CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

7 April 2016

Time 2.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Milkinderpal Jaspal (Lab)
Vice-chair Cllr Mark Evans (Con)

Labour	Conservative	Liberal Democrat
Cllr Harbans Bagri	Cllr Wendy Thompson	
Cllr Craig Collingswood		
Cllr Val Evans		
Cllr Jasbir Jaspal		
Cllr Peter O'Neill		
Cllr Stephen Simkins		

Quorum for this meeting is two Councillors.

Information for the Public

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1 **Apologies**

2 **Declarations of Interest**

3 **Minutes of previous meeting** (Pages 3 - 10)
[To approve the minutes of the previous meeting as a correct record.]

4 **Matters Arising**
[To consider any matters arising from the minutes.]

DISCUSSION ITEMS

5 **Pressure and tissue viability update** (Pages 11 - 18)
To provide assurance of pressure ulcer prevention and prevention of chronic wounds strategy.

6 **CQC Inspection - Royal Wolverhampton Foundation Trust (RWT)**
To provide a verbal update relating to the recent RWT CQC inspection

7 **Joint Mental Health Strategy.** (Pages 19 - 24)
To provide an update on the progress made in the implementation of the Joint Mental Health Strategy

8 **Children 5-19 (0-19) Healthy Children Programme** (Pages 25 - 36)
To provide a progress report on the consultation plan for the re-commissioning of the city's 0-19 Healthy Child Programme (HCP) by Public Health.

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 25 February 2016

Agenda Item No: 3

Attendance

Members of the Health Scrutiny Panel
Cllr Harbans Bagri
Cllr Val Evans
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal (Chair)
Cllr Peter O'Neill
Cllr Stephen Simkins

Deborah Breedon	Scrutiny Officer
Viv Griffin	Service Director - Disability and Mental Health
Ros Jervis	Service Director - Public Health and Wellbeing
Dr Helen Hibbs	Clinical Commissioning Group (CCG)
Sarah Fellows	Mental Health Commissioning Manager
Jo Cadman	Associate Director Strategy, Black Country Partnership Foundation Trust (BCPFT)
David Loughton	Chief Executive of the Royal Wolverhampton Hospitals NHS Trust (RWT)
Jeremy Vanes	Chairman RWT
Sue McKie	Health Improvement Principle

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies for non-attendance were submitted on behalf of Cllrs Craig Collingswood, Mark Evans and Wendy Thompson, and Health Watch Members Jean Hancox, David Hellyar and Ralph Oakley.

2 **Declarations of Interest**
There were no declarations of interest.

3 **Minutes of previous meeting**
Resolved

That the minutes of the previous meeting 26 November 2015 be approved and signed as a correct record.

4 **Matters Arising**
There were no matters arising.

Chairmans Announcement

The Chairman advised that item 9 would be considered at this point on the agenda due to the reporting officers need to attend an urgent meeting.

5 **Wolverhampton CCG Primary Care Strategy**

Dr Helen Hibbs, Clinical Commissioning Group (CCG) presented the Wolverhampton CCG Primary Healthcare Strategy 2016-2020. She advised that a strategy was needed because health knowledge and technology was changing; the people they serve are changing; demands are changing and the workforce and some buildings are not fit for purpose.

She advised that plans include current practices developed and nurtured but that there are not enough staff to wrap around each service. She advised that access for GPs has been arranged through modern technology and the clinical network uses a shared back office function. She advised that when GP's retire the new GP's are moving onto one system which makes it more likely that the seven day services will be achievable.

The National Health Service England (NHSE) has developed the five year forward view which envisages a number of new models of care to which this strategy is Wolverhampton CCGs response. The Primary Health Care Strategy strategic roadmap 2015/16- 2020/2021 demonstrates the following streams:

- GP Practices as providers
- Integrated Community Teams
- Development of Other Out of Hospital Services
- GP Practices as Commissioners
- Contract Management

The Chair highlighted the importance of the Primary Care Strategy and indicated that this was why the document had been circulated early enough for councillors to examine. Dr Helen Hibbs highlighted the importance and sensitivity of some of the issues to be looked at during in the next five years. The Chair recommended that councillors forward any key questions to the Scrutiny team to pass on to the CCG and that CCG is invited back to a future meeting to provide progress report and to respond to any questions raised.

Resolved

1. That councillor's forward any key questions arising from the Wolverhampton CCG Primary Care Strategy to the Scrutiny team to pass on to the CCG.

2. That CCG is invited back to a future meeting to provide progress report and to respond to any questions raised.

6 **City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016**

Sarah Fellows Mental Health Commissioning Manager provided the report, outlining the progress against the priorities outlined in the report.

In response to a question the Commissioning Manager advised that co-morbid substance misuse could be reworded to reflect that the substance misuse is co-occurring and not related to morbidity.

In relation to the financial implications in the report the panel requested an indication of funding available this year including allocation for eating disorders. Panel were

advised that £560,000 funding was available and in addition £30 million was available for eating disorders nationwide. Cllr Milkinderpal Jaspal asked how that figure tallied with the number of people using the service and if there was a shortfall. The Commissioning manager acknowledged the lack of funding for CAMHS and the need to get more children into care, she advised that there had been slightly more money than expected and that there should be money available to help some more.

