

Name of the activity being assessed	0-5 Healthy Child Programme – Changes to realign targeted provision within an integrated delivery model				
Directorate / Department	Public Health	Service	Public Health commissioning	Assessment lead	Shirley Goodhew
Is this a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	Responsible manager / director for the assessment		Dominic Harrison	
Date EIA started	06/06/2016	Implementation date of the activity		31/08/2016	

SECTION 1 - ABOUT YOUR ACTIVITY

How was the need for this activity identified?	<p>In 2015-16, the government implemented its plans to significantly reduce its Department of Health Public Health grant funding to Local Authorities for prevention services. Last financial year, the council covered the £931,000 Department of Health cut to its Public Health grant from releasing efficiencies, stopping new initiatives, and developing new ways of delivery. However, the council are now unable to release enough funding from this approach to manage this year's cuts (2016-17). As a result, the council is now looking for ways to spend less on Public Health while maintaining a good level of service and continuing to try to improve residents' health.</p> <p>This year the government's Department of Health Public Health grant has been significantly reduced, and this means that we have a shortfall of around £1.5 million this year and we will have further cuts to our Public Health grant each year between now and 2020.</p>
What is the activity looking to achieve? What are the aims and objectives?	<p>The decommissioning of the targeted Early Start and Family Nurse Partnership services will enable the continuation of the universal and comprehensive Health Visiting service, which means every child (and family) in the Borough, will receive support and advice through pregnancy until the child is 5 years old, including keeping a named Health Visitor.</p> <p>The Healthy Child Programme aims to promote a collaborative multiagency approach to deliver a quality public health prevention and early intervention offer for all 0-5 year olds and their families in the borough.</p>
Services currently provided (if applicable)	<p><u>Background to services under review</u></p> <p>The public health services in scope for in-year review and Department of Health cuts are within the 0-5 Healthy Child Programme and include the following:</p> <p><u>Health visiting</u> Established service offered to all women for support with each pregnancy and follow up homes visits to offer support for mum and baby, and a series of ongoing child health and development checks and reviews. This is a universal Health Visiting service where every mum and baby has a named health visitor until the child reaches its 5th birthday.</p>

SECTION 2 - UNDERSTANDING YOUR CUSTOMER**Who else will be involved in undertaking the equality analysis and impact assessment?**

Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

The Healthy Child Programme steering group meets monthly and offers leadership and co-ordination of the Healthy Child Programme (HCP) transformation project plan, and members of the group have supported the development of this equality analysis and impact assessment as a dynamic ongoing process.

Other sources of information used to inform this impact assessment include the following:

National

- Department of Health (2009). Healthy Child Programme: Pregnancy and the First 5 Years of Life. www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
- Public Health England; Best start in life and beyond: Improving public health outcomes for children, young people and families; Commissioning Guide 2: Model specification for 0-19 Healthy Child Programme: Health Visiting and School Nursing Services. www.gov.uk/government/uploads/system/uploads/attachment_data/file/493617/Service_specification_0_to_19_CG1_19Jan2016.pdf
- National Family Nurse Partnership licensed programme guidance. www.fnp.nhs.uk

Local

- Service information on local service offer for Health Visiting and Early Start services: www.lancashirecare.nhs.uk/Health-Visiting-Services
- BwD Family Nurse Partnership annual review report (May 2016) – *available in draft pending final report from national FNP team (on request)*
- Health Visiting & FNP quarterly performance review meetings and reports (2015-16 Quarter 4 Reports). *Available on request from contract files*
- Healthy Child Profile for Blackburn with Darwen, Public Health England (May 2016). www.apho.org.uk/resource/item.aspx?RID=171647
- Blackburn with Darwen Health and Well Being Strategy (2015-18). <http://www.blackburn.gov.uk/New%20local%20plan%202/4.09%20BwD%20Health%20and%20Wellbeing%20Strategy.pdf>
- Blackburn with Darwen Council (2013) Early Help Strategy for Children, Young People and Families in Blackburn with Darwen, September 2013 -2016. www.blackburn.gov.uk/Lists/DownloadableDocuments/Early%20Help%20Strategy.pdf

Who are you consulting with? How are you consulting with them? (Please insert any information around surveys and consultations undertaken)

There are a number of task and finish groups supporting the implementation of Healthy Child Programme (HCP) Transformation plan, which have informed this impact assessment, which include: Public Health Tender Project Group; Expert Reference Group; council HCP workforce review; and commissioner/provider meetings to discuss service reduction options appraisal and risk assessments. Three HCP stakeholder workshops have been undertaken in February, March and May, which successfully engaged with a wide range of clinical and non-clinical health professionals, as well as social care, and the wider children and young people's workforce. In March, the first FNP Annual Review event was held jointly with Lancashire County Council, which involved representation from a wide range of stakeholders, including FNP nurses, service users, and partners from FNP Board, which includes representatives from maternity, safeguarding, CYPS (Children and Young Peoples Services) elected member, CYP (Children and Young Peoples) social care, clinical leads, national FNP lead, commissioners and Public Health.

Current service provider

The proposals for service changes were identified jointly by Public Health (as the commissioner) and the service provider organisation, following risk and impact assessments, involving a thorough discussion of the issues and risks through a series of meetings, phone calls and emails over a six month period.

General public and service users

Due to the proposed changes having a borough wide impact on residents and service users, a public consultation exercise was carried out to seek resident's views and preferences, via online and face to face surveys.

For a copy of the survey please see Appendix 1 at the bottom of this document.

For a copy of the survey result please see Appendix 2 at the bottom of this document.

Council and Elected members

Corporate advice has been sought to inform the decommissioning of services process. The lead elected member for Health and Social Care portfolio and the Lead Member for Children's Services have been verbally briefed on the proposal and public consultation exercise, and both CYPS and PH (Public Health) elected members have attended the HCP stakeholder events. The CYPS elected member has also attended the FNP Annual Review meeting.

Partners

Whilst three Healthy Child Programme stakeholder workshops were undertaken in February, March and May to inform the revised delivery model for April 2017, additional specific stakeholder briefings and consultation was required via attending various local boards and meetings to assess in year service changes, including the Clinical Commissioning Group. In addition, an email account for public health consultation was promoted with partners and services via workshops and briefings to encourage open feedback and views on proposals and plans.

GPs

An online survey has been developed to seek the views of GPs to facilitate clinical engagement, which will be completed by end of June.

For a copy of the GP consultation survey please see Appendix 3 at the bottom of this document.

