

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 4th April 2016

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WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

UPDATE ON NATIONALLY MANDATED HEALTH VISITOR SERVICE AND THE PLANNED REDESIGN TO 0-19 SERVICES

1. Purpose of Report

Responsibility for the delivery of the nationally mandated health visiting service transferred to local authorities in October 2015. This paper describes the purpose of the service, the current health visiting service model, the current performance, and the outcomes it supports.

New reporting data is presented (only available through this universal service) which will enable improved service planning and delivery of targeted services.

2. Recommendation(s)/Proposed Action

The Panel is asked to note that:

- (a) The health visiting service provides four levels of service covering; community, universal, universal plus, universal partnership plus. It is vital that children meet their development milestones and professional assessments at each of the five mandated checks ensure that, where needed, children are identified early and supported whether they have developmental delays, safeguarding needs or other health conditions as per the outcomes shown in section 4.1. Families in need also benefit from the service and are referred into the relevant services for support.
- (b) Growth to the full staff complement and improved training in maternal mental health and for increasing breastfeeding rates have already been evidenced since the transition but more could be done to improve parental mental health outcomes in conjunction with the CCG who commission perinatal mental health services.
- (c) National guidance for developing integrated 0-19 services shows the complexity of children's' commissioning arrangements under the Health and Social Care Act 2012. The panel is asked to note that a working group will be established to recommission an integrated 0-19 service that delivers the full healthy child programme. This will require liaison between NHS England, Slough CCG, Slough Borough Council, Slough Children's Trust and the voluntary sector.

(d) The ethnic and ward profile of new births shown in Tables 1 and 2 is calculated using data provided by the current health visiting service which supplies Slough with previously unseen planning information to inform early years service integration and future early years and school placements. Use of this and other significant information from this service will influence planning for integrated services to maximise and health and wellbeing outcomes across the town.

3. Other Implications

(a) Financial

Whilst no financial implications arose from the novation of the contract in October 2015 the impact of the Comprehensive Spending Review (CSR) in July 2015 has caused a 6.2% pressure on the budget in 2015-16 and a further 2.2% in 2016-17 and 2.4% in 2017-18.

The reductions to the Public Health grant mean that existing contracts will be renewed to allow all contracts to align in September 2017 in preparation for a new 0-19 service.

(b) Human Rights Act and Other Legal Implications

There is a legal duty under the terms of the public health grant to notify the child health information system (based in Berkshire Healthcare Foundation Trust but commissioned by NHS England) of every child's progress against the five mandated developmental checks and to keep a comprehensive record of the child's health and wellbeing needs and vaccination status.

The Health Visiting contract with NHS England was novated to Slough Borough Council and the service provided by Berkshire Healthcare Trust is performance managed through a joint arrangement with all six councils in Berkshire.

There are no Human Rights Act implications arising from this report although there is a duty to engage with and consult the families who currently receive the service and this is led by the provider who recently received a 'good' CQC inspection.

4. Supporting Information

4.1 Purpose of the service

During pregnancy and in the first 2 years, a baby's brain and neurological pathways are being laid down for life with 80% of a baby's brain development taking place during this time. It is therefore the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing.

The Health Visiting Service workforce consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors (HVs) help to empower parents to make decisions that affect their family's health and wellbeing and their role is central to improving the health outcomes of populations and reducing

inequalities. The health visiting service performs a major safeguarding function whether within universal visits, at universal plus or universal partnership plus.

The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP): a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.

This includes working to promote health and development in the '6 high impact areas' for early years – which can be found at <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

- Transition to parenthood and the early weeks
- Maternal mental health (perinatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition and physical activity
- Managing minor illness and reducing hospital attendance and admission
- Health, wellbeing and development of the child age 2 – 2.5 year old review (integrated review) and support to be 'ready for school'.

The service is led by HVs and supported by skill mix teams. HVs are qualified nurses or midwives who have an additional diploma or degree in specialist community public health nursing enabling them to practice autonomously and exercise professional judgement to improve outcomes for children and families.

As public health practitioners, health visitors also contribute to health needs analysis using tools such as the Early Years Profile. They also work alongside other health professionals including early years practitioners, voluntary organisations, peer supporters, Family Nurse Partnerships, GPs and primary and secondary care providers as well as children's centres and early years staff to ensure a holistic service and focused on improving health outcomes, reducing inequalities at individual, family and community level

The service in conjunction with partners contributes to the following healthy child outcomes;

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies
- Reducing smoking at delivery;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;

- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay in children aged 5.

National pathways exist for best practice linkages with other services whether through referrals or co-delivery.