Dr Helen Hibbs outlined that there was an area of unmet need where young people were not accessing services early enough and that there would be an additional 20,000 children and young people requiring CAMHS services by 2020. She advised that she was trying to get some funding to address the unmet need. She advised that part of the problem was the stigma related to mental health and how important it is to get the right services to the right places, such as accessing services in school or near to home and not having to go to specialist services such as the GEM Centre. Dr Helen Hibbs advised that the CAMHS strategy is about getting young people early at age 12-13, if capture them early they may not go into crisis. She advised that 8-18 crisis care is available between the hours of 8-8 however the additional funding may be 24-7 crisis care. She advised that this is where the work with the schools comes in.

Cllr Stephen Simkins referred to the prevention plan and the forums that are the key strategic drivers in terms of delivery of the plan. He asked if it was possible to streamline the number of panels.

The Commissioning Manager advised that lots of money could be swallowed up if partners do not work closely. She suggested that this should be monitored quarterly with key indicators at the Children's Trust Board and that this is the time to think about a Black Country Model as this is the first steps of a major change.

In response to questions from Cllr Peter O'Neill relating to the time taken for referrals, the Commissioning Manager said that the nine weeks from referral to treatment in Wolverhampton was quite good; she advised that 18 weeks was more the normal time taken. She advised that there is also an emergency referral route and an appointment can be offered within five days.
The commissioning manager advised that the time taken from referral to treatment would also depend on the individual's circumstances and on the nature of the issue. She advised that a self-harm issue may take less than 24 hours and that there would be quite a specific language around it and the assessment depends on the nature of difficulty, assessment and the type of therapy needed. She advised that more information can be brought as they begin to monitor each case. The commissioning manager advised that many of the types of problems in CAMHS have changed and are becoming more aligned to adult issues on a local and national level, such as a large percentage of psychosis is related to smoking 'skunk'.

Viv Griffin, Service Director Mental Health and Disability advised that other work was being conducted in tandem with that outlined, including a bid being submitted for additional funding to look at preventative CAMHS work with schools and that this would be quarterly joint reports from Health and Social Care.

Cllr Stephen Simkins indicated that scrutiny could play a role in looking at the governance arrangements and considering a list of targets. He voiced concerns that 500,000 would be eaten up very quickly. There followed a discussion about the need

to build targets into delivery to prevent this occurring, to aim for a strategy and achievable targets.

The Panel were advised that there is not parity of esteem between children and adult mental health services but that it was intended that by 2020 there would be. Panel considered that this finite amount of money would not change things significantly.

Cllr Sandra Samuels, Cabinet Member Public Health and Wellbeing referred to the CAMHS in crisis and the mental health commissions that had been set up. The Service Director confirmed this and indicated that never had mental health been so important; she clarified that the national commission had met quickly hence the additional money coming through. She advised that there were a whole stream of commissions on-going; the bigger health commission was looking at mental health and its impact on employment.
The Service Director advised that bidding is non-recurrent funds potentially £5 million can change the system and that there is a whole range of sources because mental health is on the national agenda.

Resolved:

1. That Health Scrutiny Panel receive the Wolverhampton CCG CAMHS transformation plan including next steps.
2. That Health Scrutiny Panel note the development and implementation of the Wolverhampton CCG CAMHS Transformation Plan.

7 **BCPFT - mental health commissioning**

Jo Cadman, Associate Director Strategy, Black Country Partnership Foundation Trust (BCPFT) provided a verbal presentation of the proposed partnership arrangements. She advised that there was an aim for partnership prospectus by September 2016 and that there was a detailed options appraisal on the horizon.

She advised that the prospectus will include opportunity to develop for the larger population. New services should include mothers and babies, eating solutions and isolation. She advised that the partnership wanted to deliver the best solution and value for money and would allow us to reduce back office costs. Panel were very conscious that a key part of the changes would be culturally and value driven in terms of stakeholders and that in the new year work between the Chief Executive Officers (CEOs) would put in place the appropriate governance arrangements. She advised that the first formal Partnership Board was due to take place on Monday 29 February 2016 to agree the structure, with a formal launch in April 2016.

Panel was advised that there would be five clinical work streams in the early stages of development at the moment:

1. CAMHS
2. Children's Services including Health visitors
3. Learning disabilities
4. Adult mental health
5. Older people services

She encouraged people to attend the forums and agreed to send the Health Scrutiny Panel the new structure for the whole partnership and for the five work streams.

In response to questions the AD Strategy touched on the merger and confirmed that it was not yet agreed. She advised that there were three organisations that have

their own budgets. She advised that there would be the same amount of money (approximately £450 million) but that it would be shared differently, with different ways of discussing how to share it differently.

Resolved:

1. That the verbal update is noted
2. That the new structure for the whole partnership and for the five work streams is circulated to panel members.

