Options for the modernisation of community nursing services

Health Scrutiny Panel

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Aims

The aims of this presentation are as follows:

- To inform the HSP of the options for modernisation of local 0-19 Healthy Child Programme (HCP) services in the context of national guidance and stakeholder views
- To review the evidence base for the Healthy Child Programme and the digital offer
- To describe a range of options for integrating 0-19 services

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Legal Context

•The Health and Social Care Act 2012 introduced a new duty for all upper-tier and unitary local authorities in England to improve the health of the people who live in their areas, to protect their health and provide facilities for the prevention or treatment of illness.

• A national mandation was added to the Health and Social Care Act in 2015 to report on five mandated child development assessments conducted by the health visiting service i.e. antenatally, at the new birth visit, at 6-8 weeks and then at 9 months to a year and at 2 and a half years.

•Results of a national consultation on whether the mandation should remain will be published at the end of September to inform future practice.

•Currently, service performance data is reported to Public Health England by the main provider Berkshire Healthcare Foundation Trust and results are published in the child health profiles and benchmarked nationally.

Scope of the Healthy Child Programme (HCP)

The HCP provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:

- Help parents develop and sustain a strong bond with children
- Encourage care that keeps children healthy and safe
- Protect children from serious disease, through screening and immunisation
- Reduce childhood obesity by promoting healthy eating and physical activity
- Identify health issues early, so support can be provided in a timely manner
- Make sure children are supported to be 'ready to learn' at two and 'ready for school' by five

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The following are relevant to 0-19 services

Regulation	Prescribed functions
3	Weighing and measuring of children
6	Sexual health services
7	Public health advice services
Awaited	***Public health services for children aged 0-5***
PH Grant Reference	**Discretionary functions**
363	Sexual health services - Advice, prevention and promotion (non-prescribed functions)
368	National child measurement programme (prescribed functions)
372	Obesity - children
374	Physical activity - children
378	Substance misuse - (drugs and alcohol) - youth services
380	Smoking and tobacco - Stop smoking services and interventions
383	*Children 5–19 public health programmes*

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Local Priorities that can be addressed by the HCP

- Maternal mental health
- Children and young peoples social and emotional wellbeing
- Reducing harm from domestic abuse and exploitation
- Reducing rates of infant mortality and low birth weight
- Breastfeeding uptake
- Uptake of routine childhood immunisations and flu vaccinations
- Reductions in viral wheeze and respiratory problems in children
- Oral health in 3 and 5 year olds
- Childhood obesity in reception and year 6 (part of a multifactorial approach)
- Personal and social health education (although current capacity is an issue)
- Early identification of special educational needs and links to specialist services

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Contextual Summary

•Rapid data sharing about vulnerable groups from midwifery is key to delivering targeted health visiting services.

•The ethnic diversity of new births shows that births in the Asian Indian and Asian Pakistani groups exceed the white population

•Birth rate in Slough is the third highest in England as reported in the JSNA 2016. Actual birth data from health visitor records in the year April 2015- March 2016 show that 2626 births occurred with a range of 197-234 per month.

•Given that one fifth of all births are unplanned there is scope to align the provision of local health visiting services with sexual health services provided clinical governance can be provided.

•Internal and external migration are major factors as is future housing growth.

•Meeting the needs of families transitioning in and out of Slough requires faster data sharing than is currently the case as planning for school places cannot solely be based on birth figures.

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Digital Solutions

Figures quoted by OFCOM 2015 on the take up of digital devices by socioeconomic group shows that in 2015

- 86% had home internet access and 83% went online at home through any device.
- 88% of the age group (16-44) used a smartphone to access online information.

Figure 1 Extract from OFCOM survey of digital take up between 2004-2015

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Option 1

Do Nothing

- The current Health Visiting service works to the national model of five mandated face to face visits as shown below; in addition to targeted reviews for safeguarding.
- For school nursing there is no mandation to report although they have to supply a mandated 4-5 year old health check on entry to school and the national weighing and measuring programme.

