

What people told us:

- *"I would add incorporating the new HCP where Health Visitors Band 6s are enabled to lead and deliver"*

4. **Needs-led approach**

30% of responses emphasised the need to shift towards a more child and family-centred approach, primarily referencing priorities 1, 2, and 8. Respondents suggested that the current service model may at times feel strongly focused on key performance indicators (KPIs), which could affect opportunities to build trust and fully support children's wellbeing.

What people told us:

- *"The current approach is contact-driven rather than needs-led, with the five-a-day visits becoming increasingly transactional instead of relational."*
- *"Health visitors are being allocated on a KPI basis, which limits the opportunity to build meaningful relationships. As a result, families with higher levels of need are not always able to develop trusting relationships with their health visitor or access additional support."*
- *"I think the current health visiting service doesn't have enough of a focus on building relationships with families and providing a family centred service. ….health visitors do an amazing job and have the best interest of children and families at heart."*

Additionally, 20% of responses highlighted that continuity of care is also integral to children's wellbeing, referencing priorities 9 and 10.

What people told us:

- *"Poor continuity presents significant risks, including safeguarding concerns being overlooked and reduced trust and disclosure from parents. This is particularly concerning for sensitive issues such as domestic abuse, parental mental health, neglect, or infant risk, which are more likely to be shared within established, trusted relationships."*
- *"Families no longer have a named health visitor and continuity has been lost. This results in many lost opportunities and is frustrating for staff."*

5. **Partnership working**

Almost one quarter (23%) of respondents highlighted the need for improved collaboration both within and across organisations, aligning with Priority 6. Many respondents expressed a desire for strong partnership working between teams, alongside greater involvement of frontline staff in shaping the future service.

What people told us:

- *"This change in commissioning would help health visitors to work more closely with family hubs and provide support at a universal service level."*
- *"I would like to see public health nurse services (school nurses and health visitors) work more closely with Bristol children's hospital."*
- *"All the above proposed priorities are commendable but HV's need to be proactive in shaping a service, their voice heard and values."*
- *"Please present meetings directly with the frontline staff to know how to commission and achieve these results."*

6. **Prevention and early intervention**

14% of respondents highlighted the importance of early intervention and preventative care in improving children's outcomes, aligning with priority 4.

What people told us:

- *"There needs to be a strong universal offer that works to prevent physical/mental health concerns later on."*
- *"Public health is best performed through early intervention and prevention, which requires lots and lots of involvement in daily life. Instead, our current setup seems to rely on patients/providers seeking help long after problems have arisen."*

7. “You said, we did”

The following “You Said, We Did” table explains how we have responded, or plan to respond, to the feedback received in developing the future service.

