

# Scrutiny Board

26 April 2016

<b>Report title</b>	Proposed consultation plan for 0-19 Healthy Child Programme commissioning and service redesign (Health Visiting, Family Nurse Partnership and School Nursing services).	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Public Health and Wellbeing (Paper also submitted to Children, Young peoples and Families Scrutiny Panel at Councillor Val Gibson (Children and Young People) request.)	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Ros Jervis , Public Health and Wellbeing	
<b>Originating service</b>	People – Public Health and Wellbeing	
<b>Accountable employee(s)</b>	Neeraj Malhotra Consultant Public Health Tel 01902 558667 <a href="mailto:Neeraj.Malhotra@wolverhampton.gov.uk">Neeraj.Malhotra@wolverhampton.gov.uk</a>	Sarah New Healthy Child Programme Manager Tel 01902 558667 <a href="mailto:sarah.new@wolverhampton.gov.uk">sarah.new@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	0-19 Healthy Child Programme Commissioning & Governance Steering Group Public Health Senior Management Team Youth Council PLT Health Scrutiny Panel	
		24/02/16 25/02/16 14/03/16 14/03/16 07/04/16

## The Panel is recommended to:

1. To consider the proposed Engagement and Consultation process and provide comments and suggestions that will contribute to the development of an effective engagement and consultation process.
2. To endorse the proposed Engagement and Consultation process.
3. To consider the two proposed future commissioning options and provide comments and their views on the potential pros and cons of each of these options.

## The Panel is asked to note:

1. Background information, proposed future commissioning options and proposed consultation plan for 0-19 Healthy Child Programme services re-design.

2. This paper has been amended following discussion at Health Scrutiny Panel on 7 April 2016. Specifically, reference is made to the pre-consultation engagement process that has commenced but needs to be strengthened.

## **1.0 Purpose**

This report was drafted to update the Health Scrutiny and the Children, Young Peoples and Families Scrutiny Panel and now the Scrutiny Board on the consultation plan for the re-commissioning of the city's 0-19 Healthy Child Programme (HCP) by Public Health. The report will provide members with an opportunity to inform the consultation process prior to commencing the Engagement and Consultation Period in late spring. The paper describes the engagement and consultation plan and provides background information about the 0-19 years Healthy Child Programme which includes Health Visiting, Family Nurse Partnership and School Nursing Services. The paper also details the two proposed future commissioning options for these services that will be consulted upon. The paper provides Members with an early opportunity to be engaged and to consider their views on the two options in advance of the commencement of the formal Consultation process.

## **2.0 Background**

- 2.1 The '0-19 The Healthy Child Programme' (HCP) sets out a recommended framework for services for children and young people to promote health and wellbeing, prevent ill health and provide early intervention when required. The HCP delivers universal services to all children and families including routine screening and development checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce inequalities.

Health visitors and school nurses work collaboratively with partners to help promote the welfare and safety of children. Staff work collaboratively to support children where there are identified health needs, or where they are in the child protection system, providing public health interventions for the child and family and referring for specialist medical support where appropriate. Health visitors and school nurses have a valuable contribution to make to reducing the number of children who enter the safeguarding system through preventative and early help work as part of their Community, Universal and Universal Plus role. They support safeguarding and contribute to targeted family support, provision of dedicated services for young offenders and young people excluded from school. Staff also work closely with designated school safeguarding leads and local authority and CCG safeguarding teams ensuring provision of assessments and reports as required and should be aware of those children with an early help assessment, child in need, child protection or Looked After Care Plan.

Further background information is attached as Appendix 1.

## 2.2 Current commissioning arrangements

On 1 October 2015 the responsibility for commissioning 0-5 public health (Health Visiting and Family Nurse Partnership) services transferred from NHS England to local Authorities completing the final transfer of statutory responsibilities under the Health and Social Care Act 2012 for public health functions.

As a consequence, NHS England's contract with the Royal Wolverhampton NHS Trust for Health Visiting and Family Nurse Partnership services transferred to the Council on 1<sup>st</sup> October 2015 under a deed of novation. The Council already has a contract with the Royal Wolverhampton NHS Trust for School Nursing (5-19) services. These contracts will cease on 31 July 2017 and it is not possible for the Council to extend these contracts beyond this date. This provides an ideal opportunity to take a fresh look at ensuring coherent and effective services for children and young people aged 0-19. Public Health is working with colleagues and commissioners in Children's Services and the Clinical Commissioning Group to consider future commissioning options and ensure that a new service is in place for 1 August 2017 so that a gap in service provision does not occur.