4.2 Policy context and scope of responsibilities

All the national guidance relating to the local authority commissioning responsibility for 0-5 services can be found at <https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

A major part of the work of delivery through the 0-5 public health workforce is delivering the Healthy Child Programme (HCP). The HCP is the national public health programme, based on best knowledge/evidence to achieve good outcomes for all children.

The programme is delivered in partnership between the Department of Health (DH), NHS England (NHS E), Public Health England (PHE) and Health Education England (HEE) as well as local authorities. DH is the system lead and NHS England is responsible under the NHS Mandate and Section 7A for commissioning the childhood immunisation programme. Professional leadership comes from both DH and PHE, while HEE is mandated to lead the delivery of students and CPD, and PHE has responsibility for evidence, information and wider public health. This includes how the mandated service should run, the details of the mandated checks and outcomes that should be delivered, a description of pathways and quality standards to deliver the Health Child Programme.

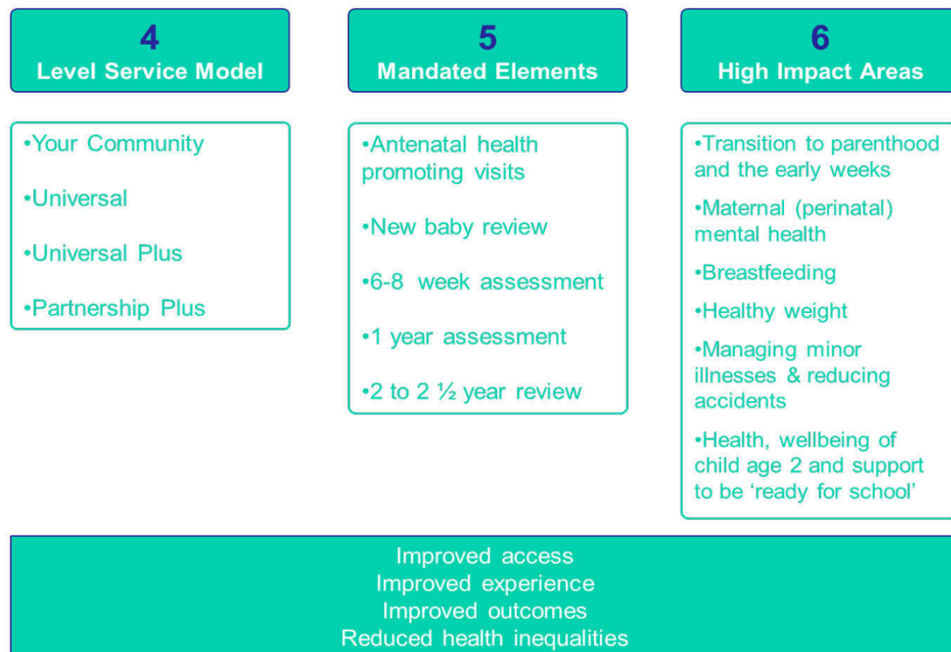
Health visiting is also linked with other public health services for children and young people aged 5-19, (or up to age 25 for young people with Special Educational Needs and Disability - SEND). A CQC inspection of how SEN services are delivered locally is due in 2016.

The latest policy guidance relates to the commissioning of an integrated 0 to 19 years service. National guidance can be found at <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

The following commissioning responsibilities are not expected to transfer to LAs until 2020:

- a. Child Health Information Systems (CHIS); and
- b. The 6-8 week GP check (also known as Child Health Surveillance)

4.3 Figure 1- the national model of service



4.4. Local performance and data sharing

Before taking over the contract Slough reviewed the gaps against the levels of service described in the four levels of the Healthy Child programme (universal, universal plus, universal partnership plus and the community work which overlaps with the work of the local voluntary sector).