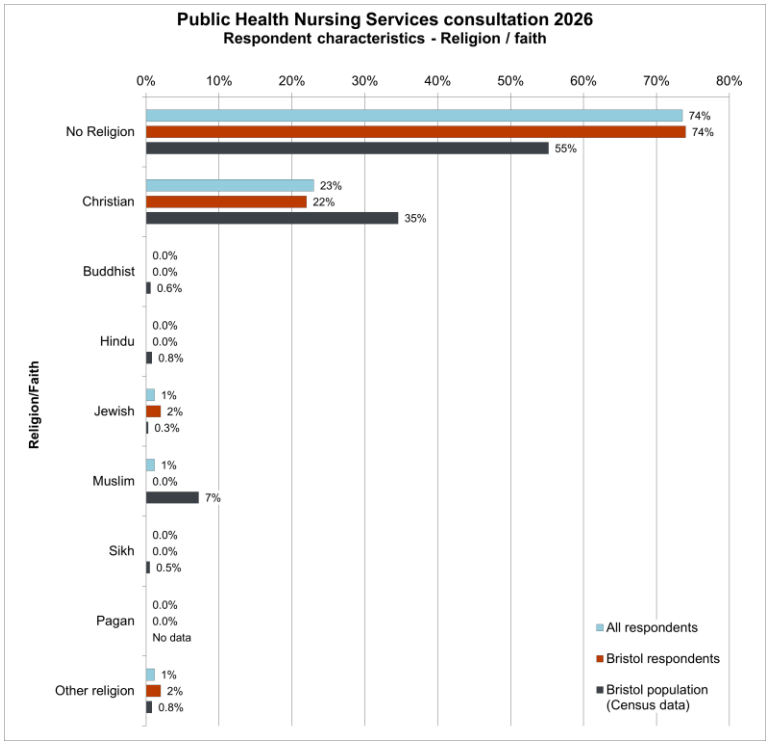
You Said	We Did
Service quality and delivery	
A number of respondents expressed the importance of the quality of the service	We recognise the importance of high-quality services for children, young people and families and will continue to make quality a key area of focus through contract management arrangements. We have used feedback from this consultation to inform the design of the future service and have strengthened quality requirements within the new service specification, including clear expectations for safe, evidence-based and person-centred care. The new contract will include robust quality monitoring and reporting arrangements, alongside a performance framework that includes measures relating to service user experience, outcomes and continuous improvement. We will routinely gather and review feedback from children, young people and families to understand what is working well and identify opportunities for improvement. We will promote a culture of learning and continuous improvement, using feedback, data and best practice to inform service development and ensure services remain responsive to the needs of Bristol's communities.
Some respondents highlighted the need for a needs-led, family centred approach and easy access to the service for families and professionals	We recognise the importance of tailoring support to the needs of children, young people and families and ensuring services are easy to access. We have considered consultation feedback alongside local needs assessment findings to help shape the future service and ensure it reflects the needs of Bristol's children, young people and families. The new service specification will require providers to deliver support that is needs-led, proportionate and responsive to individual and changing family circumstances. We will ensure that support is tailored to the needs and strengths of children, young people and families, and that families are involved in decisions about the support they receive. We will provide information, advice and support in ways that are accessible and inclusive, and work to reduce barriers that may make it harder for some families to engage with services.

	We will routinely seek feedback from children, young people, families and professionals to understand their experience of the service and identify opportunities for improvement. The new performance framework and contract monitoring arrangements will help us assess whether families receive the right support at the right time, and how effectively the service meets the needs of diverse communities and reduces health inequalities.
Workforce capacity and wellbeing	
Some respondents highlighted concerns around staff wellbeing and capacity	We recognise that a supported, skilled and stable workforce is essential to delivering a high-quality service. The new service specification will require providers to promote staff wellbeing and retention, provide regular supervision and support ongoing professional development. We will support staff to maintain the knowledge and skills needed to respond effectively to the needs of children, young people and families. Through contract management, we will monitor workforce capacity and pressures and seek assurance that staff are appropriately supported to deliver safe, consistent and high-quality care.
Some respondents highlighted concerns around limited-service capacity	We recognise the importance of ensuring that the service has the capacity and appropriate mix of skills to respond effectively to the needs of children, young people and families. The new service specification will require providers to plan staffing levels and skill mix in line with identified population needs and available resources. We will monitor demand, activity and capacity through the new performance framework, enabling emerging pressures to be identified and addressed where possible. Through contract and financial management, we will review how resources are being used to meet need, maintain service quality and support equitable access across the city.
Partnership working	
Some respondents raised the need for	We recognise that effective partnership working is essential to providing coordinated support and improving outcomes for children and families.

strong partnership working	We have engaged with partners across health, education, children's services and the voluntary sector throughout the review and recommissioning process, and shared consultation findings to inform future planning. The new service specification will set clear expectations for collaborative working, appropriate information sharing and participation in local safeguarding, early help and wider system networks. We will work with partners to strengthen referral pathways, improve coordination and help families access the right support at the right time. The new performance framework and contract monitoring arrangements will support oversight of partnership working and how effectively the service contributes to joined-up support across the system.
Early intervention and prevention	
Some respondents emphasised the importance of prevention and early intervention.	We recognise the importance of identifying needs early and providing timely support to prevent them from escalating. We have considered consultation feedback alongside local data and population health intelligence to understand where early intervention can have the greatest impact. The future Public Health Nursing service will continue to offer four levels of support based on proportionate universalism, with the emphasis on prevention, early intervention and reducing health inequalities strengthened within the new service specification. We will promote universal services and key developmental contacts, identify emerging needs early and work with families and partners to provide timely and proportionate support. The new performance framework will monitor early identification, uptake of key contacts and interventions, and engagement with families at the earliest opportunity.