## 2.3 Progress

A Healthy Child Programme (HCP) steering group has been established and will be responsible for overseeing the development of commissioning options and any subsequent tender process. Children's services and the Clinical Commissioning Group are represented on the group along with key council officers including representatives from legal and finance. The Steering Group Members will oversee the implementation of the Project. Engagement with young people and parents has informed our proposed consultation plan. The HCP Steering Group is a multi-agency group and membership consists of:

- Public Health Consultant
- Head of Service – Early Help
- Locality Manager – 0-5s
- Clinical Commissioning Group representative
- Public health - Healthy Child Programme Manager
- Public health - Commissioning Manager
- Public health – Intelligence lead
- Corporate Communications Lead
- Public health – NHS facing Health Improvement Specialist
- Public health – Governance lead nurse
- Head of Service - Safeguarding & Quality , Adults & Children
- Procurement Manager
- Human Resources representative
- Legal representative
- Corporate lead strategic resources
- Finance lead for public health
- Corporate landlord representative
- Public Health Healthy Schools Team Leader
- Seconded Head teacher – when available

## 2.4 Development of commissioning options

There are national models and service specifications for Health Visiting, School Nursing and the Family Nurse Partnership. The local service model and specification will be developed to largely reflect these and will be informed by:

- Analysis of local needs.
- Review of the evidence base and examples of good practice to deliver the best outcomes for children and young people.
- The transformed Children's Services landscape.
- The priorities of the Health and Wellbeing Strategy, Children and Young People's Plan and the Early Help strategy.
- The views of our key stakeholders including current Healthy Child Programme staff, a wide range of other professional partners, parents, carers and young people through extensive engagement.
- The level of market interest and the views of the market i.e. potential bidders and service providers.

## 2.5 Future commissioning options

There are two options that we intend to engage and consult stakeholders about. These options have been developed in discussion with key stakeholders and with members of the Healthy Child Programme Steering Group.

A number of options have been considered and ruled out by members of the Healthy Child Programme steering group due to level of risk attached or sustainability issues. The two main possible options are detailed below. A preferred option will be informed by the engagement process detailed below and this will be formally consulted upon.

### **Option 1.**

Proposal to go out to tender for a single service specification for a new 0-19 integrated Healthy Child Programme that incorporates all the mandatory elements of health visiting with family nurse partnership and school nursing services. The service will closely dovetail with Children's Services, allowing for stronger integration with the Council's 0-19 services.

### **Option 2.**

Propose a combination of commissioned services and in-house provision. For example, this could mean bringing 0-5 services in-house to the Council and aligned to children centres and commission school nursing services separately or vice versa.

Our engagement will seek the views of key stakeholders including health, social care and voluntary sector services as regards the options outlined above and their views on the current services and future priorities. This includes the views of the current service providers. Our intention is to also engage with current service users i.e. parents, carers and young people to identify their views on the current services, identify any gaps in service provision or areas for improvement and views on future priorities. This will

inform the preferred model and then there will be a formal period of consultation on the preferred model.

## **2.6 Market Engagement**

Given that commissioning responsibility for the 0-19 Healthy Child Programme is a relatively new duty to local authorities, the market has not been fully tested in relation to these services. Hence a market engagement survey is currently being undertaken to understand the level of interest and inform the options appraisal. The findings will be analysed and reported back to the Healthy Child Programme Steering Group.

We have liaised with other Local Authorities to obtain their recent experience of commissioning in this area and specifically to understand the market for tendering for individual services or an integrated 0-19 service. We have found that a range of commissioning approaches are underway, from tendering for individual services, to integrated 0-5 services with children centres to fully integrated 0-19 services. Given that authorities only became responsible commissioners for 0-5 services since October 2015, it would appear that many local authorities are in a similar position to Wolverhampton and are preparing tenders with similar timescales. The additional tender opportunities that may be available to providers has the potential to impact on the interest bidders give to Wolverhampton's potential tender.

## **3.0 Consultation & Engagement Plan**

The consultation and engagement plan is formed of two phases:

Phase 1: 8 weeks engagement with professional stakeholders and service users which determines a clear preferred model.