Who does the activity impact upon?*	Service users	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly	Decommissioning of targeted 0-5 Healthy Child Programme services (Early Start and Family Nurse Partnership)		
	Members of staff	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	General public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Carers or families	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
	Partner organisations	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Indirectly			
Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?* The groups in blue are not protected characteristics (please refer to p. 3 of the guidance notes)	Positive impact	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Negative impact	<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input checked="" type="checkbox"/> Pregnancy & maternity	<input checked="" type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers
	Don't know	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender reassignment	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Pregnancy & maternity	<input type="checkbox"/> Vulnerable groups
		<input type="checkbox"/> Race	<input type="checkbox"/> Religion or belief	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Deprived communities	<input type="checkbox"/> Carers

*If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information*
A public authority must have 'due regard' (i.e. consciously consider) to the following:

DUTY	DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i></p>	<p>Yes. The decommissioning of targeted services will enable limited resources to be focussed on retaining a universal offer for all pregnant women, and parents/babies until the child reaches 5 years old. Therefore people of all protected groups are offered the Health Visiting service, and uptake of this offer is consistently over 95% of the eligible population as demonstrated in the quarterly contract review reports.</p>
<p>Advance equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i></p>	<p>Yes. The clients from FNP and Early Start services (proposed for decommissioning) are more likely to have more protected characteristics compared to residents receiving the core Health Visiting (HV) service only. It is proposed that FNP clients and Early Start clients will be transferred into the core universal Health Visiting service; this demonstrates the flexibility for the HV service to accommodate a wide range of diverse needs, which can flex from universal through to specialist support, known as Partnership Plus on the tiered Healthy Child Programme model.</p>
<p>Foster good relations between people who share a protected characteristic and those who do not <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i></p>	<p>Yes. The Healthy Child Programme Transformation plan is based on developing community assets within neighbourhoods and localities, using community hubs such as Children's Centres to bring people together, e.g. breast feeding support groups, parenting courses, and coffee mornings. The HCP model includes increased involvement of service users and community groups, perhaps as volunteers and peer supporters, to provide self-help and mutual support networks facilitated by a range of services in their localities.</p> <p>Decommissioning of the targeted services and transferring clients to the core HV service facilitates increases the opportunities to bring clients with and without protected characteristics together for peer and group support.</p>

ASSESSMENT	Is a full EIA required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain how you have reached your conclusion (<i>A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts</i>)			
Potential negative impacts of the proposed decommissioning of FNP and Early Start services have been identified for individuals from the following protected groups: <ul style="list-style-type: none">• Age: teenage mothers/parents and babies/children under 2 years• Pregnancy and maternity: services in scope provide both antenatal support for pregnant women, and post-natal support			
Additional negative health impacts of the proposed decommissioning of FNP and Early Start have been identified for: <ul style="list-style-type: none">• Vulnerable groups• Deprived communities			

SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:

- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

Characteristic	Positive	Negative	Don't know	Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis	Action No.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Family Nurse Partnership (FNP)</u> As this service is aimed at teenage parents (age 19 or under), there is potentially a negative impact related to age by stopping this intensive support for this cohort, who is deemed more vulnerable due to their age. The levels of vulnerability will vary for teenage parents, as this is dependent on the strength of their supportive social networks (e.g. family, friends) and other protective factors (e.g. household income, housing, employment, education, health and wellbeing).</p> <p><u>Early Start</u> This service is for first time mothers regardless of their age who have been identified as having an additional care need. Therefore, a potential negative impact of this service ending is for the unborn child/baby who will not benefit from the level of intense support offered by this service.</p> <p><i>Mitigation</i> Clients from both the above services will be safely transferred to the core Health Visiting service, who will continue to receive additional support based on need from a named HV, along with multiagency support as required. Health Visitors are skilled professionals able to work across the continuum of need from universal through to specialist, and are able to co-ordinate multiagency support available to address identified need.</p> <p>A stakeholder communication plan is to be implemented as part of the Healthy Child Programme Transformation plan, as additional partners and services may be increasingly called upon to provide additional support as a system for any increased demand created by these service changes.</p>	1

Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Pregnancy & Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Both FNP and Early Start services are aimed at providing targeted additional support through pregnancy until their clients child reaches 2 years old. Therefore, by stopping these services there will be less intensive support provided for this cohort.</p> <p><i>Mitigation</i> All clients along with their case files will be transferred to the core HV service, and joint handover of care will be managed during the transition period. Support will still be provided by a named HV, but multiagency care will be co-ordinated to meet any additional needs as appropriate.</p>	2
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Vulnerable Groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p><u>Family Nurse Partnership</u> The service has a number of clients that are Looked After Children as well as teenage parents, and their babies/children will also have a Child Protection Plan. Therefore both parent and child with identified needs will requiring additional multiagency support that will require a handover plan from the FNP service.</p> <p><u>Early Start</u> As stated above. Although these first time mums are less likely to be teenage but could still be accessing support services such as supported living, or may have recently left care.</p> <p><i>Mitigation</i> As this service is aimed at first time mothers with identified vulnerabilities, the cessation of this service will require these clients to be safely transferred to a named Health Visitor.</p>	3
Deprived Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are high levels of deprivation and child poverty in the borough. Evidence shows that deprivation is linked to increased levels, and risk, of poor health and wellbeing outcomes	4

				throughout adulthood. Although the FNP and Early Start service data does not provide an indication of the level of poverty experienced by their clients, it may be fair to assume that the clients with additional needs/vulnerabilities being supported by these services may be amongst the poorest in the borough. Therefore, by stopping this targeted support offer, and providing less support, this may contribute to halting efforts and even creating further health inequalities.	
Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	
Other [please state]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non identified	

Does the activity raise any issues for community cohesion?	No
Does the activity contribute positively towards community cohesion?	
Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998?	No
Does the activity support / aggravate existing departmental and/or corporate risk?	<i>Is the activity on the departmental risk register? If it is not, should it be?</i> Yes, this activity is on the Public Health department risk register

CONCLUSIONS OF THE ANALYSIS**Action following completion of the impact assessment**

*It is important that the correct option is chosen depending on the findings of the analysis.
The action plan must be completed as required.*

<input type="checkbox"/> No major change in the activity	<input type="checkbox"/> Adjust activity	<input checked="" type="checkbox"/> Continue with activity	<input type="checkbox"/> Stop and reconsider activity
--	--	--	---

Please explain how you have reached your conclusion

Continue with plans to decommission the Family Nurse Partnership service and Early Start (targeted service) which is an element of the Health Visiting service, with delivery to cease on 31st August 2016 (pending decision from July Executive Board).

Risks have been assessed with the current provider of these services and a risk mitigation plan has been put in place. The financial risk to both the council and the provider is too great not to progress with the proposed decommissioning plans. The clinical risks associated with transferring care of potentially vulnerable clients from one service (FNP/Early Start) to another (core Health Visiting service) is supported by a supportive infrastructure and strong handover plan which can be managed within the same organisation, as the same provider delivers all three services. Therefore, staff can be moved into vacant posts where possible and support the transition plan as required, and learning and intelligence from these targeted services can be disseminated across the core Health Visiting service.