8 **Royal Wolverhampton NHS Trust**

David Loughton, Chief Executive of the Royal Wolverhampton Hospitals NHS Trust (RWT) and Jeremy Vanes Chairman, RWT were in attendance to provide a verbal update on the Accident and Emergency (A&E) site opening and progress report.

The Chairman RWT advised that just under £38,000 had been invested in equipment in the new A&E. He advised that the contract started in June 2014 and that the new A&E at New Cross hospital was three times as big as the old A&E. He confirmed the following:

- The contract was completed in October on time on price or just under and that the first patient had been seen at 4am 24 November 2016 right on the timetable.
- The bed capacity is improved and additional facilities including an eye emergency waiting room, rooms to talk to relatives, a better ambulance bay, separate entrance for paediatrics and a café by the new entrance.
- The benefits of the shared primary care area, the ten bed clinical support unit, seminar rooms set ups and the command centres.
- The branch links the heart and trauma unit.
- The build is of high quality and has solar panels on the roof.
- The turnover in A&E is on average two and a half hours.
- There are 300 staff work in A&E, staff training, new teams and new approach are resulting in some teething issues and staff morale has dipped.
- Patient demand is really high.
- The gains from the A&E refurbishment are:
    - More space
    - Separation – more single bays are working much better.
    - Senior service decisions are working well with junior staff seeing the senior staff in action and gaining invaluable insight.
- The number of people attending A&E is on the increase:
    - 2013-14 : 293 people a day
    - 2014-15 : 321 people a day
    - 2015-16 : people a day
- 18 % increase last year, this year to date 422 people.
- Vacancies are high and have to use locums.
- Continuously advertising for Doctors and nurses.
- Staff sickness levels have gone up slightly.

The Chairman RWT advised that Clinical Commissioning Group (CCG) did an announced visit recently resulting in some amendments and adjustments. He advised that the urgent care centre is due to open 1 April 2016, it is expected that it will take the pressure off A&E as the model designed for not very sick patients is designed to do. He invited the panel to visit the facility and have a look around.

- Staff and consultants are working well.
- 67 people waited for over four hours.
- 97% of ambulances released within 15 minutes.

The Chief Executive RWT advised that the buildings were very new and functional. He advised that 170 ambulances were passing through the hospital every day.

The clinical model works brilliantly throughout the whole hospital and meetings with Social Services to turn around some issues around discharge problems had been productive. He advised that bed blocking was not a problem. He advised that the biggest problem was nursing staff shortage; he advised that of the two hundred nurses appointed abroad only three had arrived in the country. The panel considered there was a need to address the issue of speeding up access for nurses into the Country.

The Chief Executive RWT referred to the National shortage of A&E staff; he advised that A&E was not an attractive speciality and that doctors who do start in A&E often move on to other specialities. Panel considered the number of locums working in hospitals, the impact on the team they work with and the career choice many make to be a locum because the re-numeration is higher on a day rate and there is choice of where they work. Dr Helen Hibbs added that a similar situation exists with General Practitioners (GP), Locum GP day rates are more attractive.

The Cabinet Member Health and Wellbeing referred to consultant assistants and secretaries in the A&E department, panel were advised that there are around 11 applicants for every nurse post but that up to 50% of the applications can be dismissed immediately due to lack of qualifications. There followed a discussion about the reduction in training and training costs.

The Chair thanked everyone for their attendance and contribution to the discussion.

Resolved

1. That the update is noted
2. That a paper advising of training costs for nursing staff and doctors at RWT New Cross hospital be submitted to the June 2016 scrutiny panel.

9 **Smoking and Alcohol in pregnant mothers**

Ros Jervis, Service Director Public Health and Well Being and Sue McKie, Health Improvement Principle (NHS Facing) outlined the report which had been previously circulated. The Service Director advised that the report was in addition to the Infant Mortality update report due to be considered by Scrutiny Board in the near future.

The Health Improvement Principle informed the Panel that there had been a reduction in the number of women smoking during pregnancy for three successive quarters. She advised that this may be due to the increase in numbers of women using vaporisers to replace tobacco smoking. She informed them that the effect of using e-cigarettes was not yet known however anecdotal evidence indicated that using e-cigarettes is better for baby than smoking tobacco. She advised that the picture was not as clear in relation to alcohol consumption during pregnancy and that there is some work to be done in this area. She advised of the recent appointment of

a tobacco control manager to lead on new developments and to link into the recently developed Substance Misuse Alliance working with partners including Regulatory Services to tackle illicit tobacco and alcohol.

In response to questions relating to e-cigarette usage the Service Director advised that we do know that smoking tobacco does cause harm and that there is some evidence from Health England to suggest that e-cigarettes are better than tobacco, however abstinence is preferable.

Cllr Stephen Simkins welcomed the decrease in numbers of women smoking during pregnancy, he referred to the need for a strategy for the City to include a plan for educating young people in schools and for enforcing no-smoking areas on the Royal Wolverhampton Trust (RWT) New Cross hospital site and near schools.
In response to points raised the Service Director advised that there was no strategy but that the action plan included actions to the RWT and about working to educate young people in schools about smoking. Cllr Milkinderpal Jaspal advised that no smoking policies on or near school premises is at the discretion of the individual school establishment. Jeremy Vanes agreed to take comments back to the RWT Board.

