Gateshead Council

REPORT TO CABINET
18 July 2017

TITLE OF REPORT: Review and Procurement of 0 – 19 Public Health Service Provision

REPORT OF: Alice Wiseman, Director of Public Health

Purpose of the Report

1. This report sets out the findings of the review of 0 to 19 public health service provision and outlines the new service model. The purpose of this report is to seek endorsement for the new model for 0 to 19 public health services.

Background

2. Since April 2013 local authorities have been responsible for commissioning public health services for school-aged children aged 5 to 19 (school nursing). In October 2015 the commissioning responsibility for the 0 to 5 public health nursing workforce (health visiting and family nurse partnership) also transferred to local authorities

3. As part of the transfer of commissioning responsibility for the 0 to 5 public health nursing workforce it was decided that a review of all public health 0 to 19 services should be carried out with a view to remodelling and re-procuring services during 2017/18.

4. The findings of the review process and the proposed service model are detailed in appendix 2 and were endorsed by the Families Overview and Scrutiny Committee at its meeting on 15 June 2017.

Proposal

5. Cabinet is asked to endorse the findings of the review and the proposed model as set out in Appendix 2.

6. Cabinet is asked to receive a further report, later in the year, once the procurement exercise is complete to agree the award of the new contract to the successful provider.

Recommendations

7. It is recommended that Cabinet:

   (i) notes and endorse the recommendations, findings and analysis of evidence, and the proposed model for 0-19 Public Health Services outlined in appendices 2 and 3; and

(ii) notes that a further report will be submitted later in the year, once the procurement exercise is complete, to agree the award of the new contract for 0-19 Public Health Services.

For the following reasons:

- To ensure that the Council meets its duty to promote and protect health, tackle the causes of ill-health and reduce health inequalities.
- To embed a robust approach to early intervention and prevention whilst ensuring that all children and young people receive the full service offer (Healthy Child Programme 0 to 19).
- To explore the opportunity for greater integration with children's services within the Early Help Strategy/Framework.
- To remodel the service ensuring best value/service efficiency within the funding envelope.

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APPENDIX 1

Policy Context

1. Local authorities have a duty to promote and protect health, tackle the causes of ill-health and reduce health inequalities (Local government's new public health functions Department of Health 2011). Commissioning high-quality public health services for those aged 0 to 19 (as part of the Healthy Child Programme) can help to achieve this.
2. Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012. The Act conferred new duties on local authorities to improve public health. From 1 April 2013 local authorities have had a new duty to take such steps as they consider appropriate for improving the health of the people in their areas.
3. Since April 2013 local authorities have been responsible for commissioning public health services for school-aged children aged 5 to 19 (school nursing). In October 2015 the commissioning responsibility for the 0 to 5 public health nursing workforce (health visiting and family nurse partnership) also transferred to local authorities

Background

4. The transfer of responsibilities, identified in paragraph 3, has given local authorities the opportunity to ensure that commissioning for children age 0 to 5 and 5 to 19 is joined up so that the needs of everyone aged 0 to 19 are comprehensively addressed.

5. Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through strong children and young people's public health. This is brought together in the national Healthy Child Programme 0 to 19, which includes:

    - Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009)
    - Healthy Child Programme: From 5 to 19 years old (DH/DCSF, 2009)
    - Healthy Child Programme rapid review to update evidence (PHE, 2015)

6. The Public Health England (2016) 'Guidance to support the commissioning of the Healthy Child Programme 0 to 19: Health Visiting and School Nursing services':

    - Describes the health visiting and school nursing 4-5-6 service models, high impact areas and related outcomes (see appendix 3)
    - Provides a national template for local authorities to use/adapt to meet local needs
    - Supports integrated delivery and provides opportunities for local authorities to consider integration and co-commissioning
    - Offers quality and standardisation of service delivery whilst recognising the need for local adaptability

Consultation

7. In carrying out this review and developing the model the Public Health Team has consulted with a range of stakeholders including:

    - Members of the public
    - Key stakeholders including GP's, Children's Services, education services, North East Commissioning Support, Clinical Commissioning Group
    - Health Visitors, School Nurses and Family Nurses
    - Cabinet Members for Children and Young People
    - Health and Wellbeing Board

Alternative Options

8. Alternative options have been considered and none were considered viable. This option supports the Councils responsibility for health improvement including to; promote and protect health, tackle the causes of ill-health and reduce health inequalities.