By retaining the core Health Visiting service, we are ensuring that all mothers/fathers/carers and their babies/young children have a named Health Visitor who is highly skilled to work across the continuum of need (from universal through to specialist care) as required, to ensure vulnerable groups continue to receive an appropriate level of support within the reduced resources available. In addition, these 0-5 public health services are in scope for a larger 0-19 Healthy Child Programme Transformation plan, which will comprise of a revised multiagency collaborative offer for children, young people and their families from April 2017.

SECTION 4**ACTION PLAN**

Action No.	What is the negative / adverse impact identified?	Actions required to reduce / mitigate / eliminate the negative impact	Resources required	Responsible officer(s)	Target completion date
1	Age – reduced levels of support for teenage parents and children under 2 years old where their parent has identified needs.	Transfer of clients along with case notes into core Health Visiting service. Joint handover home visits with clients to help build therapeutic relationships and trust.			31 st August 2016
2	Pregnancy and maternity – reduced targeted support for pregnant women, ante and post-natal periods.	Ensure sufficient handover time is available following anticipated decision to stop services (approx. 20 th July) to close down date (31 st August). Weekly update meetings with provider during handover period to ensure safe transition.	Funding to deliver both FNP and Early Start services until 31 st August 2016. Executive Board Decision to be made at July meeting.	Shirley Goodhew	20 th July 2016
3	Vulnerable groups – Looked after Children as parents, and their children on Child Protection plans.	Stakeholder communication plan to be implemented as part of the Healthy Child Programme Transformation plan, to inform of changes to services.	Protection of Health Visiting service from further funding cuts until 31 st March 2017.		31 st March 2017
4	Deprived communities – reduced support for teenage parents and parents with identified needs who are likely to be the most deprived in the borough.	Continue with 0-19 Healthy Child Programme transformation plans, including the procurement exercise for Public Health Nurses (June 2016-31 st March 2016)	Staff time to co-ordinate change management process		

MONITORING AND REVIEW


The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.


Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.

If applicable, where will the EIA Action Plan be monitored?	<i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i> Public Health Senior Leadership Team, Healthy Child Programme Steering Group and Joint Commissioning Recommendations Group (CCG and Council)
How often will the EIA Action Plan be reviewed?	<i>e.g. quarterly as part of the MAF process</i> Half yearly as part of the MAF process
When will the EIA be reviewed?	<i>It should be reviewed at least every 3 years to meet legislative requirements</i> March 2017, then every 3 years
Who is responsible for carrying out this review?	Shirley Goodhew, Head of Health Improvement

SIGN-OFF

SIGNATURE OF EIA LEAD OFFICER	
DATE COMPLETED	09/06/2016

SIGNATURE OF DEPARTMENTAL E&D LEAD	
DATE SIGNED	20/06/2016
<i>This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010</i>	

SIGNATURE OF HEAD OF SERVICE / DIRECTOR	
DATE SIGNED	20/06/2016
<i>This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)</i>	

Consultation for the re-design of Blackburn with Darwen 0-5 Healthy Child Programme services

Health Visiting

This survey will be available until 12 noon on Friday 3rd June.

As a resident, we would very much welcome your thoughts and feedback on proposals to change local health visiting services, as you or your family may have used these. The views of service users and local residents are vital to helping us shape future services. This survey is completely confidential and the information you provide will be anonymous and used by the council to inform service planning decisions for 2016/17.

Why are changes being made?

This year the government's Department of Health Public Health grant has been significantly reduced to fund public health services and this means that we have a shortfall of around £1.5 million this year and we will have further cuts to our Public Health grant each year between now and 2020. Whilst we have continued to re-design services and squeeze out any last remaining inefficiency, the Council has to make in-year changes to public health service provision in order to meet the reduced funds available.

Wider engagement and consultation on the whole Healthy Child Programme (which covers 0-19 years) will continue to take place so that a new model for delivery can be developed, for implementation in April 2017.

Background to services under review

The public health services in scope for in-year review and Department of Health cuts are within the 0-5 Healthy Child Programme and include the following:

Health visiting

Established service offered to all women for support with each pregnancy and follow up home visits to offer support for mum and baby, and a series of ongoing child health and development checks and reviews. This is a universal Health Visiting service where every mum and baby has a named health visitor until the child reaches its 5th birthday. For more information, on the local service offer, please see: www.lancashirecare.nhs.uk/Health-Visiting-Services

Early Start

Early Start is a targeted service offered as an enhancement to the universal Health Visiting service for first time mums. Current levels of funding are for a limited number of mums, about 100 per year.

Family Nurse Partnership (FNP)

Family Nurse Partnership is a voluntary, targeted programme for young first time mums aged 19 or under, up to the child's 2nd Birthday. Our current level of funding is for 100 places. For more information on Family Nurse Partnership, please see: www.fnp.nhs.uk

Section 1 – Your current use of services in the borough

Please place a tick the box to show your answers

Q1. Do you have a child, or children, under 5 years old?

- Yes No

Q2. Have you received a 0-5 Healthy Child Programme service (Health Visiting, Early Start or Family Nurse Partnership (FNP) within the last 12 months?

- Yes No

Q2a. If yes, please indicate from the list below which service(s) you have received:

- Health Visiting (universal offer for all mums and babies)
- Early Start (targeted enhanced Health Visiting offer for first time mums)
- Family Nurse Partnership/FNP (targeted home visits for first time teenage mums and their babies)

If Yes, please rate the quality of the service you received:

Q2b. Health Visiting:

- Poor satisfactory very good excellent Not relevant

Q2c. Early Start:

- Poor satisfactory very good excellent Not relevant

Q2d. Family Nurse Partnership:

- Poor satisfactory very good excellent Not relevant

Q3. Please provide any comments you have about the 0-5 Healthy Child Programme services available in the borough

.....

.....

.....

Section 2 – Options for future Healthy Child Programme 0-5 services in the borough

Health visiting service 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.

Q4. 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

Q5. If you have an alternative option for the 0-5 Healthy Child Programme services, which you would like the council to consider, please state your suggestion(s) below

.....

.....

.....

Q6. If you have any other comments, please provide these below

.....

.....

.....

Section 3 – About you

Q3.1 Which of the following describes how you think of yourself?

- Male
- Female

Q3.2 Is your gender identity different to the one on your original birth certificate?

- Yes
- No

Q3.3 How old are you?

- 15 - 19
- 20 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70 - 79
- 80+

Q3.4 What is your ethnic group? (Please tick one box which best describes your ethnic group or background):

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Please state: _____

Mixed / Multi ethnic groups

- White & Black Caribbean
- White & black African
- White & Asian
- Any other mixed / multi ethnic background

Please state: _____

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background,

Please state: _____

Black/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background

Please state: _____

Q3.5 Are you pregnant or have you recently given birth (within the last 26 weeks)?

- Yes
- No

Q3.6 Do you consider yourself to have a disability?

- Yes
- No

Q3.7 Please state the first 4 digits of your postcode (this information will simply inform us of which ward you live in and not your home address): _ _ _ _

Q3.8 How would you describe your living situation?