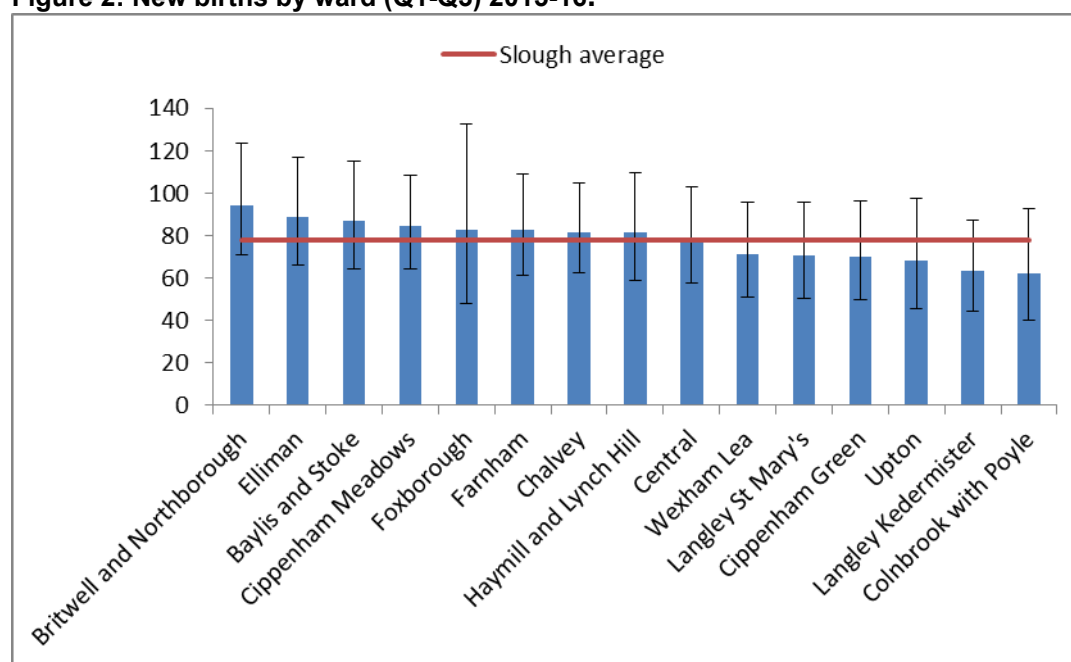
Priorities were set with the provider to address prior to transfer – these included; data sharing with children’s centres, a common method of assessing development at the 2- to 2.5 year check, support for services for fathers and training for staff in pre and post natal depression. All of these have been addressed and the service now reports quarterly through the Shared Public Health Information team based in Bracknell

The following numbers of births have been reported to date.

Table 1 Births by ward Q1-Q3 2015-16

Ward	NUMBER OF BIRTHS			
	Q1 2015/16	Q2 2015/16	Q3 2015/16	Grand Total
Baylis and Stoke	49	39	47	135
Britwell and Northborough	53	56	51	160
Central	49	70	67	186
Chalvey	61	74	70	205
Cippenham Green	38	32	33	103
Cippenham Meadows	60	61	68	189
Colnbrook with Poyle	24	25	29	78
Elliman	50	52	53	155
Farnham	49	52	50	151
Foxborough	17	17	16	50
Haymill and Lynch Hill	43	37	42	122
Langley Kedermister	37	37	27	101
Langley St Mary's	41	40	37	118
Upton	29	34	24	87
Wexham Lea	42	44	53	139
Grand Total	642	670	667	1979

Figure 2: New births by ward (Q1-Q3) 2015-16.



Of those seen to date (from Q1-Q3 2015-16) Table 2 overleaf shows their ethnic group

Table 2 Numbers of births by ethnic group (Q1-Q3 2015-16)

Ethnicity	Number
Asian or Asian British - Pakistani	484
Asian or Asian British - Indian	367
White - Any other background	319
White - British	308
Black or Black British - African	101
Not Known (Not Requested)	55
Asian or Asian British - Any other background	54
Other Ethnic Groups - Any Other Group	47
Mixed - White & Asian	46
Mixed - Any other mixed background	37
Not Known (Unable to Request)	36
Mixed - White & Black Caribbean	25
White - Polish	20
Black or Black British - Caribbean	15
Asian or Asian British - Bangladeshi	12
Black or Black British - Any other background	11
Mixed - White & Black African	10
Other Ethnic Groups - Chinese	6

Targets are set for each of the five mandated visits.

With the exception of the antenatal visits (a new measure introduced this year) targets for the others are being met i.e.

- 95% of all new births are seen within 14 days
- 92% were seen at 6-8 weeks after the birth
- 73% received a twelve month review
- 81% received a review* at two and a half years and 100% of these used the A&S 3

(*) This review is based on the Ages and Stages questionnaire and this informs a range of partners of the child's development needs, especially where emotional or behavioural, physical or communication difficulties can be identified early, which might delay their progress in school if not addressed. This return is used as the basis of the readiness for school indicator published for the council area.

In addition to the mandated visits 97% of those whose mothers required a follow up after a maternal mood assessment were seen by the service and 3% of all children required a safeguarding review in quarter 3.