Implications of Recommended Option

9. **Resources:**

    a) **Financial Implications –** The Strategic Director, Corporate Resources confirms there are no financial implications arising directly from this report. The cost of the Service is to be met from the existing public health budget as previously agreed as part of the budget consultation.

    b) **Human Resources Implications –** There are no human resource implications arising directly from this report.

    c) **Property Implications -** There are no direct property implications arising from this report. If the implementation of the proposed model gives rise to any property implications for the Council in the future they will be the subject of a separate report.

10. **Risk Management Implication -** There are no risk management implications arising directly from this report.

11. **Equality and Diversity Implications -** There are no direct equality and diversity implications arising from this report.

12. **Crime and Disorder Implications –** There are no direct crime and disorder implications arising directly from this report.

13. **Health Implications –** There are no direct health implications arising from this report.

14. **Sustainability Implications -** There are no direct sustainability implications arising directly as a result of this report.

15. **Human Rights Implications -** There are no direct human rights implications arising directly as a result of this report.

16. **Area and Ward Implications -** There are no direct area and ward implications arising directly as a result of this report.

Background Information

17. Not applicable

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE

TITLE OF REPORT: **Review and procurement of 0-19 Public Health Service Provision**

REPORT OF: **Alice Wiseman, Director of Public Health**

SUMMARY AND PURPOSE OF THE REPORT

The report submitted to Scrutiny Committee on the 6th April 2017 gave an overview of the following areas:

- Local authorities commissioning responsibilities for the 0-19 public health nursing workforce
- The Healthy Child Programme for ages 0 to 5 and 5 to 19
- Review aims and objectives, methodology, progress to date and next steps

The purpose of this report is to give Scrutiny Committee an overview of the 0 - 19 health needs assessment, consultation findings and the proposed model for the procurement and delivery of a 0 to 19 Healthy Child Programme (HCP) service (Health Visiting, Family Nurse Partnership and School Nursing) for Gateshead.

BACKGROUND

1. As part of the review and procurement process of the 0 to 19 public health service provision the Public Health Team, in partnership with key stakeholders, has undertaken the following:

- A full health needs assessment
- Evidence base and guidance review
- Consultation with service users and key stakeholders
- Development of service model and specification to deliver an integrated 0 to 19 Healthy Child Programme

HEALTH NEEDS ASSESSMENT

2. The health needs assessment has been compiled over several months using a range of different data sources. A snapshot of the data includes:

- Population of around 201,000 people - projected to increase by 11,000 (5.5%) (2014 and 2039 to 211,500)
- 2,214 live births (2015)

- Children and young people under the age of 20 years make up 22.6% of the population of Gateshead
- 9.4% (n2,240) school children from minority ethnic groups (2016)
- 2014 population based projections:

Age	2014	2024	% change since 2014
0 – 4	11,600	11,100	-5%
5 – 10	13,300	13,200	-1%
11 – 15	10,300	11,800	+14%
16- 18	7,500	7,400	- 2%
19 - 24	13,900	12,500	-10%

- Level of children aged under 16 years living in poverty is 22.6% (2014)
- Breastfeeding prevalence at 6 to 8 weeks after birth is 36.7% (2014/15)
- 97.8% of children in care with up to date immunisations (2016)
- Smoking status at time of delivery 13.2% (2015/16)
- 68% of children achieve a good level of development at the end of reception (2015/16)
- 10.3% of school children in reception (age 4 to 5) classified as obese (2015/16)
- 23.2% of school children in year 6 (age 10 to 11) classified as obese
- 1,670 children and young people aged 0-24 acknowledged that they provide unpaid care (2011 census)
- 4,387 pupils (years 1 to 11) in Gateshead were reported by schools to have a special educational need or disability, which equates to 15% of the whole school population (Jan 2016)
- A total of 2,191 child in need (CIN) assessments were completed (2015/16)
- Rate of children subject to a child protection plan per 10,000 stood at 67.6 per 10,000 (n271 children - March 2016)
- 343 (85.5 per 10,000) children and young people who were classed as being looked after (March 2016)

OVERVIEW OF CONSULTATION FINDINGS

3. A number of consultation exercises have been carried out during 2016/17 with members of the public and other stakeholders. A variety of consultation methods have been used including questionnaires, small focus groups with parents, an event with health visitors, family nurses and the school nursing workforce. The findings below are a snapshot of the consultation responses.

