

# EXECUTIVE BOARD DECISION



<b>REPORT OF:</b>	Executive Member for Health and Adult Social Care  Executive Member for Children's Services
<b>LEAD OFFICERS:</b>	Director of Public Health Director of Children's Services
<b>DATE:</b>	14 July 2016

<b>PORTFOLIO/S AFFECTED:</b>	Children's Services	Schools and Education
<b>WARD/S AFFECTED:</b>	All	
<b>KEY DECISION:</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

**SUBJECT: 0-5 Healthy Child Programme – Changes to realign targeted provision within an integrated delivery model**

## 1. EXECUTIVE SUMMARY

The Public Health Department is required to make significant in-year savings, as a result of Department of Health (DH) and Council cuts. Since the DH announcement of its reduced Public Health grant allocation in February 2016, the Public Health team alongside its providers have been determining where the savings can be made with minimal impact. There are two services proposed for achieving the savings targets that require Executive Board Decision:

- (i) re:refresh health and wellbeing offer – this will be covered in a separate paper
- (ii) Changing targeted 0-5 Healthy Child Programme provision, whilst maintaining comprehensive universal 0-5 Healthy Child Programme service for all 0-5 year olds

The purpose of this briefing is to provide the background information and the rationale for the proposal to change the targeted 0-5 Healthy Child Programme (HCP) offer due to the requirement to make in-year savings, until the comprehensive integrated 0-19 HCP delivery model is put in place for April 2017. Public Health have sought and followed clinical and corporate advice to enable the decision making process, including undertaking a public consultation exercise and impact assessments.

This proposed change has to be viewed as part of the wider large scale evidence based 0-19 HCP Transformation plan which has been in development over the last two years since 2014, and has involved extensive engagement and support from a wide range of stakeholders. In addition, residents have been involved to identify their needs and priorities for support from HCP services, including having over 200 conversations with children and young people to inform the Emotional Health and Well-being Integrated Needs Assessment and an independent School Nurse Service Review, which involved a number of schools to identify priorities for school aged service improvements. The local HCP transformation plan is working towards the implementation of a new integrated 0-19 delivery model by April 2017. However the requirement for in-year budget savings ahead of local plans meant that an appraisal of public health children's services had to be undertaken expeditiously to identify a proposal, whilst ensuring this was in the context of the strategic HCP transformation plan, in terms of vision and principles for the developing HCP delivery model.

The local 0-19 HCP Transformation plan is based on the national HCP evidence based framework which outlines four levels of provision required to meet the full continuum of need which children, young people and families may require. The four HCP levels include: a) community (local support assets within: b) universal - minimum support offer for all; c) universal plus - additional support due to identified need or risk; and d) partnership plus - complex needs requiring specialist support. Health Visitors have a fundamental role in local delivery and co-ordination of the full 0-5 HCP offer, which is supported by a wide range of local community assets and wider services that support children, young people and families.

A recent public consultation exercise via online survey and face to face questionnaires with both service users and non-service users was undertaken, which received a good response with 110 completed surveys. The aim of this exercise was to proactively seek views and comments on the proposal to change the targeted 0-5 HCP offer and keep the comprehensive core universal health visiting service for all families with children under 5 years (approximately 11,000 families). The targeted 0-5 HCP offer is currently delivered by two services, which include the licensed Family Nurse Partnership (which has a current caseload of 58 teenage mothers and their babies until 2 years old) and the Health Visitor led Early Start service (current caseload of approximately 50 first time mothers and their babies until 2 years old). Service user feedback and comments on both targeted Early Start and universal Health Visiting services, indicated that that these services were highly valued with a notable trend referencing the support service users had received from their Health Visitor, and they did not want this offer to change. There were less FNP service user respondents (n=20) who also valued the targeted non health visitor led FNP service. It is also worth noting that service users of either the targeted FNP or Early Start targeted services, were also beneficiaries of the core universal Health Visiting service, which meant all families had access to a named Health Visitor.