We intend to gather the views of local families and young people regarding their experiences of health visiting and school nursing services. We will seek views of key stakeholders including Health and Primary Care, Children's services, Education and the Voluntary sector as regards our potential commissioning options. These views will enable Commissioners to determine the best model for future delivery of the 0-19 Healthy Child Programme.

Phase 2: 8 weeks consultation with all key stakeholders on the preferred model.

This phased approach has been supported by the Council's legal and equalities team.

We have established a task and finish group to oversee the engagement and consultation process with representation from public health and Health Watch. A Health Watch representative has been very involved in the discussion with young people regarding the process to be adopted for meaningful consultation. In addition commissioners are working closely with Children Services Participation staff who have worked alongside public health staff to support engagement with young people from the Youth Council, Looked After Children's Board and Care Leavers Forum. This has included co-facilitating a small group of volunteers who are acting as advisors to the commissioners and as school nurse champions.

Public Health will collate and analyse all responses received to identify a preferred option and this will be formally consulted on. This will inform the development the service specification/s.

### **3.1 Young People's Participation**

Preparatory steps have been taken to ensure the participation of young people in this consultation and engagement exercise. We have held a number of meetings with eight volunteers from the Looked After Children's Board, Youth Council & Care Leavers forum. The Young Advisors/School Nurse Champions have shared their views regarding school nursing and advised on how best to involve young people in the engagement and consultation. We intend to develop an online survey to obtain young people's views. Our Young Advisors/School Nurse Champions have agreed to continue to work with us to publicise the survey. In addition they will promote the survey in their own schools and are planning to directly engage with young people in Wolverhampton City Centre one Saturday to encourage young people to complete the survey. We intend taking the findings from the survey back to our young advisors for their consideration and for them to make recommendation for the service model and options.

In addition we have engaged with some of our key stakeholders who have agreed to support us to access more targeted young people. We will conduct a number of focus discussion groups with more targeted groups of young people to obtain deeper feedback and views.

### **3.2 Parents' Participation**

Preparatory steps have been taken to ensure the participation of parents in this consultation and engagement exercise. We are engaging with Voice4parents and seeking parents' advice on how best to consult other parents in Wolverhampton. We met with parents from the Voice4Parents Steering Group. Three parents have expressed interest in volunteering as expert advisors to inform the engagement and consultation process. We may conduct an online survey and hold some discussion groups with parents/carers dependent on the views of our Parent advisors.

### **3.3 Wider stakeholder Participation**

The HCP steering group has agreed that the best method for engaging our wider stakeholders will be via one online survey. Dependent on the findings of the survey we may hold sector specific focus groups to tease out more detailed information for e.g. with children centre staff and schools. We also intend to engage with GPs and primary care staff by attending their locality meetings. We may also attend key Children's services meetings i.e. with Nursery, Children Centre and 'Early Help' staff.

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<b>Stakeholders- existing &amp; potential service users</b>	<b>Activity</b>	<b>Timescale</b>
Young People - General	On-line survey	Commence Spring 2016
Young people – General	Young Champions with Commissioner support will engage with young people and encourage survey completion at publicity event to be held in City Centre.	Propose May /June 2016
Young people -schools	Encourage to complete on-line survey. Young champions offer to promote within their own school.	Commence Spring 2016
Young people attending The Way	Discussion taking place with The Way Volunteers as regards holding a Consultation event at The Way.	Proposed Spring/early Summer 2016
Targeted Young People (Vulnerable/additional needs i.e. attending PRUs, LAC, LGBT, Young offenders.)	Focus discussion Groups.	Commence Spring 2016
Targeted Young People	Attend Junior Board meeting.	Commence Spring 2016
Parents & Carers	Discussion underway with Voice4Parents as regards other engagement with Parents.	Commence Spring 2016
Parents & Carers - General	On-line survey.	Commence Spring 2016
Targeted Parents & Carers (Vulnerable/additional needs including Foster Carers.)	Focus discussion Groups.	Commence Spring 2016
Foster Carers	Attend Foster Carer Forum Meeting.	Commence Spring 2016