4. There was a mixture of responses from members of the public in relation to the current 0 to 19 public health service. We asked people out of a list of 12 health outcomes to rate the five most important health outcomes for their family. The five most important were identified as; promoting positive parenting, school readiness, improving emotional health and wellbeing, promoting healthy eating, reducing risky behaviours.

5. Members of the public were also asked what was currently working well in terms of the 0 to 19 public health service and responses included:
- Levels of support available including one to one support
- Staff know you and your child
- Non-judgmental
- Monitoring of health
- Home visits

6. They were also asked what they would change about service provision and responses included:
- FNP to continue past age 2
- More accessible including access to health visitor clinics on Saturdays (for those who work)
- Consistency of advice between different health visitors
- Emotional support for parents
- Bring back local children's centre as a one stop shop for advice and referral to other services

7. The same questions were also asked of key stakeholders (including but not limited to GP's, education, children's centres, youth offending team and family intervention team). Key stakeholders identified the five most important health outcomes for families as; school readiness, promoting positive parenting, improving emotional health and wellbeing, promoting healthy eating, reducing risky behaviours.

8. The same five most important health outcomes for families were identified by members of the public and key stakeholders. The only minor difference is the order in which the first two health outcomes were rated.

9. Key stakeholders identified the following areas as working well:
- Support & advice immediately on the end of the phone
- Good partnership/multi-agency working with all 3 elements of the service has resulted in established, long lasting working relationships
- Information sharing via multi-disciplinary team meetings
- Dedicated health visitor – good quality common assessment framework assessments and involvement in team around family meetings
- Training for staff

10. In relation to what would they change about service provision the responses included:
- All services to be based together – be more integrated, joint training
- Access to services for parents who do not have as many identifiable needs but require reassurance and support in difficult times
- Better communication and improved networking
- Health visitors to be part of the primary care team
- Closer alignment with family support services to reduce duplication and increase collaborative working

11. It should be noted that there are some conflicting expectations between key stakeholders in relation to what should be changed about service provision e.g. all services to be based together or health visitors to be part of the primary care team.

Paragraph 14 highlights the expectation for collaborative working and that there are a number of options that will need to be considered.

12. The 0 to 19 public health workforce were also consulted and the following is a snapshot of some of the findings:

What is working well: engagement with asylum seeking families, focus on increasing immunisation rates, good links with Elizabeth House and Young Women's Project, good engagement with teenage population re FNP

Barriers to service provision: higher levels of complexity for families, location of service (some elements based in South Tyneside), waiting for responses from the crisis team, issues around transition and ongoing support for children and young people

WHAT WILL BE DIFFERENT

13. The new service model has been designed to address Gateshead's specific identified needs and priorities. The model will combine health visiting, family nurse partnership and school nursing teams into an integrated service of public health nurses providing greater flexibility and resilience. There are currently two contracts and these will be combined into one contract and service specification.

14. The new service model is largely based on national service models and specifications for health visiting, school nursing and family nurse partnership. The service will be delivered by a team of qualified and skilled public health nurses with a mix of skills and competencies, supported by other staff.

15. The service will be expected to work in close collaboration, which may initially include co-location where feasible, with other Gateshead services for children and young people, for example with early help and children's centre programmes. The emphasis within the service model will be on a whole family approach which reflects the ethos of the council in supporting children and families.

16. There will be an expectation that the service will need to be flexible and respond to any changing landscapes particularly in light of the emerging "Early Help Model/Framework" which is currently being developed by Children's services in the Council. The "People, Communities and Care" model which has been developed by Newcastle/Gateshead CCG also needs to be considered which is centred on "A place-based system where everyone, young or old will be supported to live, work and age well as individuals and as part of their community".