The findings from this public consultation exercise were considered alongside the research evidence base and the views and feedback from a wider professional stakeholder engagement process, which included a series of three half day workshops in February, March and May, with the aim of developing an effective integrated 0-19 HCP delivery model ready for April 2017 implementation. Feedback from this these HCP stakeholder events indicated strong support for a universal primary prevention and early intervention approach as research suggests this is the most effective strategy to promote a wide range of health and wellbeing outcomes for children, young people and their families. The alternative option, which is being considered by other Local Authorities, is to only provide specialist and intensive services for a small number of vulnerable families and have minimal support at the population or universal level, whereby needs may go unmet and preventable issues may escalate quickly to create increased demand on specialist services and the Borough's health and wellbeing outcomes will decline.

It should also be noted that there are plans in place to implement a comprehensive wider public health stakeholder engagement plan over the next few months to consult the public on public health service priorities for 2017-18 and beyond. In addition, further public consultation is planned in year to further inform the wider 0-19 HCP delivery model for April 2017.

In addition, the wider strategic context and significant stakeholder engagement undertaken over the last two years to gain support for the large scale Healthy Child Programme Transformation plan should be considered as evidence to approve Public Health's proposal to retain the universal HCP service offer as an effective mechanism to deliver the Children's Partnership Board priority of prevention and Early Help. The proposal to discontinue FNP in year is considered to have a low impact for a relatively small number of residents (58 families) as their care needs will be considered and safely transferred into the appropriate HCP level of support by the Health Visitor led service.

Based on the significant financial risk facing the council, Public Health is recommending that the proposal is approved based on the available evidence, impact assessment, public consultation and the strategic direction of travel for the 0-19 HCP integrated delivery model which is on track for April 2017. The proposed in-year changes will in effect accelerate plans to strengthen the universal offer

by realigning the targeted provision within the universal plus and partnership plus levels of the 0-5 HCP delivery model.

## 2. RECOMMENDATIONS

That the Executive Board:

- Notes the content of the paper
- Approves the proposal to change and realign targeted resources to strengthen the core Health Visiting service to deliver an integrated 0-5 HCP offer across the continuum of need, and approve the in-year decommissioning of the Family Nurse Partnership service.
- Notes that a summary briefing paper outlining the full £1.4 million in-year Public Health service changes will be presented to the Board in September for information based on the total Department of Health cuts.

## 3. BACKGROUND

The DH 'Health Visitor Implementation Plan 2011 to 2015' was produced by the coalition government in February 2011, which recognised the core role and skills of the Health Visitor profession in ensuring the best start in life for the child resulting in improved long term outcomes for children, young people and families. On the 1<sup>st</sup> October 2015, commissioning responsibility for 0-5 children's public health services (Health Visiting and FNP services) transferred to Local Authorities from NHS England with a significantly reduced budget compared to when BwD NHS Care Trust Plus (prior to April 2013) had commissioning responsibility. In November 2015 the government imposed a 6.2% in-year cut on the Public Health grant, and confirmed that an annual cut would be applied year on year reaching a 10% cut by 2020.

Some elements of the 0-5 children's public health services have been nationally mandated until March 2017, which is currently under review, to support safe transition and to standardise provision to ensure consistent delivery. The five mandated elements include: antenatal health visits; the new baby review; 6-8 week assessments; the one year assessment, and the 2 to 2.5 year review. Local authorities have flexibility to ensure that in the context of local need, 0-5 children's public health services deliver a universal offer, support early intervention, community development and complex care packages.

Locally, all Public Health services have had in-year cuts applied in 2016/17 as a result of the government's late confirmation in mid-February 2016 of the reduced Public Health grant allocation. In addition, the council has had to implement a savings plan affecting all departments due to reduced national funding, which has further impacted on many interdependent services which support children, young people and families where these cuts were to be made was agreed at Finance Council in February 2015. Whilst the Public Health department has previously managed to make efficiency savings in previous years by service redesign, the financial challenge is such that difficult decisions are now required which will impact on residents and stakeholders.