In response to further questions the Service Director advised that the former alcohol strategy for the City has come to an end and a Substance Misuse Alliance has been formed with partners to bring all addictions into one alliance including alcohol, legal highs and smoking.

Resolved

That the update report is noted

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Agenda Item No: 5

Health Scrutiny Panel

Thursday 7 April 2016

Report title Pressure ulcer report- modified from The Royal Wolverhampton NHS Trust patient safety report

Accountable director Cheryl Etches

Originating service Tissue Viability

Accountable employee(s) Lorraine Jones – Tissue Viability Lead Nurse

PRESENTED BY	Lorraine Jones, Tissue Viability Lead Nurse								
Author	Lorraine Jones								
DATE PREPARED	5/3/16								
SUBJECT/Title of Report	Pressure ulcer and tissue viability update								
PURPOSE/SUMMARY	To provide assurance of pressure ulcer prevention and prevention of chronic wounds strategy								
ACTION REQUIRED OF GROUP/COMMITTEE	Decision		Approval		Receive for Information		Receive for Assurance	x	
STRATEGIC OBJECTIVE	To achieve no avoidable pressure ulcer and prevent hospital admission for chronic wounds								
OVERVIEW OF ASSURANCE THEMES HIGHLIGHTED IN THE REPORT	CQC STANDARDS						CLINICAL OUTCOMES		
	NHSLA						CLINICAL EFFECTIVENESS	x	
	REGULATORY STANDARDS						RISK REGISTERS (BAF/TRR/Ops RR)		
	BEST PRACTICE & SHARED LEARNING					x	POLICY		
	EXTERNAL REVIEWS/NATIONAL AUDITS					x	KPI (add PI measure in section 1)		
	INTERNAL REVIEWS						Other issues/Report areas		

1. **Executive Summary (summarise/add context to issues/report items below including clinical implications/outcomes , resources required, any proposed risks for escalation, positive/negative impact of assurance given detail below eg CQC, NHSLA, HSE, MHRA, other)**

Pressure ulcers

- The total incidents have seen a slight reduction since October 2015, including a reduction of avoidable acquired incidents
- The Trust has not achieved zero number of avoidable incidents, with common themes of gaps in documentation, particularly repositioning charts, holistic assessment and advice issued to patients.
- Each May there has been an increase of incidents, the reason is unknown. One possibility is climate change.
- The Trust is experiencing a high level of Trust inherited incidents (Patient not currently actively care for a RWT service), this may be Wolverhampton residents, or residents from other areas.
- There has been a particular rise in cast related incident's, trauma and orthopaedics are examining competency development of medical staff applying casts in theatre.
- Neonates department have experienced a couple of unavoidable incidents whereby the NIV mask seal is so intense, it causes pressure ulceration on babies born 24 weeks premature. Nationally, others areas using the same NIV system have reported higher rates than RWT and the company is working with these units to find solutions, without compromising the efficiency of the NIV as neonates are surviving at a younger age with this device.
- The rate per occupied bed days has seen a reduction on last year but not 2013/14. Many non-device related incidents reported by inpatients, have resulted in a new reported grade ie: from grade 3 inherited to grade 4 acquired once the wound has debrided and exposed the true depth of the wound
- The CCG have launched a health economy pressure ulcer steering group, first meeting was, 25TH February 2016
- The Trust has written a Tissue Viability Strategy, which currently out for comments to senior nurses, and will be sent to CCG, Public health and other relevant leaders.
- New pressure ulcer related documents have been checked by the Tissue Viability steering group, and now await approval at the documentation group. The documents have reduced based on lessons learnt from incidents. Neonate documents require additional work.
- CCG have confirmed tendering processes have commenced for the community equipment service, but will not be completed by 1st July 2016, therefore ILS contract will be extended. ILS compliance with delivering equipment has improved.
- Heel devices are still a challenge. The dynatek boots are not suitable for many types of patients. Podiatry are starting a cast service for patients living with diabetes.

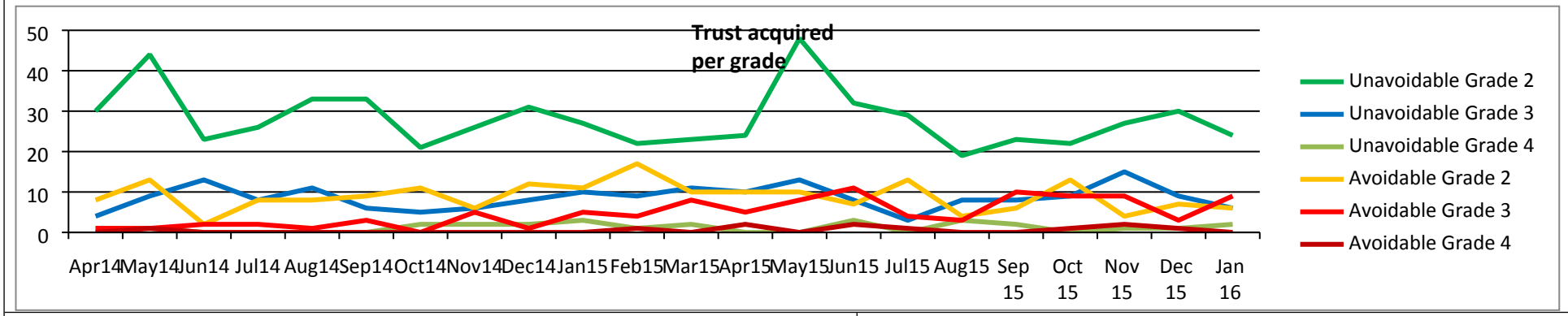
Birmingham community have used these, along with a selection of 4 other devices and have not reported a community acquired grade 3 or 4 for many months. Tissue Viability has requested heels devices as part of the tender for a community equipment service.