Stakeholders	Activity	Timescale
Potential bidders/service providers	Conduct Market engagement on line survey.	Commenced 19 <sup>th</sup> February & concludes 31 <sup>st</sup> March 2016
Youth Council	Commissioners will brief the Youth Council prior to commencement of the Consultation and share the findings of the consultation once complete to ensure Youth Council endorse recommendations.	Spring and Summer 2016
Ward Councillors	Email communication with Councillors via Member services to ensure Councillors are aware of the consultation process and can contribute to the consultation and where appropriate inform their communities.	
All stakeholders – professionals	On-line survey.	Commence Spring 2016
Current workforce – Health Visitors, School Nurses and Family Nurses.	Early workshop facilitated in 2015. Follow up workshop may be required.	To be agreed
GPs	Presentations to GP locality Meetings and Team W and promotion of on-line stakeholder survey.	Commence Spring 2016 NE Locality 17/03/16 Team W 25/5/16
Head teachers, Governors and teachers	Attend Head teachers Forum Extend deadline for current on-line head teachers survey.	May 2016
Voluntary Sector	Send communication via Wolverhampton Voluntary Sector Council fortnightly bulletin to inform re on line survey. Send communication via Health Watch.	Spring 2016
Dependent on emerging findings of stakeholder survey may conduct workshops to explore issues in more detail.		



#### **4.0 Next steps**

Next steps are to:

- Consider the views and comments of the Health, Children, Young People and Families scrutiny panels and of the Scrutiny Board before finalising the formal engagement and consultation processes.
- Report back to the Healthy Child Programme Steering Group.
- Commence the engagement process.
- Consider the findings of the engagement and agree preferred commissioning option for formal consultation.

#### **5.0 Financial implications**

The funding for Health Visiting, Family Nurse Partnership and School Nursing services is allocated from the Public Health ring fenced grant. The allocation for Wolverhampton in 2016/17 is £21.9 million. [GS/13042016/T]

#### **6.0 Legal implications**

The Council has a statutory responsibility for improving the health and well-being of its population. This includes responsibility for elements of the 0-19 Healthy Child Programme. There is a legal requirement to conduct a formal consultation. The steering group will receive legal advice as required. [RB/18042016/B]

#### **7.0 Equalities implications - Initial Equality Impact Screen**

An initial equality analysis has been undertaken and findings shared with the 0-19 Healthy Child Programme Steering Group and local authority Equalities Officer. There is no evidence that the proposed consultation and engagement process is discriminatory across the equality strands and therefore it is not proposed to conduct a full equality impact assessment on the Consultation process. We intend to collect equality data from respondents to the online survey and from participants taking part in focus discussion groups. We intend to proactively promote the on-line surveys to organisations working across the equality strands for e.g. disability forums, Lesbian, Gay, Bisexual, Transgender and Black and minority ethnic communities. We intend to conduct focus discussion groups with targeted/vulnerable groups which will include parents of children with special education needs, young Lesbian, Gay, Bisexual and Transgender people and in deprived areas.

We intend to conduct a further initial equality impact screen once the consultation is closed on the preferred option and future service model.

## **8.0 Environmental implications**

No environmental implications have been identified relating to the consultation and engagement process.

## **9.0 Human resources implications**

No human resource implications have been identified relating to the consultation and engagement process.

## **10.0 Corporate landlord implications**

No corporate landlord implications have been identified relating to the consultation and engagement process. There is representation from asset management on the HCP steering group. It has been highlighted that Health Visitors currently are based in Children Centres. The tender and service specification needs to consider this. Plus the 0-19 discussion needs to take into account the implications for health visiting of reducing children centres to 8 centres.

## **11.0 Schedule of background papers**

Department of Health Commissioning guidance for 0-19 Healthy Child Programme  
<https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/493617/Service\\_specification\\_0\\_to\\_19\\_CG1\\_19Jan2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493617/Service_specification_0_to_19_CG1_19Jan2016.pdf)

Rapid Review to Update Evidence for the Healthy Child Programme 0–5 (Public Health England, 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/429740/150520RapidReviewHealthyChildProg\\_UPDATE\\_poisons\\_final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf)

Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)

<https://www.gov.uk/government/publications/healthy-child-Programme-pregnancy-and-the-first-5-years-of-life>

Department of Health (2009) Healthy Child Programme – 5-19 years (amended August 2010)

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_108866.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf)

Public Health Outcomes Framework 2013 to 2016 (DH, 2014)

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

## **APPENDIX ONE**

### **Background to the Healthy Child Programme and Local Authority Commissioning responsibilities.**

The Health and Social Care Act 2012 set out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people. Local Authorities acquired new statutory responsibilities on 1st April 2013 under the Health and Social Care Act 2012 to carry out public health functions and with it transferred the responsibility for commissioning school nursing (5-19) services. On 1 October 2015 the responsibility for commissioning 0-5 public health services (Health Visiting and Family Nurse Partnership) transferred from NHS England to local authorities. This transfer of commissioning responsibility provides an opportunity to take a fresh look at ensuring coherent, effective, life course services for children and young people aged 0-19.