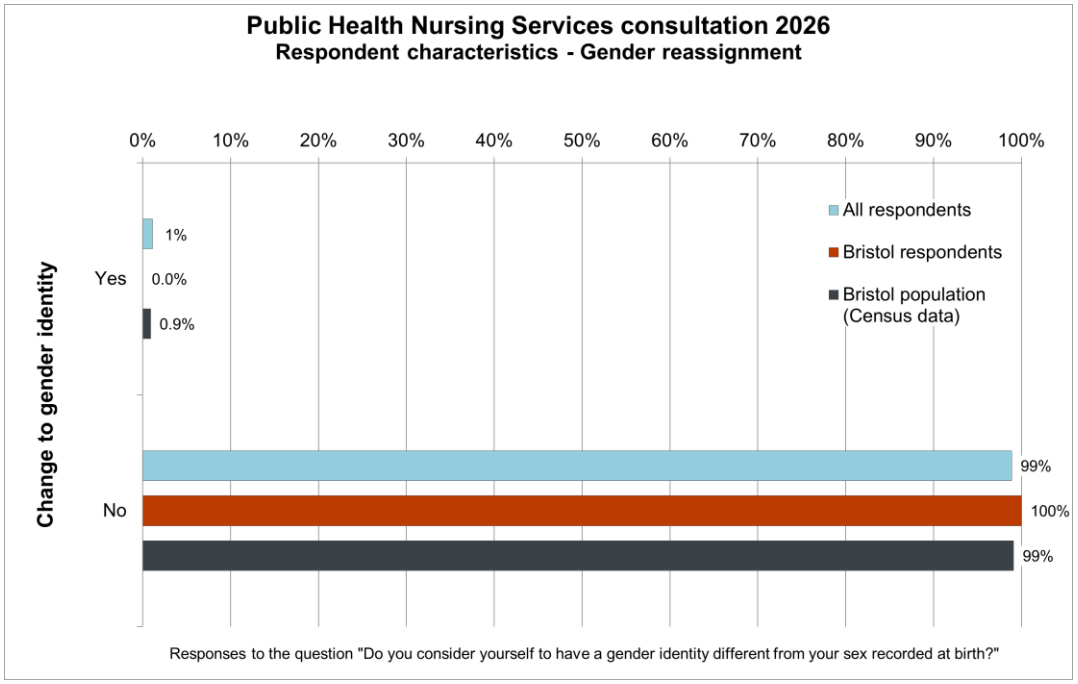
Appendix 1

Figure 13: Respondents and Religion



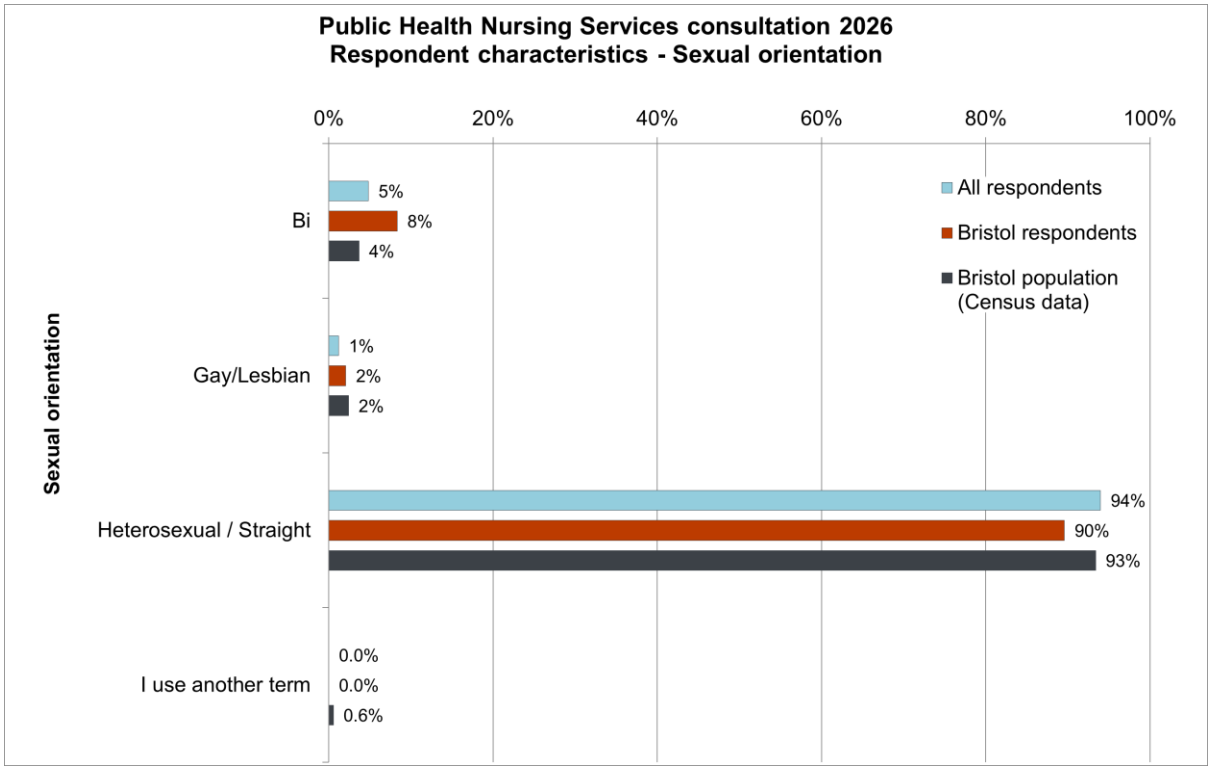
Around one quarter (74%) of Bristol respondents stated that they have no religion. More than one in five (22%) stated they were Christian.