Public Health received commissioning responsibility and a six month nationally defined funding allocation for the following 0-5 children's public health services:

1. Universal Health Visiting service for all families with children aged 0- 5 years.  
Costs - £3.27million prior to cuts for a total population of approximately 11,000 children approximately, which covers the children's continuum of need 1-4 inclusive. Early Start is a local enhancement to the Health Visiting service, which is a targeted service for vulnerable first time mothers of all ages, which is a legacy service from the BwD Care Trust Plus established in 2012. Costs – £156,000 per year, for a caseload of approximately 50 families (less than 0.5% of population aged 0-5 years) which is currently funded as part of the core Health Visiting / 0-5 HCP service contract.

2. Family Nurse Partnership (FNP), is a licensed programme for first time mothers under the age of 19 years, until the child reaches 2 years old (less than 0.5% of population aged 0-5 years), was initiated in April 2015 by NHS England, and the service was transferred to the council in October 2015. Costs - £320,000 per year based on 100 families supported over 2 year period and is funded as a separate contract to the core Health Visitor / 0-5 HCP contract.

Health visiting services have had significant political support and indeed, there has been a national drive to increase the number of health visitors, alongside the FNP being rolled out across all upper tier authorities, with strong support and accountability to ensure that this service continues. However, due to the significant financial challenges faced by the council as a result of national in-year cuts to local authority grants, the pace and scale of change required is considerable. The council have sought NHS clinical advice and guidance from the current service providers, which is the same provider for all three service elements, and considered safeguarding of children and families, in partnership with Children's Services leads to identify a proposal for change, considered to have the least impact on residents and stakeholders.

The final two options considered included an 'either or scenario', which meant having to stop one service in order to protect service quality of another, which was necessary to achieve financial balance within the reduced funding available for these services. The council, working closely with the provider, assessed the impact of the following two options:

Option 1- Keep the core universal Health Visiting service for all families with children 0-5 years and discontinue the targeted FNP and Early Start services, OR

Option 2 – Keep the targeted FNP and Early Start services and significantly reduce or stop the core universal Health Visiting service, by limiting delivery to the mandated elements only.

Following a review of the pros and cons of each option, the council and provider were in agreement to undertake a public consultation exercise with service users to determine the level of support for a proposal based on option 1, worded as follows:

### **Proposal**

*Currently, there are three services which provide health visiting support and advice, ranging from universal (all new mothers) and a targeted service for a small number of mothers.*

*Instead, we are proposing that we bring the learning from Early Start and the Family Nurse Partnership services into the universal health visiting service so that all mums and babies have access to a named health visitor up until age 5 years. This would mean there would be no separate services for Early Start and Family Nurse Partnership.*

### **Do you support the proposed changes to the health visiting service as set out above?**

Please SELECT ONE OPTION ONLY

- Strongly support
- Tend to Support
- Neither Support nor Oppose
- Tend to Oppose
- Strongly Oppose

The reasons for asking the public's level of support for the proposal based on option 1 as opposed to presenting two options was due to the following reasons, which included protecting the council, stakeholders and residents from potentially significant risks identified with option 2:

- Given the borough's high levels of deprivation and need, the targeted FNP and Early Start services would not have the capacity to meet the needs of the 0-5 population as collectively

they would only have capacity to support approximately 100-150 families per year (less than 1% of 0-5 population).