- Live alone
- Co-habiting (living) with partner
- Parent/Carer living with at least one child under 16
- Student living parents/carers

Thank you for your time in completing this survey

Please submit your completed survey before 12 noon on Friday 3rd June 2016, to:

Public Consultation Survey
Blackburn with Darwen Borough Council
Public Health Department
10 Duke Street
Blackburn
BB2 1DH

OR

Email: PublicHealthConsultation@blackburn.gov.uk

Consultation for the re-design of Blackburn with Darwen 0-5 Healthy Child Programme services

Health Visiting

RESULTS

Online and face to face surveys were undertaken during 24th May - 3rd June 2016. Respondents includes both service and non-service users, and service staff.

A total of 122 responses were received.

Section 1 – Your current use of services in the borough

Q1. Do you have a child, or children, under 5 years old?

Yes	65	(59.09%)
No	45	(40.91%)
<i>Total</i>	<i>110</i>	

Q2. Have you received a 0-5 Healthy Child Programme service (Health Visiting, Early Start or Family Nurse Partnership (FNP) within the last 12 months?

Yes	65	(58.09%)
No	45	(40.91%)
Total	110	

Q2a. If yes, please indicate from the list below which service(s) you have received:

44 (77.14%)	Health Visiting (universal offer for all mums and babies)
8 (13.79%)	Early Start (targeted enhanced Health Visiting offer for first time mums)
11 (18.97%)	Family Nurse Partnership/FNP (targeted home visits for first time teenage mums and their babies)

58 Total responses

If Yes, please rate the quality of the service you received:

	poor	satisfactory	good	excellent	n/a	Total (79)
<i>HV</i>	1 (2.33%)	4 (9.3%)	4 (9.3%)	33 (76.74%)	1 (2.33%)	43
<i>Early Start</i>	0 (0%)	0 (0%)	1 (2.33%)	4 (9.3%)	11 (68.75%)	16
<i>FNP</i>	1 (5.00%)	0 (0%)	1 (2.33%)	8 (40.0%)	10 (50.0%)	20

Q3. Please provide any comments you have about the 0-5 Healthy Child Programme services available in the borough

Service staff concerns

Critical of public consultation exercise

How can this be an ethical service when the clients involved have no idea the survey is available to do so will not provide feedback?

Case for Health visiting service to remain

This service provides support to all mums. A Health Visitor is the only person that goes into every body's home that has children. They are very skilled and can have an impact on how we bring our children up with regards to the impact parents can make on the health of our children. They are also able to prescribe which often saves a visit to our GP surgery. They are very good at providing weaning advice and for a first time mum who has not had a very good upbringing, not had a good role model as a mum a named health visitor is someone who you know is a highly qualified person to guide you. The quality of service is high and you know exactly when they are visiting but know that they are always available and will visit outside the normal visiting pattern if needed.

This is an essential service for all families to ensure all children reach their full potential in the first 5 years of their lives. Safeguarding, support, advice offered to everyone during the early years are all key services delivered by the Health Visiting teams within BwD. Breastfeeding support, weaning advice, PND support for mothers, development reviews, family health clinics, safeguarding of all children would be lost if cuts were to be made to this service.

Much needed! Not just routine support but health education, assessment and surveillance of children. These early services are there to monitor the health and wellbeing of small children and their mothers. With recent issues of high profile suicides of new mothers and their babies such as the one in Bristol. With issues such as Domestic Violence on the rise, and the massive detrimental impact on the emotional health of children; you cannot afford to cut these public health services as there will be huge implications in the future; mental health, drugs and alcohol, obesity etc... are all preventable when dealt with in very early childhood. If children left in poverty or in families with domestic violence, will have much poorer health outcomes costing much more money in the future!

Case for FNP service to remain

Firstly the Family Nurse Partnership Programme is not a health visiting service and whoever has prepared this survey is ill informed about FNP. The consultation was started without the knowledge of staff within FNP Early Start or Health Visiting service which must not have followed due process for employment law and this is being discussed currently.

Notwithstanding the disrespect shown to staff within these services. There has been no transparency shown within this consultation and it feels that it has been slipped 'under the carpet' to push these proposals through. There has not been widespread coverage to enable the public in Blackburn with Darwen to have their say on these vital services. Without at least one early intervention service how can we support the most vulnerable people in our borough (being the 17th most deprived in the country) the Early Start Programme is an award winning nationally renowned bespoke early intervention and prevention programme with evidence to prove its value and behaviour change, so how on earth can this simply be scrapped. Without FNP or Early Start safeguarding cases will increase and the cost of CLA service and safeguarding and child protection costs will soar. There will be serious case reviews as a direct result of losing these services and it is unforgivable of this short sighted, narrow minded and ill thought out decision, which will have such a negative effect on the public.

I feel the Family Nurse Partnership is an excellent service making a huge difference to our population and worth investing in.

Family nurse partnership is not a health visiting service it is a behaviour change psycho educational programme. The healthy start programme is a very small element of the programme. The support and specialist skills FNP offers to the community is priceless and is demonstrating great outcomes and without an early intervention service the Local authority is failing its

Appendix 2

population, safeguarding incidents will increase Children looked after will increase domestic violence social isolation (as teenagers young vulnerable mothers DO NOT USE the children centres and when you speak with them they will tell you the same. Early intervention work saves lives and reduces Serious Case Reviews. It's ludicrous to contemplate totally eliminating this. You must keep at least one Early Start or FNP. Reduce and cut costs to children's centres as other local authorities have successfully done. Furthermore I believe that you could save money by delivering a health visiting service up to age 3, as very little work is done after this age from the health visitors.

Partnership working and service interdependencies

I work as a midwife supporting the most vulnerable families within the Borough and have enjoyed interagency working with all of the above services. The benefits provided, particularly by the Early Start programme are invaluable in improving outcomes for these families, many of whom would not access mainstream services. As a direct result of continuity of carer, the fostering of therapeutic relationships with families, outcomes are improved, hospital admissions are reduced, breastfeeding rates are increased, infant and maternal attachment and bonding is increased, with the subsequent well documented improvements in physical and emotional wellbeing. The practitioners are experienced in relation to issues around Safeguarding Children, and are a valuable resource to the Children's Safeguarding Teams. As a result of continuity of carer, families are assessed accurately, and referrals to the social care teams are made in a timely manner, enabling families to be given the best opportunities to improve outcomes for themselves and their children.

Need to shift HV service back to prevention and early help offer

Over a number of years the HV service has reduced in visits and support offered, reacting to complex issues. The service should be a true public health preventative service; tackling issues such as breastfeeding rates and weaning/healthy diets which impact upon obesity and the long term health implications of this. Tooth decay, PND and attachment issues as well as ways to promote baby brain development taking account of 1001 critical days. The service also needs to provide more support for school readiness as the number of children not ready for school has directly increased since the HV stopped undertaking 3 year visits.