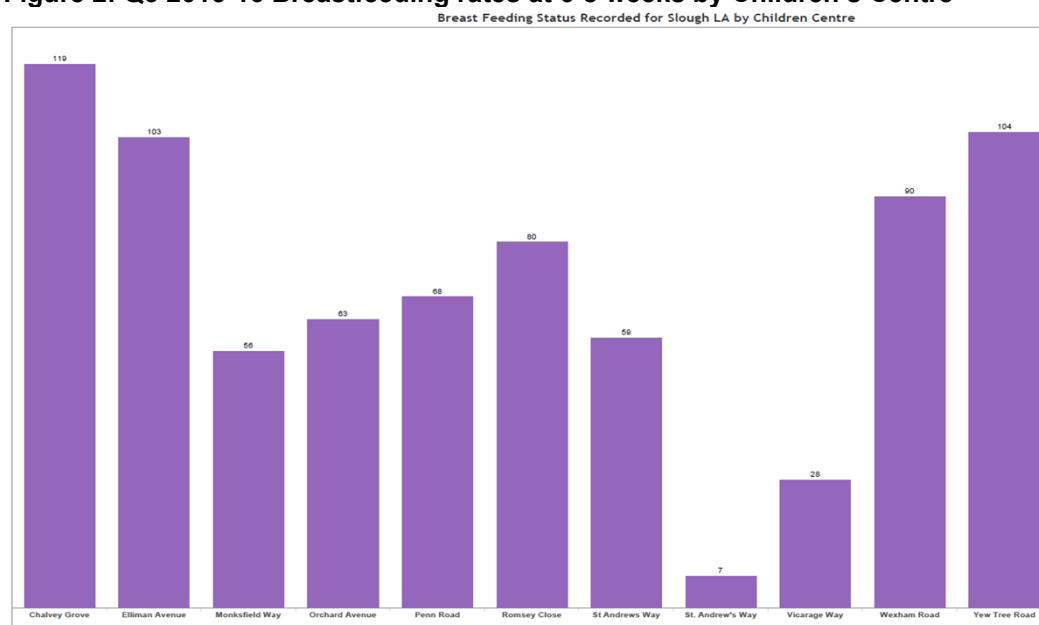
The health visiting service is based at 3 main sites across Slough but deliver services at all the Childrens centres and the management are based at Upton Hospital. There is a named health visitor for each children's centre and general practice.

Table 3. Slough health visiting team bases

Central	Upton Hospital
North Britwell	Britwell health centre
East Langley	Langley health centre
Southwest Cippenham	Britwell health centre

Monitoring data is now produced at children's centre level for all six high impact areas. For example the data on breastfeeding is shown in Figure 2 below CQC has recently rated the provider as 'good' in relation to safeguarding

Figure 2: Q3 2015-16 Breastfeeding rates at 6-8 weeks by Children's Centre



The goal prior to transition was to grow the health visiting workforce to the required number for the numbers of 0-5 year olds at transition. This was then 13066 and required 37 health visitors (supported by a skill mix team of nursery nurses and admin). This figure was based on a nationally agreed formula called the Cowley model (based on numbers of births and deprivation). Six vacancies are due to be filled in the new financial year but the numbers of births remains around a 1000 less than planned, however this gap is more than filled as around 1000 new families inwardly migrate into Slough each year and all require access to the same universal provision. Caseloads are currently 1 to 388 for the universal service and 1 to 200 for the specialist team for the homeless.

Maintaining full staffing levels to keep caseloads to a safe level is critical. The total numbers of 0-5 year olds known to the service was 12861 as of 17th February 2016. Within this a caseload of 377 were receiving a universal partnership service and 365 a universal partnership plus service – in both levels this represents about 3% of the total.

National guidance has been published on what a 0-19 integrated service can achieve. Outcomes for the new service will be optimised through established pathways with a range of providers.

New developments in the service since transition have included joint working with early year's staff around information sharing at the 2 year review ,training in the Solihull Approach and updated training in perinatal mental health. Pathways have been reviewed with early help and the team is fully aligned to ensure that all new mothers have the opportunity to register and meet them at local children's centres or other clinics. The times of opening may change to reflect expressed preferences from working families and weekend and evening clinics are being developed. Full details of how to contact this universal service can be found at <http://www.berkshirehealthcare.nhs.uk/ServiceCatInfo.asp?id=15>