- Reducing the core universal Health Visiting service to only delivering the five mandated elements would significantly disrupt local children's safeguarding arrangements and increase risks for vulnerable children and families, and not meet the Local Authority's requirements use of the 0-5 public health grant
- Gaps in delivery would emerge if only the five mandated elements were delivered, which would negatively impact on partners statutory health and social care duties, such as non-delivery of health assessments for Looked After Children, and reduction in coverage rates for child immunisation and vaccinations which would increase risk of epidemics, and overall reduction in a range of child health, education and developmental outcomes.
- The locally agreed strategic HCP vision and principles is based on primary prevention, identification and early help which can only be achieved through a proportionate universalism approach as outlined by Marmot, which can only be delivered by core universal health visiting services.
- FNP and Early Start services are complimentary services for a targeted cohort and therefore these services with an offer for approximately 1% of 0-5 population until 2 years old only and therefore these services are not suitable as a replacement to the core Health Visiting service.
- Keeping universal Health Visiting services ensures all children under 5 years have a named health visitor until the age of 5, ensuring a population approach
- Keeping the universal HV service ensures all GP surgeries are supported by keeping a named link health visitor to facilitate communication and efficient co-ordination to ensure the health and social care needs of all children aged 0-5 and their families is met
- the core Health Visiting universal provision will be strengthened via in-year service re-design
- 0-5 universal Health Visiting services are a key integral part of the wider 0-19 Healthy Child Programme Transformation model which is scheduled to be in place by April 2017.
- The universal offer enables the early identification of any additional support needs, whereby early help can then be offered to help prevent escalation
- The core Health Visiting service will continue to deliver the five nationally mandated child assessments and development checks for every child under 5 years.
- Marmot's principle of proportionate universalism has been applied, which is based on a systematic review of the evidence to inform what gives children the best start in life.
- The national Randomised Control Trial (RCT) on FNP found that the programme did not support its primary four main outcomes: i) pre-natal tobacco use; ii) birth weight; iii) subsequent pregnancy by 24 months; and iv) A&E attendances and hospital admissions in the first two years of life, and both the effectiveness and cost effectiveness has been questioned nationally.

However, to achieve this proposal, we need to make in-year changes to the two targeted services (FNP and Early Start) in order to realign resources within the core Health Visiting service to ensure integrated delivery of the full 0-5 HCP offer for children and families. Therefore, the considered proposal is to decommission FNP in-year due to the significant budget pressures, which equates to an in-year savings of £186,667; and to integrate the Early Start resource within the core Health Visiting service. This proposal allows for in-year savings to be achieved, safe transition arrangements of caseloads, and ensures that the provider's business plans are aligned with the strategic direction of travel towards an integrated 0-19 HCP delivery model, as part of the wider 0-19 HCP Transformation plan.

A proactive and intensive public consultation exercise was conducted from 24<sup>th</sup> May- 4<sup>th</sup> June via an online survey and face to face questionnaires which had a good response with a total of 110 responses. A range of questions were asked to assess whether a representative survey sample of the target audience was achieved, whereby 59% of respondents identified themselves as service users and 41% were non-service users. In response to the key question on the council's proposal, the majority of respondents 61% either indicated they either 'strongly oppose' or 'oppose' the proposal. This compared to 28% respondents who stated they either 'strongly support' or 'tend to

support' the proposal, with 11% who reported they 'neither oppose or support'. However, further qualitative analysis of the responses to the open questions, revealed that service users highly valued and strongly articulated the benefits they had received from their Health Visitor, with 76.7% (33 out of 43) rating the universal Health Visiting service as excellent and that all parents should have access to a named Health Visitor. Based on feedback from this public consultation exercise, the proposal has been modified further to ensure at least one targeted 0-5 HCP service remains, and the Early Start service was deemed the most cost effective, well established, and most closely aligned with the core Health Visitor service due to being Health Visitor led, and therefore offering the most flexibility in terms of the developing 0-19 HCP integrated delivery model.

In summary, based on the level of need in the Borough, the lack of evidence of effectiveness and low value for money of the FNP service, and the strong service user feedback to keep universal and targeted Health Visitor lead services, the recommendation for the Executive Board is to approve the proposal to make in year changes to targeted services, via service redesign and decommissioning of FNP, and to strengthen the universal level of the Health Visiting service. This change is required now in order to realise in-year savings, however we are confident that there are robust plans in place and capacity to ensure the safe transition of the 58 FNP families into universal plus or partnership plus levels offered by the Health Visiting service, which a high majority of service users rated as excellent.