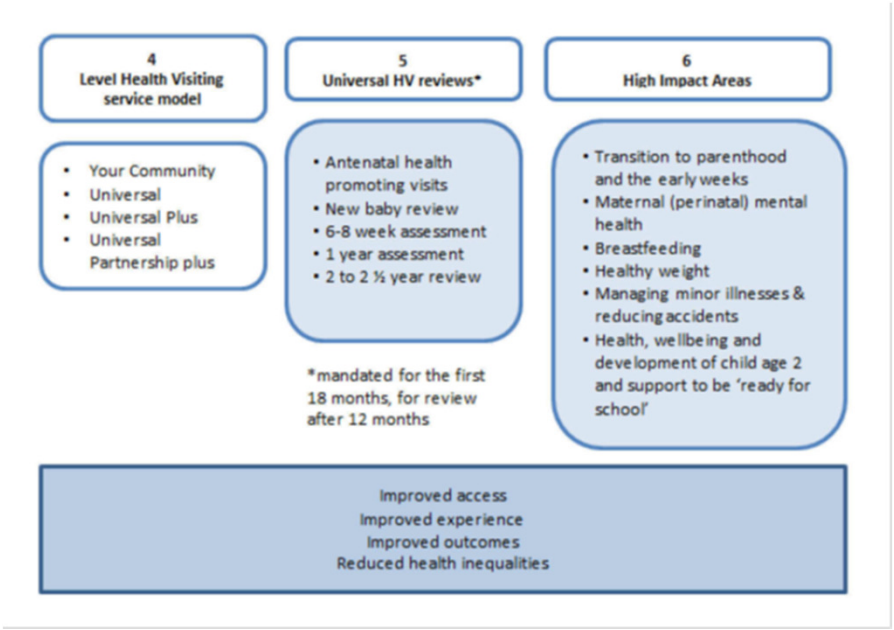

Figure 2: 4,5,6 Model of Transformed Health Visiting Sourced from PHE

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Option 1

Area	Description	Mitigation of risk
Workforce	The current workforce has been carrying between 6-10 vacancies since handover. These have been partially covered by agency staff and . 1 HV has already been transferred to the MASH in a full time role	Skill mix can and already do pick up the health promotion or administrative aspects of standard child development checks at age 1 or age 2-2 and a half as this relates to the scoring of the Ages and Stages Questionnaire.
Data, Performance and outcomes	Whilst new birth visits and other checks are meeting performance standards the low take up of the antenatal visit at 28% requires a different offer	Trials of evening and weekend working have not yielded any higher uptake so 82% of mothers are not meeting a HV at the antenatal stage. Contractual changes to reporting requested as high risk cases and TP cases from midwifery not notified to HV in a timely fashion.
Costs	No change to contract in respect of CSR although a reduction requested. Uncertainty around the longevity of the contract after the public health grant ends	Vacancies are being filled with agency staff at twice the cost of employees.
Safeguarding	Unequitable distribution of safeguarding functions and capacity across the HVs and SN functions. HVs manage core work and about 3-4 targeted families as part of their portfolio.School nurses have around 10 cases each for safeguarding	Safeguarding takes precedence and the health promotion and behaviour change elements are limited
Partners affected	All services that interface with the HCP and especially schools, SCTrust and midwifery	Due to the lack of capacity within school nursing schools report little or no contact other than for safeguarding or the NCMP

Option 2

Develop an online portal to maximise information and advice for parents on their child development and allow self assessment relevant sections of the five mandated visits

Description of Model

- Replace the mandated antenatal and 1 year and 2 and a half year checks with an initial on line portal that enables parents to self assess their needs (supported by NHS quality assured weblinks and advice) and
- Set markers for those that need targeted advice which can be managed by existing helpdesks.

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Option 2

The figure below shows this solution will typically release around 90% of the demands for a face to face visit

	July	August	September	October	November	December
Number completed	87	111	144	93	71	54
% Signposted to personalised information, advice and local services	79%	94%	92%	87%	99%	94%
% Made a referral for a full social care needs assessment	21%	6%	8%	13%	1%	6%

6 month average	
Signposted	(85) 91%
Referral	(8.4) 9%

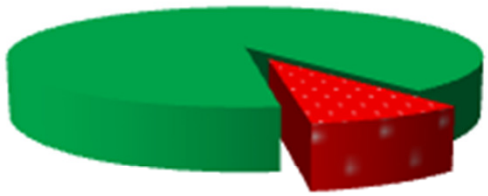

Figure 3 Example of impact of a self help information site and initial assessment