17. The ultimate aim would be health and social care integration but this will require a step change and may take a number of years to achieve so again the need for the service to be flexible is paramount. There are many different definitions of integration and The Early Intervention Foundation has identified that the starting point should be how services are experienced by the child, young person and their family and how well services meet their needs.

THE PROPOSED MODEL

18. Public health nursing is in a unique position to influence and work with the whole family in the interests of children on social, psychological and health choices and behaviours. It is also well placed to affect health behaviour change when young people are developing independence, self-determination and autonomy.

19. The proposed model for the 0 to 19 Healthy Child Programme will have the child, young person and their family at its centre with a strong public health focus, underpinned by a robust evidence base. The vision articulated in the Gateshead Children and Young People's plan is "Gateshead is a place where children, young people and their families are safe, healthy and happy. Where everyone enjoys a good quality of life and can achieve their full potential"

20. All Department of Health mandated requirements will be met (health visitor reviews and national child measurement programme) and there will be safe clinical governance and strong information governance. There will be robust monitoring systems that will aim to evidence the scale of reach across Gateshead and the impact the 0 to 19 HCP is having on the lives of the children, young people and families of Gateshead.

21. We are proposing an evidence based 4-5-6 model for both health visiting and school nursing (see appendix 3) with additional emphasis on identified local needs. This is based on levels of service, contact points/health reviews with children, young people and their families and high impact areas. Some elements of the 4-5-6 model are applicable to the Family Nurse Partnership element of the service, however please refer to paragraphs 25 to 27 for further details of this programme.

22. Safeguarding is a thread throughout the model ranging from identification of risk and need to early help and targeted work, through to child protection and formal safeguarding.

23. The detail behind the 4 levels of service identified within the 4-5-6 model are as follows:

Community: health visitors and school nurses have a broad knowledge of community needs, resources and services available for children, young people and their families (e.g. family intervention team, children's centres, GP's, self- help groups) and will be involved in referring to and working with appropriate services

Universal Services: health visitors and school nurses provide the Healthy Child Programme to ensure a healthy start for every child. This includes promoting good health, for example through education and health checks and protecting health e.g. by checking immunisation status and identifying problems early.

Universal Plus: provides a swift response from health visitors and school nurses when children, young people and their families need specific expert help which might be identified through a health check or requested by a parent or young person who have raised a concern. This could include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health wellbeing.

Universal Partnership Plus: delivers on-going support by health visitors and school nurses as part of a range of local services working together and with the child, young person and their family to deal with more complex problems over a longer period of time.

24. The purpose of the high impact areas is to articulate the contribution of health visiting and school nursing and describe areas where the workforce can have a significant impact on health and wellbeing and improve outcomes for children, young people and their families and communities. However, it must be noted that the high impact areas do not capture the entirety or breadth of the service provisions or the interventions that will need to be delivered.

25. The public health nursing service will also:

- Review immunisation status and refer to appropriate services where required
- Check the status of all screening results and refer to appropriate services where required
- Provide health promotion advice – healthy diet and weight, breastfeeding and weaning, dental health, healthy sleep patterns, managing minor ailments, prevention of accidents and socialisation
- Assess and support the emotional health and wellbeing of children, young people and their parents, where appropriate, including referral to other/specialist services where required
- Undertake developmental reviews
- Offer targeted support in conjunction with other services and where appropriate e.g. young carers health needs, looked after children (and those on the edge of care), young offenders, children or military families, asylum seeking/refugee families, young people at risk of abuse or violence including domestic abuse, child sexual abuse, child sexual exploitation and FGM
- Offer Contraceptive and pre-conception advice to parents and support to reduce teenage conceptions and reduce sexually transmitted infections in partnership with sexual health services where appropriate
- Offer drug and alcohol misuse advice working in partnership with local substance misuse services
- Offer smoking cessation advice and referral to stop smoking services where appropriate
- Provide an integrated public health nursing service linked to primary and secondary care, early years, childcare and educational settings, by having locality teams and nominated leads known to the stakeholders, including a named health visiting team or school nursing team for every setting
- Deliver public health interventions support to all children and young people and to keep children and families safe
- Work with the community, stakeholders and local commissioners to identify population health needs
- Undertake joint visits or consultations with other professionals in response to contact from children, young people and families, where appropriate
- Work with local authority commissioners to ensure that clear care pathways exist between health visiting and school nursing teams and key services that young people access such as substance misuse and sexual or reproductive health services
- Work with local authorities to ensure that local health promotion strategies are integrated with health visiting and school nursing teams, for example sexual or