#### **4. KEY ISSUES & RISKS**

- Cutting FNP has potential to attract negative press exposure and scrutiny for the Council which has political and public support, but weak research evidence of effectiveness. We are also proposing to continue the Health Visitor led Early Start service, which is a local enhancement of the universal Health Visiting service. It is anticipated that these Health Visitors will be embedded within the core universal Health Visiting service and embed the learning and principles within the core Health Visiting service until March, to dovetail with when the current contract comes to a natural end and the new HCP 0-19 delivery model commences in April 2017.
- It is not possible to partially reduce spend for FNP in year, as it is a fully licensed programme with significant costs irrespective of number of families, so the decision becomes all or nothing. In liaison with the national FNP team, guidance for close down of this service has been shared to inform local planning arrangements to enable safe handover of clients into universal Health Visiting service.
- The national Randomised Control Trial (RCT) on FNP found that the programme did not support its primary four main outcomes and therefore this expensive licensed service does not offer value for money. In comparison, the locally developed Early Start service has been recognised and commended nationally, and therefore this offers a more cost effective targeted service which can accommodate more beneficiaries within its caseload, and is for all first time mothers so this offers a suitable alternative the FNP.
- As part of further planned consultation exercises to inform 2017/18 public health provision and HCP transformation delivery model, targeted 0-5 HCP provision is recognised as an important element of the developing 0-19 delivery model and an in-year tendering process is scheduled to commence in July, with planned implementation from April 2017.
- A good response rate was achieved from the public consultation exercise, whereby additional detailed analysis identified a consensus view of the value of the Health Visitor led services. This enabled the proposal to be refined to realign resources into strengthening the universal Health Visiting service offer, whilst ensuring the delivery of all four levels of the 0-5 HCP as an integrated offer.

- Subject to the decision, plans have been jointly developed and agreed with the provider organisation to ensure the safe transition and continuation of care, including the joint handover of caseloads from the FNP service, into the core Health Visiting services as appropriate. Thus all families will continue to have a named Health Visitor until their child reaches the age 5. It is proposed that the Early Start Health Visitors are integrated within the core Health Visiting service which will add value and expertise to support the development of the integrated 0-5 HCP offer.
- Health Visitors are highly trained professionally registered public health nurses who are trained to identify need and be responsive to accommodate any level of support required through the whole continuum of need, from community capacity building, universal, universal plus, through to universal partnership plus (specialist, high level of need). By retaining Health Visitors at the universal level, the council can be assured from recent service performance reports, that over 95% of all pregnant women and their new babies receive at least five home visits at key intervals to ensure appropriate care and support is delivered based on their individual needs, often in partnership with many other NHS professionals and wider children and families workforce, including Children's Centres.
- Public Health have worked closely with the service provider which is the same for all three service areas (Lancashire Care Foundation Trust), which has enabled joint risk and impact assessments to be undertaken, along with putting in place a good mitigation plan which can be mobilised quickly dependent on the outcome of the Executive Board decision on the proposal.
- If the Executive Board declines this proposal or delays a decision, this would place a significant financial pressure on the Public Health department and create a financial risk for the council if the target savings could not be achieved in year.

## **5. POLICY IMPLICATIONS**

The Health and Social Care Act 2012 outlined local authorities' public health responsibilities for the local area to be led by the Director of Public Health. This includes 22 areas of commissioning responsibility, which includes a number of mandated public health responsibilities. In October 2015, NHS England completed the final transfer of 0-5 public health service commissioning responsibility to local authorities, namely Health Visiting and FNP services. The Health Visiting service delivers five elements which are mandated for Public Health within Local Authorities, which include: i) Antenatal health promoting visits; ii) New baby review; iii) 6-8 week assessment; iv) 1 year assessment, and; v) 2-2½ review. In addition, the Health Visiting service also delivers on other mandated elements, including annual and bi-annual health reviews of Children Looked After and a key role in safeguarding children with responsibility and assurance of delivery monitored by the Local Authority's Children's Services, local Clinical Commissioning Group and the local Safeguarding Children's Board.

## **6. FINANCIAL IMPLICATIONS**

The Department of Health Public Health grant is currently ring fenced for prevention services and programmes, whereby Local Authorities are audited via the Director of Public Health and the council's Director of Finance to ensure it used in line with the grant criteria. Due to the late government announcement in February of the 2016-17 grant allocation, this has delayed budget planning and decisions required in relation to planning service changes required due to the reduced grant available.