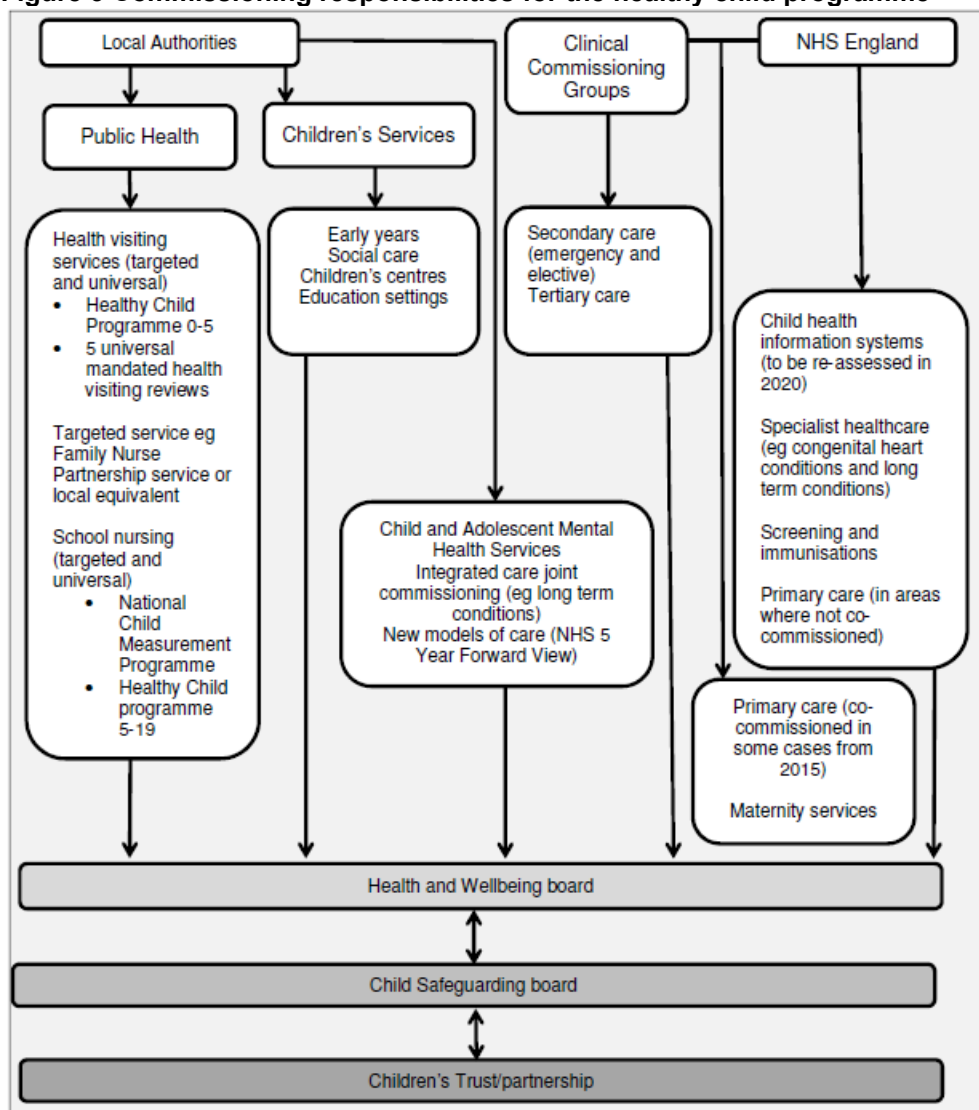
4.5. Funding and next steps

The public health funded services (health visiting and school nursing) are funded according to the modelled need through the Public Health Grant. Other commissioners also fund supporting 0-19 services such youth services, drug and alcohol services, CAMHS and immunisation services.

All public health contracts are now aligned to the end of September 2017 to enable integration.

Figure 3 below is taken from the national guidance for commissioners of 0-19 services. This sets out the separately funded services that collectively deliver against the agreed outcomes.

Figure 3 Commissioning responsibilities for the healthy child programme



5. Conclusion

The current provider of health visiting services is Berkshire Healthcare Trust and it has satisfied the transition board that it can provide data as per the national

specification for all five mandated visits shown in section 6 as well as innovative information on births by ward etc.

Whilst the planned growth in the provision of health visitors has been difficult to maintain, plans are in place to recruit to the vacancies by October 2016 to provide assurance that caseloads are reduced.

The panel is asked to note the plan to provide an integrated 0-19 healthy child programme linking with the school nursing service by September 2017. Other services which will need to align pathways include; maternity and hospital services, CAMHS services, childhood immunisation services commissioned from NHS England and early years and schools and social care providers.

6. Background papers

DH guidance on the transfer of 0-5 children's public health commissioning to local authorities available at <https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

DH '6 high impact areas' for early years – available at <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00392-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00392-X/abstract)

0-19 commissioning guidance available at <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>