reproductive health services, teenage pregnancy or substance misuse prevention

- Ensure that the experience and involvement of families, carers, young carers, children and young people is taken into account to inform service delivery and improvement
- Build on resilience, strengths and protective factors to improve autonomy and self-efficacy based on best evidence of child and adolescent development, recognising the context of family life and how to influence the family to support the outcomes for children
- Build personal and family responsibility, laying the foundation for an independent life

26. The Family Nurse Partnership (FNP) is a licensed programme which sets out core model elements covering clinical delivery, staff competencies and organisational standards. It is a voluntary preventive programme for vulnerable first time mothers aged 19 or under. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two. All families are transferred to health visitors when the child reaches age 2.

27. The main goals of the FNP programme are to improve pregnancy outcomes, improve child health and development and future school readiness and achievement and improve parents' economic self-sufficiency. The programme operates across six domains: personal health, environmental health, life course development, maternal role, family and friends and health and human services.

28. A programme of work, known as FNP Next Steps, led by the FNP national unit, is currently in progress and aims to improve and adapt the current FNP programme. The findings of this work will not be available until late summer so it is proposed that the functions of the FNP element of the service continue to be provided as they are currently. This will allow us time to review the findings of the next step programme and adapt the delivery model for FNP accordingly. Therefore the specification will be flexible enough to allow us to vary the contract accordingly at the appropriate time.

29. The provision of immunisations for children and young people is commissioned by NHS England and will not be part of the service model for 0 to 19 public health services. However the 0 to 19 public health workforce will be expected to check immunisation status and refer to services accordingly.

NEXT STEPS

30. The new service specification will be published on the NEPO portal on 26th July 2017 with an anticipated award date of 12th December 2017. There will be a 3 month transition period and the new contract will commence on 1st April 2018.

31. It has been agreed that the contract will be offered for an initial period of two years from 1st April 2018 with an option to extend for a further three 12 month periods.

RECOMMENDATIONS

32. The OSC is asked to note the information provided in this report in relation to the health needs assessment and responses to the consultation work.

33. The OSC is asked to comment on the proposed model and service delivery for the 0 to 19 public health integrated Healthy Child Programme to inform the further development of the proposed model and specification.