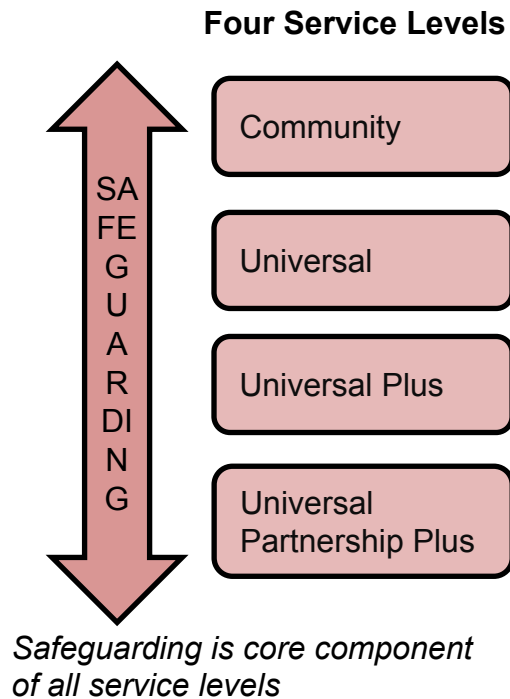
These services are all components of 'The Healthy Child Programme' (HCP). The Healthy Child Programme was published in 2009 and sets out the recommended framework for services for children and young people agenda 0-19 (including during pregnancy) to promote optimal health and wellbeing, prevent ill health and provide early intervention when required. The HCP delivers universal services to all children and families including routine screening and development checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce inequalities.

Whilst recognising the contribution of other partners, there will be some elements which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce, i.e. health visiting and school nursing teams. Public health nurses are registered nurses and/or midwives with specialist additional training to develop knowledge and skills that bring together individual, family and community interventions to improve health in populations by assessing and responding to local need. Public health nursing services provide universal support, and due to their close relationships with families and community settings, including early years and education settings, health visitors and school nurses are key in supporting the local authority area's Early Help system.

### **The service model for Health Visiting and School Nursing**

Health visiting and school nursing services are based on four levels of intervention as detailed below. There is a prescribed national model for Health Visiting and School Nursing services that include for Health Visiting five mandated health reviews. These include:

- Antenatal health promoting review
- New baby review
- 6 – 8 week health visitor assessment
- 1 year assessment
- 2 to 2.5 year review (*this is intended to be a joint review carried out by the health visiting service and the early years provider where a child is accessing early years provision*)



**Your Community** describes a range of health services (including GP and community services) for children, young people and their families. Health visitors and school nurses will be involved in developing and providing these and making sure you know about them.

**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 with measures such as immunisations and identifying problems early.

**Universal Plus** provides a swift response from health visitor and school nursing service when additional needs identified e.g. via 5 mandated HV checks or identified through a health check i.e. could include managing long-term health issues and additional health needs, advice about a health worry, advice on sexual health, and support for emotional and mental health wellbeing.

**Universal Partnership Plus** - on-going support from health visitor and school nurse as part of a range of local services working together with a family to deal with more complex problems over a longer period of time

## The Family Nurse Partnership

The Family Nurse Partnership (FNP) is a targeted, evidence-based, preventive programme for vulnerable first time young parents. Structured home visits, delivered by specially trained family nurses are offered from early pregnancy until the child is two. FNP aims to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency. FNP participation is voluntary. When a mother joins the FNP programme the HCP is delivered by a family nurse. The family nurse plays an important role in any necessary safeguarding arrangements alongside statutory and other partners to ensure children are protected. In those areas where FNP is available, then for those mothers who have joined the programme, a family nurse will administer the 5 reviews. FNP is a licenced programme based on a strong and rigorous US evidence base, developed over 30 years, has shown FNP benefits the most needy young families in the short, medium and long term across a wide range of outcomes helping improve social mobility and break the cycle of inter-generational disadvantage and poverty. New criteria guidance has been issued that will enable Local Authorities to have greater flexibility and enable targeting services at those at highest risk.