Overstretched workforce

The services on offer are already stretched and provide an excellent service to the extremely vulnerable families within the borough.

Vital service for all children and families in the borough would be a travesty to lose this for cut backs.

Health visiting service (universal) n=25

The health visiting programme is an invaluable service open to all universal parents, the health visitor was able to advise me on common childhood illness and prescribe the relevant treatment saving in a trip to the GP. The health visitor is easy to contact and able to advise and signpost to lots of resources whilst also too lauding a wealth of knowledge on how to manage my baby and adapting to motherhood.

My health visitor was supportive when I really needed it. I would have been lost without her support in helping me recognise how my problems were affecting me and my baby

Health visitor cares a lot for us and it's a really good service.

I received fantastic support from my Health Visitor when I suffered from post-natal depression. I was offered referrals into the Mental Health services and also listening visits from my HV which were so valuable. I was able to talk to my HV about how I was feeling. Who would provide this service if HV were not available? This is not something I would have accessed my GP for.

Appendix 2

I have found this service to be really helpful as a second time Mum I really needed some extra support as I had 2 children under 3 and was finding it hard to cope. My Health visitor helped guide me in the right direction and I feel that support for Parents in turn can only benefit the health of our children.

I don't think I would have survived a traumatic time suffering from postnatal depression without the fantastic support I received from my Health Visitor.

I found the health visitor quite impersonal and unapproachable.

Without my health visitors support, I wouldn't have realised that I was feeling depressed.

The health visiting services in my area are excellent very understanding of everything and supportive.

If it wasn't for my health visitor, my child wouldn't have a school. And she set him up with speech therapy.

Accessed universal HV and never saw same HV more than once which wasn't helpful for rapport building and stopped me seeking further help. Further cuts are only going to add to this. Thankfully I had strong support networks and good mental health but if I didn't I would have struggled.

Just met my health visitor for my first antenatal visit; I was surprised and pleased about the service. Please don't remove it!! We are more excited than ever now!

Health visitors provide a wealth of information about child development and information for parents around all aspects of being a parent and any issues that may arise.

Had fantastic support off my health visitor, baby clinics and support when needed with my two children.

Health visiting in BwD is of the best, as my Health Visitor was a tower of strength and support for me when I had my baby. Without my health visitor support I would not have been able to carry on as it brought a lot of challenges. The team was excellent.

Appropriate advice is always provided when required.

The 0-5 programme is very good.

It's good to have someone to give you advice, even if it's a small worry.

Necessary

The teams provide an excellent service supporting families within the area.

Reassuring and knowledgeable staff who put my mind at rest when struggling with my mood and emotions after having my baby. Made me feel that I was not alone and signposted me to groups and support.

The one to one support has been really good. The continuity of care makes me feel like I have somebody to turn to when I need advice.

Well needed and much appreciated.

Very supportive

I value confidential home visits and knowing I can access support when I need it.

Early Start (n=3)

Appendix 2

Happy with early start service because they support you so much.

As a resident in Blackburn with Darwen thank you for the opportunity to comment on the proposal to cut early start. Early start is vital for the most vulnerable parents and children in our borough. Early start saves the council money in child protection and mental health services. Early start works to ensure attachment and healthy emotional bonds that foster healthy development and better life chances. This is not the area to make savings. The highly skilled service is not replicated by any other service and it would be a travesty and extremely short sighted to cut early start. Other services rely on early start's expertise and the children and parents of Blackburn with Darwen deserve access to this excellent service.

When I had custody of my boy the help I got was good.

Family Nurse Partnership service (n=8)

My family nurse is so supportive I couldn't have done it without her

FNP is really good and helpful for first time mums.

FNP been so helpful.

FNP BRILLIANT !

How you can consider having no early intervention is beyond me!!! Evidence shows the impact early help has in family's lives and budgets reducing LAC and safeguarding!!! Health visitors do not have capacity to perform early help even with the additional skills from learning of early start They can't have learning from FNP as it is licensed which raises the question do you even know what FNP is? I think not as if so it would not be in this consultation as it not a health visiting service it is a behaviour change programme that has the healthy child programme woven into a very small part of it. It is far more than healthy child programme. I suggest you decommission children's centres as those that are vulnerable i.e. teenage mothers do not use this service and if you actually actively listened to this group you would know this instead you put this consultation out at short notice quick turnaround not on social media and not given to Early Start or FNP clients directly to get their views. In my option it's unethical and not at all cost affective to rid yourselves and our area of the fantastic programme that is currently making a huge difference in our area !!!! And it has only been going 1 year. You need at least one targeted early intervention program delivered by specialist nurses/health visitors as they are proven to have the knowledge and skills and are respected by the client groups.

I found my FNP family nurse to be very upsetting about my situation. She made me feel terrible, where my health visitor was very bubbly and upbeat, really nice lady, warm and welcoming.

FNP has been fantastic.

Section 2 – Options for future Healthy Child Programme 0-5 services in the borough

Health visiting service 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.

Q4. Do you support the proposed changes to the health visiting service as set out above?

19 (17.59%) Strongly support
13 (12.04%) Tend to Support
11 (10.19%) Neither Support nor Oppose
8 (7.42%) Tend to Oppose
57 (52.79%) Strongly Oppose

108 Total responses

The majority of respondents 66 (61.1%) either strongly oppose or oppose the proposal, compared to 32 (29.6%) respondents who either strongly support or tend to support the proposal.

Q5. If you have an alternative option for the 0-5 Healthy Child Programme services, which you would like the council to consider, please state your suggestion(s) below

Keep targeted services for vulnerable

A multiagency team for the most vulnerable families in the Borough including midwife, health visitor, mental health practitioner, family support and Children`s Social care.

Merge early start and FNP to offer a more defined programme of care for the more vulnerable and needy parents in the area. Skills that have been gained within these services will be lost and are proven to have been beneficial and received positively. To take away this support would lead to issues in years to come as the overstretched health visiting teams do not have capacity to give the dedicated plans of care needed.

Keep one early intervention service.

Keep one early intervention programme.

The health visiting service absolutely does not have the capacity to provide the intensive evidence based support that these programmes offer. Both of the proposed services have robust evidence bases for support to this population. Health Visiting do not have the evidence to suggest that this service alone can provide any sustained behaviour change.

There is already a named HV for the children 0-5. These two separate services are to help those who are vulnerable and marginalised.

Keep Family Nurse Partnership

Don't get rid of FNP ever ever ever

Family nurse partnership is not a health visiting service. Whoever had devised this survey has no idea about what the service is. Every family already has access to a health visitor until their child is 5 anyway, unless they are on family nurse partnership. First time young parents are vulnerable and often need intensive work and early intervention to make positive health choices and build self-efficacy reducing safeguarding and attachment issues for children and saving cost to services in future. What has happened to bwds early intervention strategy and this decision has obviously been made without consideration for outcomes to families or evidence based research that clearly states the need for this work. Also I have been made aware all children`s centres remain when a high majority of vulnerable families will not step foot into them.