34. The OSC is asked to consider receiving an update on the new service as part of its work programme for 2018/19.

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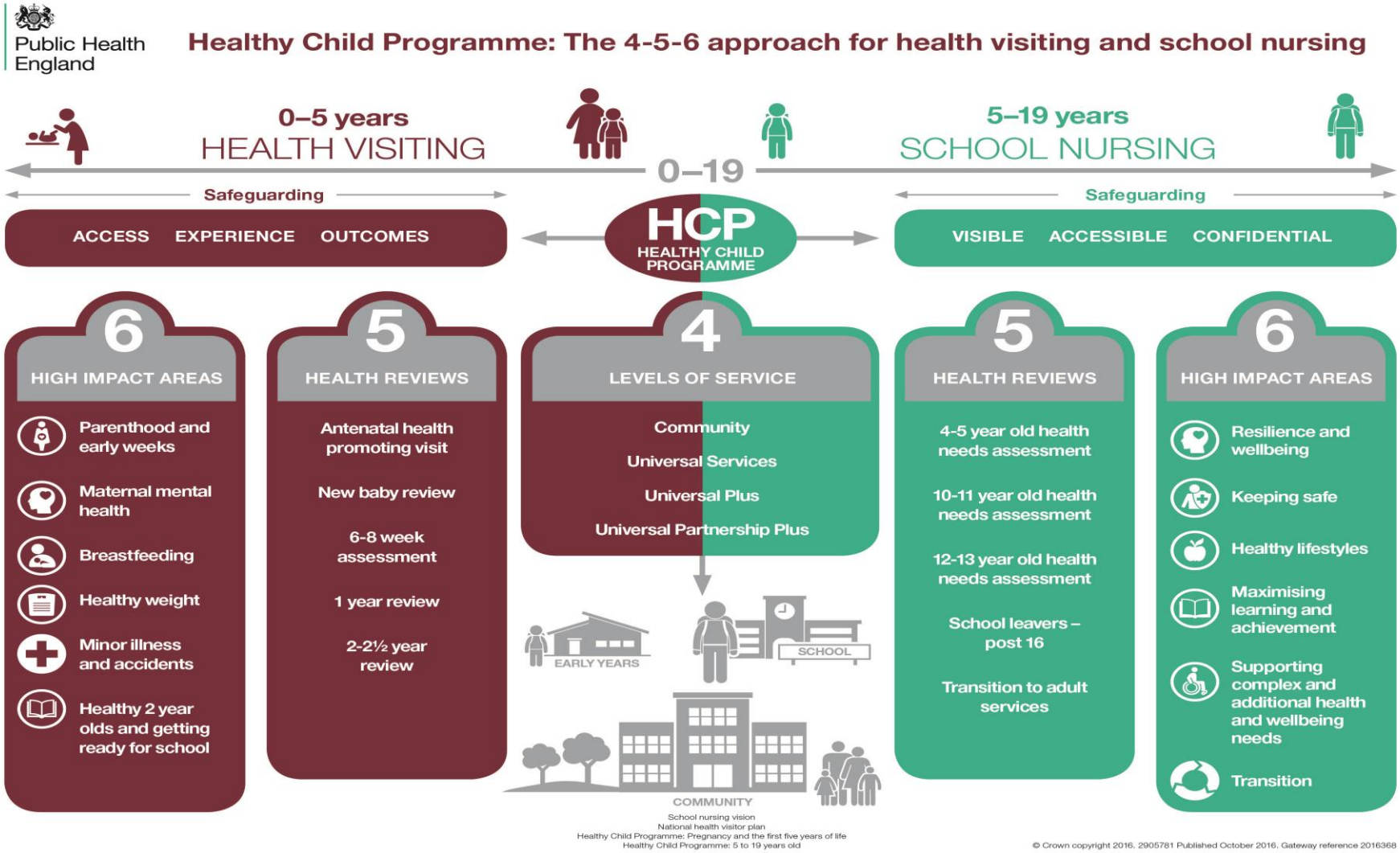
Appendix 3


Public Health England
Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing
0–5 years
HEALTH VISITING
0–19
5–19 years
SCHOOL NURSING
Safeguarding
Safeguarding
ACCESS EXPERIENCE OUTCOMES
HCP
HEALTHY CHILD PROGRAMME
VISIBLE ACCESSIBLE CONFIDENTIAL
6
HIGH IMPACT AREAS
Parenthood and early weeks
Maternal mental health
Breastfeeding
Healthy weight
Minor illness and accidents
Healthy 2 year olds and getting ready for school
5
HEALTH REVIEWS
Antenatal health promoting visit
New baby review
6-8 week assessment
1 year review
2-2½ year review
4
LEVELS OF SERVICE
Community
Universal Services
Universal Plus
Universal Partnership Plus
EARLY YEARS
SCHOOL
COMMUNITY
5
HEALTH REVIEWS
4-5 year old health needs assessment
10-11 year old health needs assessment
12-13 year old health needs assessment
School leavers – post 16
Transition to adult services
6
HIGH IMPACT AREAS
Resilience and wellbeing
Keeping safe
Healthy lifestyles
Maximising learning and achievement
Supporting complex and additional health and wellbeing needs
Transition
School nursing vision
National health visitor plan
Healthy Child Programme: Pregnancy and the first five years of life
Healthy Child Programme: 5 to 19 years old
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