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Option 2 Cont'd

Area	Description	Mitigation of risk
Workforce	No change to the existing hub. The ten skill mix nursery nurses could be redeployed more effectively	NA
Data, Performance and outcomes	Improved uptake of the antenatal visit and mental health assessments on line and rapid access to consistent birth information and promotion of NHS recommended advice.	Whilst BHFT are planning to create a website for promotion of breastfeeding promotion this would not address the wider requirements mentioned by Slough parents in section 8.
Costs	C £15000 to develop the hub plus a licence for the Ages and Stages Questionnaire cost are low at c $0.62 per child	Replacement of the paper based assessments with an on line version
Safeguarding	10% would still be seen in face to face targeted reviews and fewer mothers would be missed	NA
Partnerships affected	Childrens Trust and wider health partners in the HCP	Engage partners in the portal design team

Option 3

Develop a chat line and text messaging service that works across agencies to reach young people in schools

Figure 4 Example of a professionally moderated helpline and integrated record

Option 3 cont'd

Area	Description	Mitigation of risk
Workforce	Current school nursing service is at capacity Training would be required for all partner services	Align and train other services that work with young people
Data, Performance and outcomes	Improved outcomes and client satisfaction as all young people in Slough would have access to evidence based interventions accessed through a single point of contact	National guidance to be followed for young people and access to on line services
Costs	Business case would explore whether the service could build on existing portals for youth services or would align with Open Objects work within the Childrens Trust or would be a standalone purchase	TBA
Safeguarding	National guidance and OFSTED specify integrated services with data sharing through a shared care record.	NA
Partnerships affected	All HCP services for 11-19's and schools	Services may not promote the portal unless a strategic agreement is made

Option 4

Extend data sharing between HCP services working to STP Connected Care programme timescales

Area	Description	Mitigation of risk
Workforce	STP discussions would be needed to agree whether CCG funded services should be included in the redesign	Risk of no decision until 2018 as the Graphnet roadmap
Data, Performance and outcomes	Midwifery links are not yet optimised and could be through a joint service Other services for SEND could access Ages and Stages information earlier	Adopt shared KPIS and reporting requirements of the shared child record across all services
Costs	Would need to be subject to a business case to the STP	TBA
Safeguarding	National guidance and OFSTED specify integrated services with data sharing through a shared care record.	NA
Partnerships affected	All HCP services	No longer a Slough project and may not meet local needs

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Option 5

Proposal to test the market for a 0-19 solution

Area	Description	Mitigation of risk
Workforce	Changes from assessments to contacts elsewhere lead to replacement of HVs with skill mix	Would need to agree which functions skill mix can undertake safely
Data, Performance and outcomes	No change to national KPIS required	Strong monitoring of quality standards required
Costs	Workforce cost reductions of 8% have been obtained elsewhere	
Safeguarding	HVs would undertake more targeted work and would have fewer universal contacts	No change
Partnerships affected	All HCP partners	

Option 6

Consider TUPE of staff into a new wellbeing service

Area	Description	Mitigation of risk
Workforce	Risks of some staff not wishing to work outside the NHS alternatively others may wish to lead new wellbeing teams in order to practice what they were trained to deliver	
Data, Performance and outcomes	The council would have to develop a reporting system and be confident that a shared care record to the national standard was available for staff to use	
Costs	Development costs of the shared care record and assessments currently owned by the provider. Shared managerial overheads	
Safeguarding	Improved integration of services will lead to less duplication and improved early detection and intervention	
Partnerships affected	All HCP partners	

Conclusion

•The risks associated with the six options are for discussion. The benefits of costs avoided would need to be confirmed within a full business case.

• At this stage Health Scrutiny is being consulted on potential models before a final decision is taken.

•Headline recommendations are that Option 2 should go ahead whether or not other options are planned as this will deliver the transformational change needed within current services until the results of national mandation is known.

•This will also provide the council with the mandated contact information whether or not the services come in house or the main provider changes in future.

•Other councils are testing the market at the moment and this information will become available within two months – a direction is needed now however to mitigate the fact that the current contracts end in September 2017.

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