KEEP FNP!

Appendix 2

Keep the family nurse partnership, really helpful.

I propose keeping the family nurse partnership programme for vulnerable teenage clients and ending the early start intervention I feel the targeted fnp approach saves money across the board and makes a difference it would be criminal to end this programme given the outcomes it has already produced

Keep Early Start

Keep early start the rest of the service along with multi agency partners can refer to the team when the specialism is needed. Nothing replicates it please don't end this vital service.

Keep early start and health visiting.

Keep at least the Early Start Programme who work with the vulnerable families

Keep Health Visiting

I can't think of another service that would be as valuable as the health visiting service I receive. Some families need extra support at some times - I am one of them and my health visitor is so important to me.

I love my health visitor, I would like to see her more if possible. Saving money is one thing but consider the children of the borough, and the parents needing support. Think ahead.

I want the HV service to stay as it is.

If additional support is needed, it should be available. I have not received the additional services but feel I would have liked to see my health visitor more. Does this mean less visits???

To continue the health visiting to support new mums

None- I am new to the service and was very impressed

Develop HV service and embed learning from targeted services

I have knowledge of some of the good work that has been done in the specialised areas and feel that the 0-19 service would benefit from some of the specialised strategies used in the Early Start team and the Family Nurse Partnership would be beneficial when Health Visitors are delivering a service to the other families within Blackburn with Darwen.

More visits from Health Visitors as I had with my 1st child. I liked knowing my Health Visitor and would not like lots of different people involved as happened with the Midwives. I did not see the same Midwife which did not help with my depression.

Also does everyone need a named HV or could just your vulnerable areas and parents?? As I know I did not need one but my client group does.

There is a need for additional support for some parents, such as those with mental health problems, disability, learning difficulties, young people who have been previously Looked after Children. 'One size for all' service does not meet the needs of all the vulnerable groups. Why are services which support the most vulnerable parents and use evidence based interventions proven to have short and long term health benefits for parent and infant being cut first? Could an allocated HV be placed in each team to have responsibility for some of the most vulnerable clients to offer enhanced support, rather than removing all support?

Appendix 2

Work smarter & keep skilled professionals who save money in the long run by working proactively instead of reactively.

Consider HV service to age 3 as opposed to 5, as it's really is the first 101 days that are crucial and support required.

I have an 18 month old child - health visitors and anti-natal was nearly non-existent in comparison to the care I was provided have my first born 8 years ago.

The FNP are paid at band 7how will the integration of these nurses affect the wider HV teams.

Keep the same

Continue offering the same service as is offered now.

Don't change anything

Multiagency team offer

Explore links with the voluntary sectors to support this area of work.

Train nursery staff to deal with minor issues or offer low level advice.

Close Children's centres

Children's Centres are severely underused. Close those and invest in highly skilled personnel who are trained to deliver early intervention and prevention.

Scrap children's centres or reduce.

Scrap some children's centres

Reduce management costs

How about looking for voluntary retirement for the overpaid management set.

Q6. If you have any other comments, please provide these below

Don't cut any CYP services – false economy

All these services are essential to ensure all children have the best chance to reach their full potential in the early years of their lives. Cuts should not be made in any service.

Early increased support and interventions support improved infant attachment and parental bonding, subsequently this improves mental health outcomes, improved behaviour, improved resilience, educational achievement etc. Early intervention and support to promote positive infant and maternal mental health is a major public health priority without which the cycles of disadvantage, inequality and dysfunction will be perpetuated. It is questionable why BwD are choosing to ignore the numerous Government guidelines and drivers recommending early intervention and support, such as the Munro report, 1001 critical days, conception to 2- the age of opportunity, All Babies Count to name a few.

Early start saves money in the longer term let alone the mental health benefits.

There are many other ways to save money, but please don't cut the services us mums and babies need and want.

This may save money in the short term but destroying the health visitor service is a terrible idea.

Appendix 2

Why are the family nurses leaving, the support that these girls give is fantastic And how much money has it cost to train them?

Why was FNP commissioned knowing that there were proposed cuts?

Consider alignment with Lancashire County Council plans.

Keep service offer for vulnerable

An intense service is necessary for more complex first time mums- involved in drugs/alcohol or have mental health issues

As a single mother my health visitor has been more than helpful, i dont know how i would have handled everything without her help and support

I am a single father with 2 children. Since my wife has died my health visitor has been very helpful caring and went out of her way to help with my situation. Without her I am not sure how I would have coped.

I believe the early start and family partnership models provide extra support to families in most need to ensure the children have the best start in life possible

I strongly oppose the proposed changes to 0-5 services, in particular the cessation of the Early Start Team. Generic services do not have the capacity to take on this additional workload due to already over stretched staffing and resources. Research supports targeted interventions from expert professionals. The practitioners in the Early Start Team have a particular passion for supporting vulnerable families, and as a result of this, they will work tirelessly in supporting families. A reduction of this service would have a direct impact on the health and wellbeing of families, and could impact on safeguarding children resulting in indicators for neglect being unidentified due to lack of continuity or inexperience. The cessation of this service could also impact upon the numbers of children being removed from their parents due to lack of appropriate support.

I think changing or removing services to the vulnerable people/inexperienced mother is a terrible idea.

I work in a service in Blackburn with Darwen which relies on the partnership working of these services to safeguard children.

KEEP FNP!

My family nurse has been here for me since I was 11 weeks pregnant and is fantastic. I don't want a health visitor.

Reducing the availability of HV is going to significantly put young children at risk for undetected illness and neglect.

Keep highly skilled workforce

HV have a number of important skills gain by having a public health degree not held by other professional groups. Providing the HCP is much more than completing a tick list against development norms HV are trained to search out for health needs with individual's families and the wider community. Please allow HV to use their skills and become autonomous practitioners.

I think it would be a tragedy to cut such specialised services from highly trained professionals.

I would like to know as a tax payer how much money has been ploughed into these services. Also what will happen to the employees in these services?

Appendix 2

I would prefer the service to be offered by qualified health professionals

It is already proven to be difficult to recruit to health visitor roles. To take away these valuable programmes of care to the most vulnerable families in the area will further add to stress and overwork for health visitors and make the roles less appealing for recruitment.

Please stop the duplication of work and the wasted money spent on children's centre staff trying to provide similar services as what health visitors provide only it's a cheaper less holistic and less thorough service! Health visitors are graduates whom have studied at university and are specialist in public health not a community worker whom may have for a few college courses.

Universal HV service is valued

I need HV support as a first time mum. I have had support around breastfeeding.

I have 2 children and had the same health visitor. The service has really helped me and my family

I strongly feel that the health visiting services about are all the best bar none. Without her help I would have been lost.

I think it's important all mums get help.