Figure 14: Respondents and Gender Reassignment



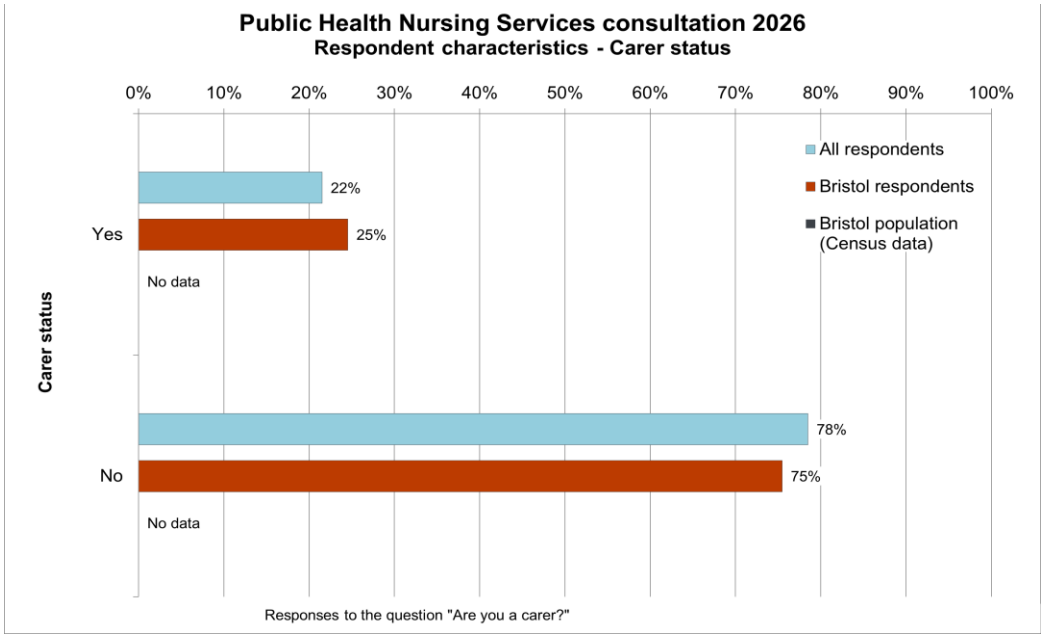
1% of all respondents considered themselves to have a gender identity different from their sex recorded at birth.