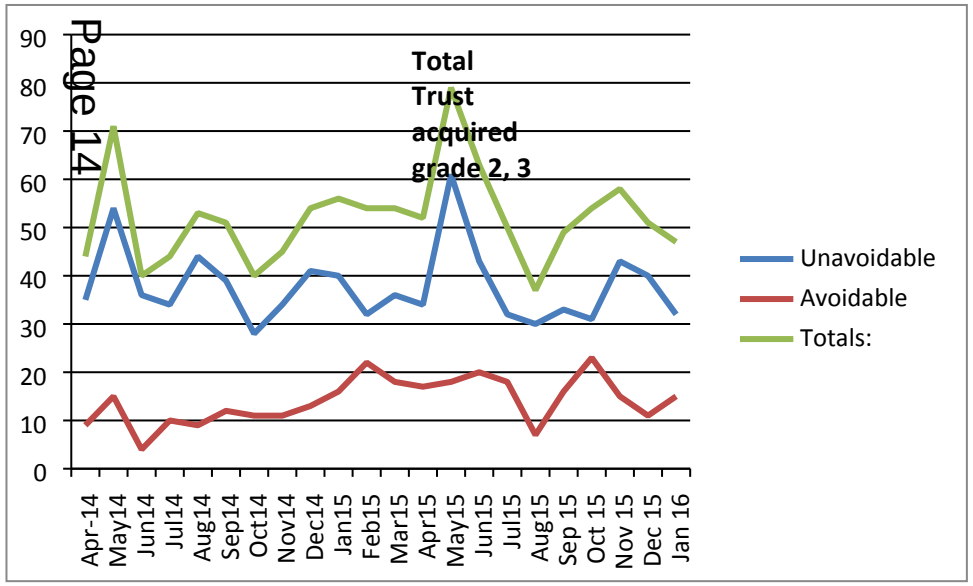
- CCG have sent a letter confirming they will not accept individual funding requests for TOTO's from April 16. Contracting team informed, CCG have recommended a business case, which may delay access to equipment from 1st April. Contracting team negotiating an interim arrangement until a business case is approved.
- A TOTO is now in use within the medical directorate, as well as a number of homes within the community with positive healing outcomes.
- Wound formulary has been deled due to NHS supply chain framework being updated. Formulary process can restart July 2016.
- Patients with no nursing needs but at risk of pressure ulcers are discharged from Adult community services