I think there should be more help with understanding your child's health needs and also how they learn and develop. I feel this should be available to all Parents and think it would be beneficial to vulnerable children.

It should be open to all.

The Health Visitor role I feel is very important to the families of Blackburn with Darwen and anyway we can enhance skills for delivering this can only have positive implications for the families when we look at interventions from other services such as The Early Start Team and Family Nurse Partnership.

To remove the health visitor I see with my three children is ludicrous. She is very warming and welcoming and my kids love her.

Critical of public consultation exercise

I feel this consultation has been done very cloak and dagger and not transparent. it needs to be in the paper on social media and a longer time frame. As 1 week is ludicrous and signed the death warrant on early intervention services and support from highly skilled and qualified professionals in this area.

Look at the evidence and ensure you understand what a service is before you do a survey on it and get your facts right about what it is.

This consultation should be given to clients directly that are receiving the services you stupidly propose to lose if you truly want a consultation that is open honest and reflection of service users views and currently this has not been done the current clients have no idea this consultation is even going on.

We would like to know what the difference between the current service and the proposal will be as this does just seem to be cutting one service?

Section 3 – About you

Q3.1 Which of the following describes how you think of yourself?

Male 5 (5.81%)
Female 81 (94.18%)

Total 86 responses

Q3.2 Is your gender identity different to the one on your original birth certificate?

Yes 5 (6.03%)
No 78 (93.98%)

Total 83 responses

Q3.3 How old are you?

15-19 7 (8.24%)
20-29 20 (23.53%)
30-39 31 (36.47%)
40-49 16 (18.82%)
50-59 9 (10.59%)
60-69 2 (2.35%)
70-79 0 (0%)
80+ 0 (0%)

Total 89 responses

Q3.4 What is your ethnic group? (Please tick one box which best describes your ethnic group or background):

73 White English/Welsh/Scottish/Northern Irish/British
1 White Gypsy or Irish Traveller
1 Any other White background (please state)
6 Asian / Asian British – Indian
2 Asian / Asian British – Pakistani
1 White & Black African
2 White & Asian
86 *total responses*

Q3.5 Are you pregnant or have you recently given birth (within the last 26 weeks)?

20 (23.26%) Yes
66 (76.74%) No

86 total responses

Q3.6 Do you consider yourself to have a disability?

6 (6.98%) Yes

Appendix 2

80 (93.03%) No
86 *total responses*

Q3.7 Please state the first 4 digits of your postcode (this information will simply inform us of which ward you live in and not your home address): _ _ _ _

BB1	3
BB1 1	3
BB1 2	6
BB1 3	6
BB1 4	1
BB1 5	2
BB1 7	1
BB1 8	1
BB1 9	4
BB2	2
BB2 1	1
BB2 2	2
BB2 3	1
BB2 4	6
BB2 5	5
BB2 6	2
BB2 7	6
BB3	2
BB3 0	9
BB3 1	3
BB3 2	11
BB4 6	1
BB5 4	1
LA1 2	1
Missing	8

Q3.8 How would you describe your living situation?

12	(14.63%)	Live alone
43	(52.44%)	Co-habiting (living) with partner
26	(31.71%)	Parent/Carer living with at least one child under 16
1	(1.22%)	Student living parents/carers

86 total responses

Limitations

Significant bias due to service staff completing questionnaire (whose jobs will be at risk) as opposed to general public only, may have affected the results of this survey.

The survey may have been completed multiple times by the same respondent.

Appendix 2

Of those respondents that 'strongly opposed' the proposal, 19 out of 57 (33.3%) stated they were not service users. If these 19 responses were removed from the survey, 38 / 89 (42.6%) would have 'strongly opposed' the proposal.

However, if the 19 non service users with a 'strongly oppose' answer were to be removed, the majority result would remain as 46 / 89 (51.6%) respondents would either strongly oppose or oppose the proposal, while 32 / 89 (35.9%) respondents would either strongly support or support the proposal.

The narrative responses to the open question or requests for 'comments' did not consistently match with the responses to the proposal. Therefore, there may have been an error with the wording of the question (ie. the proposal) which may not have been understood by some respondents.

Lack of time available to pilot the questionnaire.

Limited time available to complete the public consultation survey (2 weeks).

END

GP Consultation on the Future of Health Visiting and School Nursing Services in Blackburn with Darwen

Page 1: Introduction

Background

The responsibility for children's public health commissioning for 5-19 year olds, specifically School Nursing, transferred from NHS England to local authorities on 1 April 2013. The responsibility for children's public health commissioning for 0-5 year olds, specifically Health Visiting, transferred from NHS England to local authorities on 1 October 2015. These contracts with current providers will come to a natural end in March 2017.

As a result of European Union Procurement Law, and in response to extensive local cuts to the Department of Health Public Health Grant, it is necessary to reshape and re-procure a number of children and young people's public health services to achieve best value for money, and ensure limited resources are focussed where they are most effective at improving outcomes for our residents. The majority of this tender evolves around Health Visiting and School Nursing Services and Blackburn with Darwen Public Health are keen to engage all potential stakeholders in decision making, including General Practitioners.

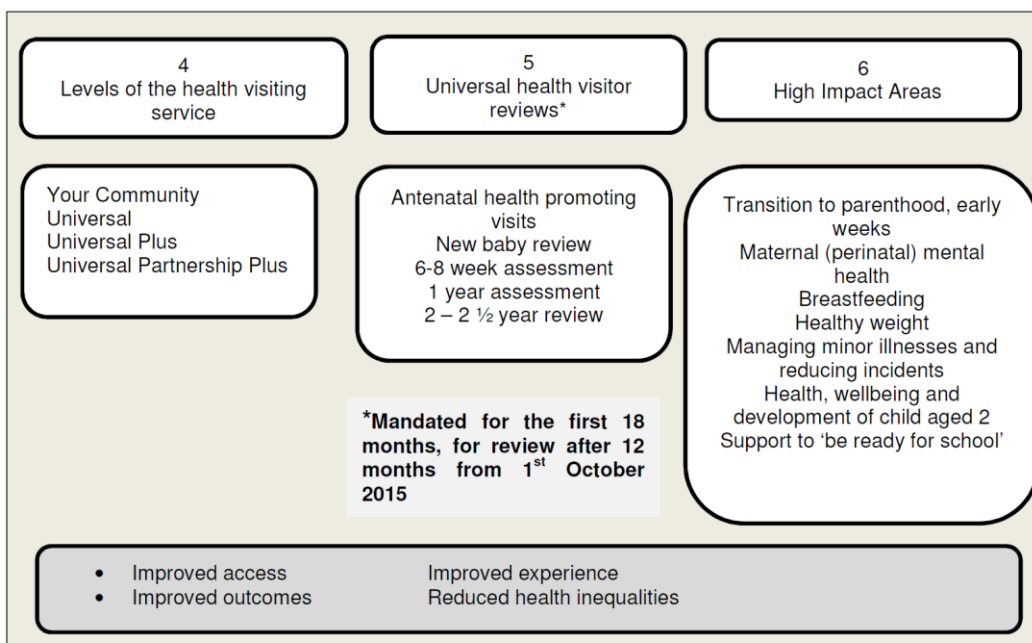
Currently, the Health Visiting and School Nursing services are the lead deliverers of the evidence based 'Healthy Child Programme' (HCP) from early pregnancy to 19 Years. The HCP is the early intervention and prevention public health programme that lies at the heart of our universal services for all children and families. Whilst the Health Visitors and School Nurses have an important pivotal role within delivery the HCP, they work in partnership and rely on over 100 other agencies that provide a wide range of support for children, young people and families, in a range of settings such as homes, primary care, children's centres, schools and colleges, and youth centres.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status. Universal and specialist public health services for children are important in promoting the health and wellbeing of all children and reducing inequalities including:

- Delivery of the HCP;
- Assessment and intervention when a need is identified; and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care.