Figure 15: Sexual Orientation of Respondents



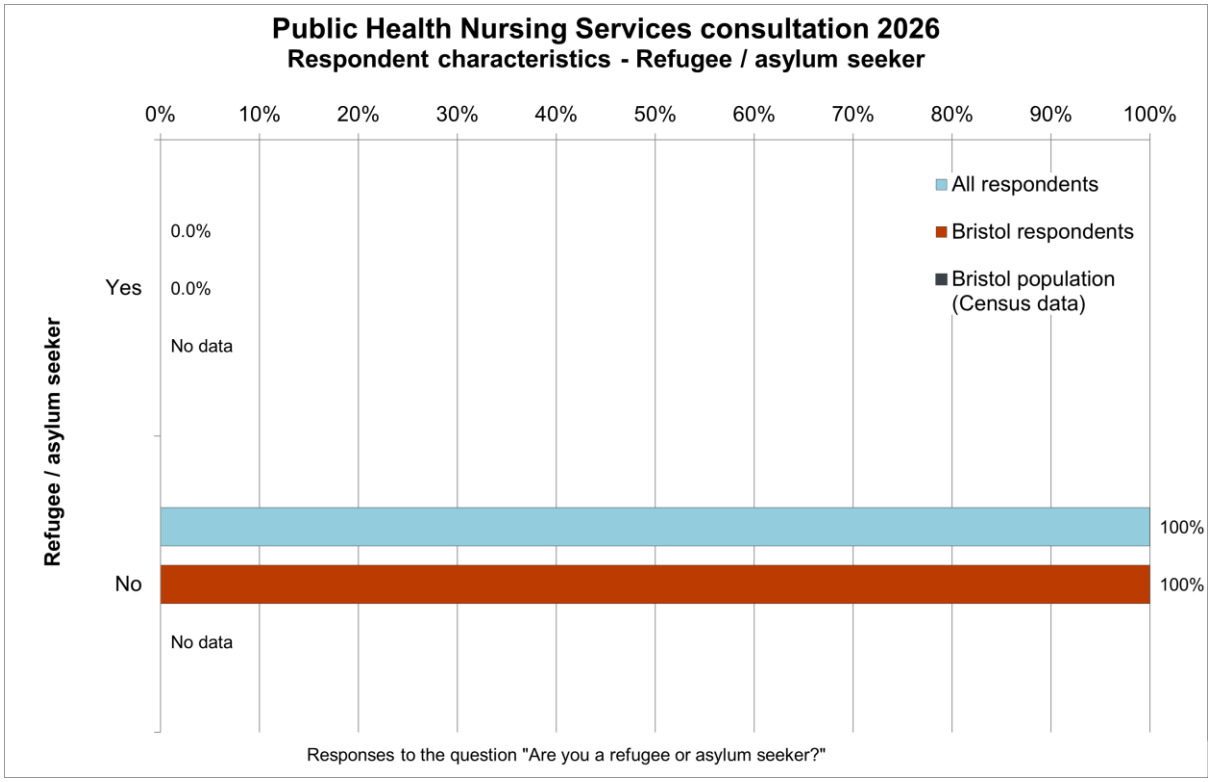
94% of all respondents and nine in ten (90%) Bristol respondents identified as heterosexual. A total of 8% of respondents from Bristol reported they were bisexual and 2% stated that they were gay/lesbian.

Figure 16: Respondents with Carer Status



A quarter (25%) of Bristol respondents said that they were a carer.

Figure 17: Respondents with Refuge/Asylum Seeker Status



No one responding to the survey reported being a refugee or asylum seeker.