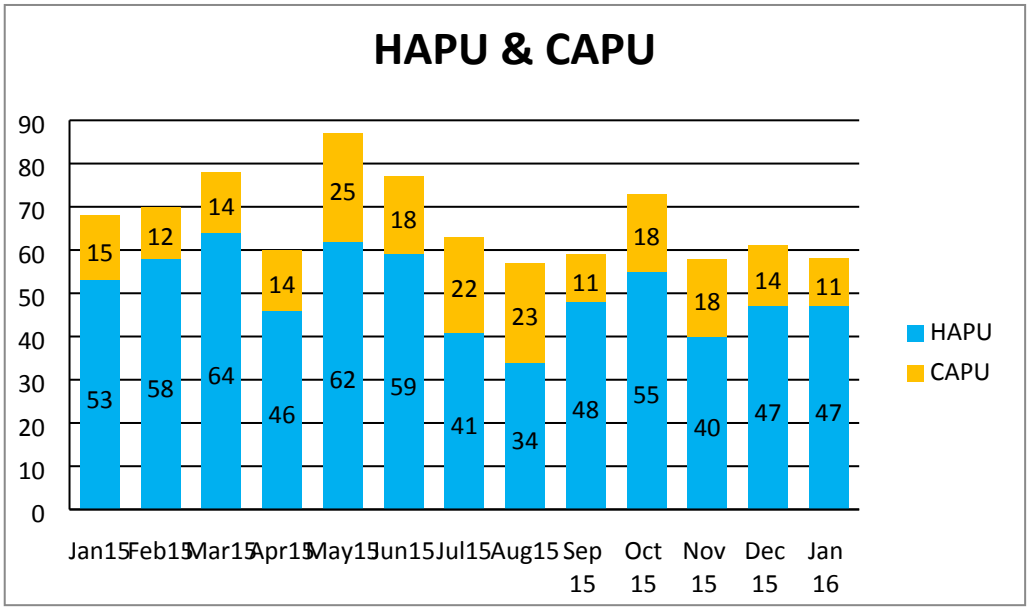
Recommendations for action

- Health and social care pressure ulcer prevention strategy, including education of relevant social care staff, residential homes and media support for the public, to prevent all types of avoidable pressure ulcers.- CCG leading the steering group
- Standardise equipment specifications in all residential and nursing care homes.
- Business case to support the use of TOTO's to minimise increase of care packages or transfer to 24 hour care.
- CCG ton consider a service to support patients at risk and regular monitoring- part of Health and social care steering group and TV strategy recommendations.
- Review of all heel devices and tender for Community equipment provision
- Patients with long term conditions to be made aware of risks at early stages of diagnosis.
- All care services to be aware of correct continence management and skin care to prevent moisture lesions, which increase risk of pressure ulceration
- Contracture prevention pathway

Data


Trust acquired per grade
50
40
30
20
10
0
Apr14 May14 Jun14 Jul14 Aug14 Sep14 Oct14 Nov14 Dec14 Jan15 Feb15 Mar15 Apr15 May15 Jun15 Jul15 Aug15 Sep 15 Oct 15 Nov 15 Dec 15 Jan 16
Unavoidable Grade 2
Unavoidable Grade 3
Unavoidable Grade 4
Avoidable Grade 2
Avoidable Grade 3
Avoidable Grade 4


Page 14
Total Trust acquired grade 2, 3
90
80
70
60
50
40
30
20
10
0
Apr-14 May14 Jun14 Jul14 Aug14 Sep14 Oct14 Nov14 Dec14 Jan15 Feb15 Mar15 Apr15 May15 Jun15 Jul15 Aug15 Sep 15 Oct 15 Nov 15 Dec 15 Jan 16
Unavoidable
Avoidable
Totals:


HAPU & CAPU
90
80
70
60
50
40
30
20
10
0
Jan15 Feb15 Mar15 Apr15 May15 Jun15 Jul15 Aug15 Sep 15 Oct 15 Nov 15 Dec 15 Jan 16
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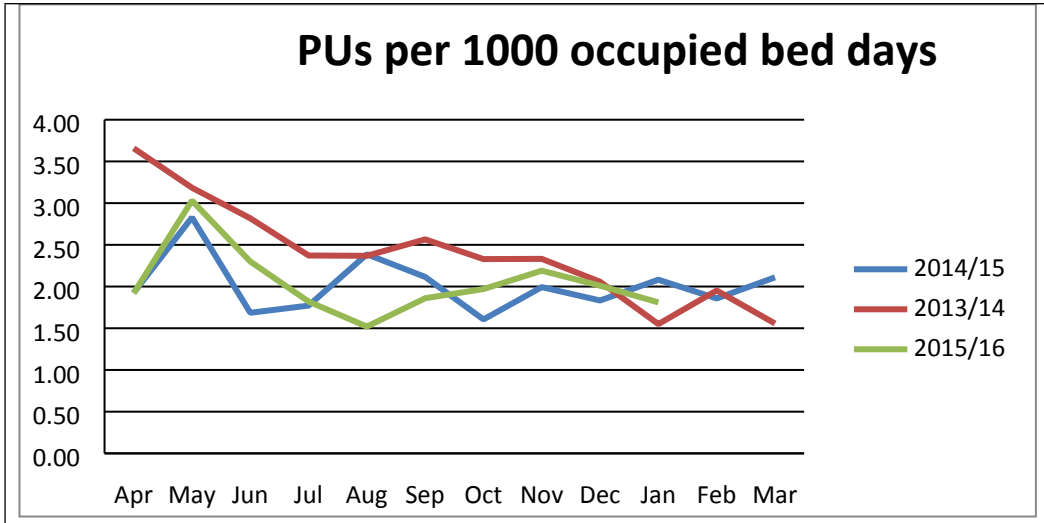
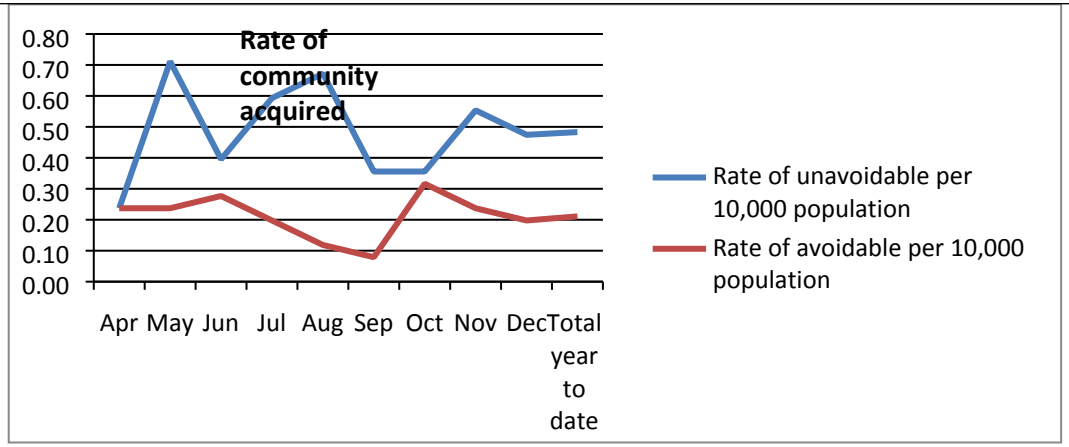
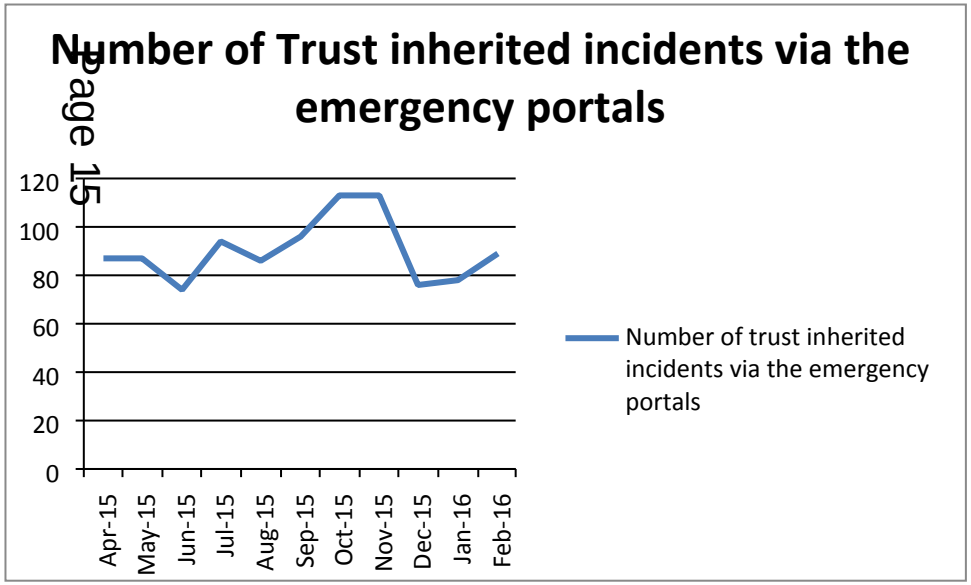
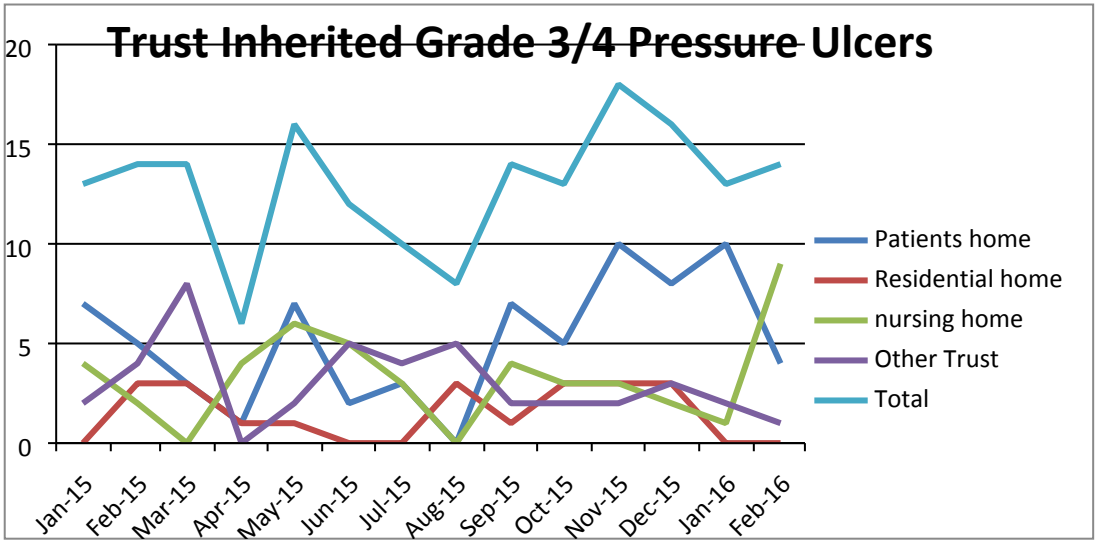
HAPU
CAPU


PUs per 1000 occupied bed days
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2014/15
2013/14
2015/16


Rate of community acquired
0.80
0.70
0.60
0.50
0.40
0.30
0.20
0.10
0.00
Apr May Jun Jul Aug Sep Oct Nov Dec Total year to date
Rate of unavoidable per 10,000 population
Rate of avoidable per 10,000 population


Number of Trust inherited incidents via the emergency portals
120
100
80
60
40
20
0
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16
Number of trust inherited incidents via the emergency portals


Trust Inherited Grade 3/4 Pressure Ulcers
20
15
10
5
0
Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16
Patients home
Residential home
nursing home
Other Trust
Total

2. Indicator/standard monitoring undertaken e.g. from national audit/national guidance/legislation etc. (Each group/author to add own key for RAG status below):

Assurance Theme	Indicator/Standard/ Question.	Target	R	A	G	Prev Rep	This Rep	Commentary
Best practice and shared learning/ external review	To achieve no avoidable pressure ulcers	100%						Refer to TV strategy and peer review action plan
Clinical effectiveness	Cost effective wound formulary	NA						Task group working on systems/ products to gain the best benefits for RWT and CCG.