The HCP 0-19 Years provides a framework to support collaborative work and more integrated delivery. This programme aims to:

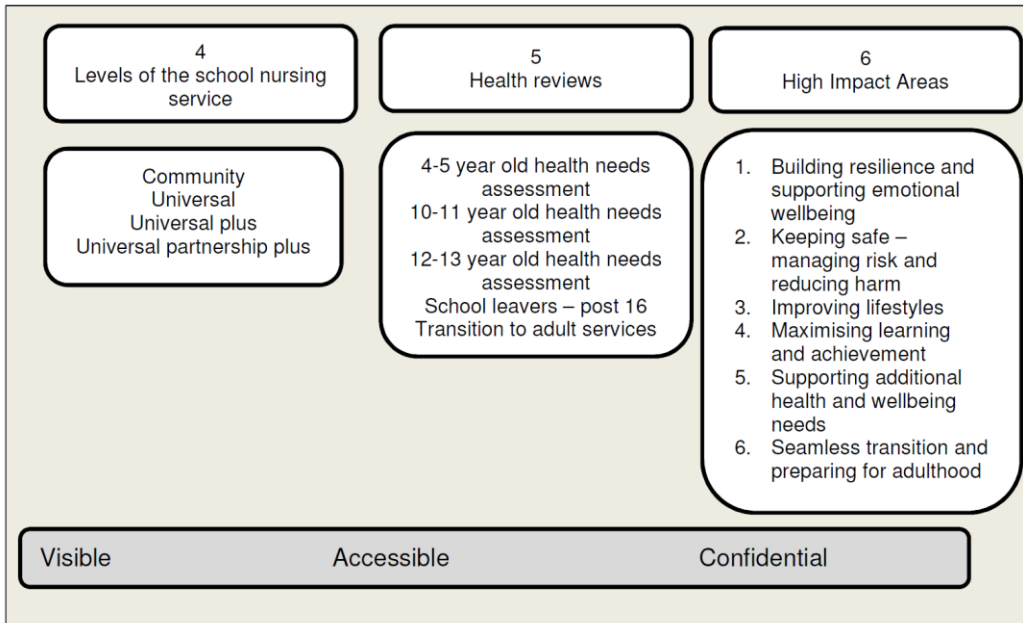
- improve health outcomes for all children and young people;
- detect and support need early, by offering early interventions, health and development screening and support; and
- provide additional levels of support to families, children & young people with additional needs.



Health Visiting
The national health visiting model is set out below

School Nursing

The national school nursing model is set out below



Page 2: Health Visiting 0-5 Years (Questions)

1. This Health Visiting service is currently working well to meet the needs of my registered patients.

Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

2. Please tell us what is currently working well with the Health Visiting Service in Blackburn with Darwen

1. Please tell us if there is anything that is not currently working well with the Health Visiting Service in Blackburn with Darwen, and any suggestions of how this might be improved

3. What are your key priorities or concerns for the Health Visiting Service (please select up to 3 that you consider most important)?

Healthy Weight
Infant feeding: breastfeeding

Safer sleep and SIDs reduction
Attendance at safeguarding/child protection meetings and production of reports

Appendix 3

Infant feeding: formula feeding related problems
Weaning and nutrition
Child safety and accidents
Attachment
School readiness
Immunisations and vaccinations
Minor ailments and prescribing
Achieving developmental milestones
Sleep and routine challenges
Smoking in pregnancy and beyond
Social isolation for families

Dental health
Vision screening
Vitamin D Deficiency
Newborn screening
Complex health needs
Maternal mental health
Paternal mental health
Parenting
Parental healthy weight
Family healthy lifestyle advice and support
Building community capacity and assets for health and wellbeing

Other (please detail below)

4. Please tell us if you have any others comments about the future Health Visiting Service in Blackburn with Darwen, taking into consideration the reducing Department of Health Public Health Grant

Page 3: School Nursing 5-19 Years (questions)

2. This School Nursing service is currently working well to meet the needs of my registered patients.

Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

3. Please tell us what is currently working well with the School Nursing Service in Blackburn with Darwen

4. Please tell us if there is anything that is not currently working well with the School Nursing Service in Blackburn with Darwen, and any suggestions of how this might be improved

5. What are your key priorities or concerns for the School Nursing Service (please select upto 3 that you consider most important)?

- Providing 1:1 support to young people
- Supporting education settings to identify health needs and adopt settings approaches to address these
- Development of local health policies for schools
- Attendance at safeguarding/child protection case meetings and production of reports
- Minor ailments including prescribing
- Safety, accidents and injuries
- Individual child health needs assessment and care plans where necessary
- Delivering teaching sessions eg PSHE
- Dental health
- Educating/increasing awareness of health issues with other school staff
- Family support
- Health Promotion Campaigns
- Health Screening
- Home visits
- Immunisations and vaccinations
- Liaison with Special Needs Educational Service
- Monitoring child development
- Other (please detail below)
- Healthy weight: diet and nutrition
- Healthy weight: physical activity
- Emotional health and wellbeing
- Mental health conditions including self harm
- Sexual health and relationships
- Continence and constipation
- Smoking cessation
- Drugs and alcohol
- National Child Measurement Programme
- Building community capacity and assets for health and wellbeing
- Running specialised clinics e.g. enuresis
- Support for Looked After Children
- Support for pupils/students with longer-term health conditions
- Support for pupils transferring into the area
- Support for pupils on transition to primary school
- Support for pupils on transition to secondary school
- Pupil/Student Drop-In Services

6. Please tell us if you have any others comments about the future Health Visiting Service in Blackburn with Darwen, taking into consideration the reducing Department of Health Public Health Grant

Page 4: End

Thank you for your time in completing this survey

Any further comments can be sent to:

Public Consultation Survey
Blackburn with Darwen Borough Council
Public Health Department
10 Duke Street
Blackburn
BB2 1DH

OR

Email: PublicHealthConsultation@blackburn.gov.uk