The full year nationally defined cost of FNP is £320,000 per year based on the six month ring fenced 0-5 HCP public health grant when commissioning responsibility transferred to the council in October 2015. The local Health Visiting service is funded in line with the nationally determined Department of Health public health grant allocation as defined for 0-5 HCP services for the Borough. The decommissioning of FNP in-year will release in-year department savings which will contribute to addressing the financial pressure resulting from the reduced Department of Health public health

grant.

## 7. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 outlined local authorities' public health responsibilities for the local area. Any changes to services proposed must not affect any statutory responsibilities and any recommendations or proposal should be informed by an effective and adequate consultation process.

Cessation of services through contract expiry or early termination will be subject to any notice and exit provisions within the contract.

## 8. RESOURCE IMPLICATIONS

The majority of resource related to developing this proposal has been from staff within the Public Health department funded from the Department of Health prevention grant. However, Children's Centre staff and the wider children and young people's (internal and external) providers have helped engage the public in the consultation exercise. Lancashire Care Foundation Trust staff worked with Public Health to develop the proposal and mitigation plan, and also helped engage service users in the public consultation exercise.

## 9. EQUALITY AND HEALTH IMPLICATIONS

**Please select one of the options below. Where appropriate please include the hyperlink to the EIA.**

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision.

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision.



Adobe Acrobat  
Document

## 10. CONSULTATIONS

The 0-19 HCP steering group provides leadership and co-ordination of the HCP Transformation plan, and is supported by a series of task and finish groups to develop detailed plans and delivery of specific aspects of the programme, such as Expert Tender Reference Group, tender project team, and quarterly service review meetings.

The Healthy Child Programme Group has met monthly for the last 18-24 months and has been involved in ongoing discussions over the last 3-6 months in relation to developing this proposal. As part of the wider 0-19 Healthy Child Programme Transformation plan, a wide range of stakeholders have been involved in developing the priorities, principles and outcomes required for the new local delivery model to be in place by April 2017, which were used to inform the in-year proposal service change proposal. Three half day stakeholder workshops were delivered in February, March and May, which were well attended by a wide range of partners and professionals from a wide range of disciplines, which provide a rich source of evidence to inform the developing 0-19 HCP delivery model.

A range of formal briefings have been delivered to seek input and feedback on the HCP delivery



model. In particular, the CCG has been consulted as a key strategic partner. The BwD Clinical Commissioning Group was consulted on this proposal at the Clinicians and Managers Executive Team (CMET) on 25th May, and subsequently at the CCG Executive Team and Joint Commissioning and Recommendations Group on 6th June, which resulted in the development of a survey to increase GP clinical engagement, awareness and opportunity to input their views.

Lead portfolio elected members for Public Health and Children's services have briefed on this proposal, and discussions have taken place at SPT meetings, and Public Health Senior Leadership Team (SLT) and extended SLT meetings. Both Directors of Public Health and Children's Services have also been briefed, and meetings have been scheduled to brief lead elected members from Schools and Education, Localities and Prevention, Environment and Leisure.

Public Health has also liaised with the national FNP team lead to inform of the proposal who provided further advice and guidance which was used for planning, and the council Chief Executive has also been briefed in May.

An intensive public consultation exercise was conducted from 24<sup>th</sup> May- 4<sup>th</sup> June via an online survey and face to face questionnaires which had a good response with a total of 110 responses. The survey was uploaded to the council internet site and the link to the survey was emailed and promoted widely via local networks, across the local public sector and Community Voluntary and Faith sector. Children's Centres and services provider conducted face to face surveys with both service users and non-service users, as part of their routine home visits with families.

#### **11. STATEMENT OF COMPLIANCE**

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

#### **12. DECLARATION OF INTEREST**

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

<b>VERSION:</b>	<b>2.0</b>
-----------------	------------

<b>CONTACT OFFICER:</b>	<b>Shirley Goodhew, Head of Health Improvement</b> <b>Helen Lowey, Consultant in Public Health</b>
<b>DATE:</b>	20/06/2016
<b>BACKGROUND PAPER:</b>	