3. **Emerging issues/themes (summarise issues or information which is impacting on the area/compliance)**
refer to pressure ulcer peer review action plan

Assurance Theme	**Specific Item Reviewed (Data source)**	**Information you have used to make the judgement of assurance (inc independent assurance – indicate timeliness by completing next column)**		**IA * (use key below)**	**Emerging Issue/Outcome and any on-going risk (So what factor)**	**Action required**	**Lead**	**Action due date**
		Positive	**Negative**					
Best practice and shared learning/ external review	Datix data, safety thermometer, per 1000 bed days data	Divisions have overarching comprehensive action plans. Wards/ services produce a lessons learnt board	Gaps with repositioning/ holistic assessment- common theme for avoidable outcome.	3	Omissions in documentation N	Refer to peer review action plan	Refer to peer review action plan	Refer to peer review action plan
Clinical effectiveness	Wound formulary	Product Procurement are sending out and quality/ cost analysis working on benefits in line with carter report		2		Agree and launch a formulary	L Jones	Sept 16

Assurance Theme	Specific Item Reviewed (Data source)	Information you have used to make the judgement of assurance (inc independent assurance – indicate timeliness by completing next column)		IA * (use key below)	Emerging Issue/Outcome and any on-going risk (So what factor)	Action required	Lead	Action due date
		Positive	Negative					

Any independent assurance provided in the above table is time limited – please indicate (x) the overall level of independent assurance based on descriptions below (where applicable in the IA* column above).

If you have included any independent assurance in the above – it is important to be clear in terms of the reliance the Trust can place on it – identify using the table below.

3 ***	Recent (less than one year old) independent assurance.
2 **	Less Recent (more than one less than two years old) independent assurance.
1 *	Historical (more than two years old) independent assurance.

4. Risk identified (new or existing risks identified from report issues):

Risk register 2952- The risk of patients developing a pressure ulcer due to inadequacies of pressure ulcer prevention equipment currently available.

Key Risks being addressed:	Datix No	Risk level BAF/TRR/ Ops (Div/Dir)	Previously reported risk rating	Current Risk Rating (C x L) categorisation matrix	Target grade (date to be achieved by)
Review of independent living service	Risk register 2952	corporate	amber	yellow	Await outcome from CCG

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Agenda Item No: 7

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

7 April 2016

Report title	Mental Health Strategy
Cabinet member with lead responsibility	Councillor Elias Mattu Adults
Wards affected	All
Accountable director	Linda Sanders, People
Originating service	Commissioning (Disabilities & Mental Health)
Accountable employee(s)	Kathy Roper — Commissioning Team Manager Tel — 01902 5550975 Email — Kathy.roper@wolverhampton.gov.uk
Report to be/has been considered by	List any meetings at which the report has been or will be considered, e.g. PLT — 14 March 2016 Strategic Executive Board — 22 March 2016

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Receive the report and note the progress made in the implementation of the Joint Mental Health Strategy.

1.0 Purpose

1.1 The purpose of this report is to outline the progress made in the implementation of the Joint Mental Health Strategy.

2.0 Background

2.1 The Joint Mental Health Strategy was refreshed in 2013 and includes a wider all age mental health approach to improve outcomes for all people requiring support from mental health services. This is in keeping with the cross government mental health outcomes strategic guidance for people of all ages detailed in 'No Health without Mental Health' (2011), 'Preventing suicide in England' (HM Government, 2012), 'Closing the Gap' (HM Government 2014), which adopts a life course approach.

2.2 Our strategy prioritises the delivery of the six key outcomes of 'No Health without Mental Health' (2011) as overarching themes. These are:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

2.3 Our vision for mental health services in Wolverhampton is an integrated 'whole system' of health and social care pathways and services that will deliver early intervention and prevention, assessment, treatment and intervention and re-ablement and recovery across the life course.

2.4 Our aim is to prevent people entering statutory services where possible, and to provide care pathways into and through services to provide the right type and level of intervention, when this is required, including within primary care and non-statutory services and with a focus upon public mental health as part of our Resilience Strategy.

2.5 The West Midlands Combined Authority has commissioned research in to mental health and its impact on the public sector. It is believed this commission is the first of its type in the country. The Commission is in the process of considering evidence from around the West Midlands region and beyond and it is considering the experiences of real people with real mental health experiences, as well as the knowledge of professional mental health practitioners and mental health organisations.

2.6 Our commissioning model is aligned to the work of the West Midlands Combined Authority and supports the delivery of integrated health and social care outcomes to promote independence, improve physical health, optimise recovery and increase social inclusion at all stages of the care pathway and across the 'whole system' of integrated care.

3.0 Better Care Fund

3.1 Mental Health is one of the work streams within the Wolverhampton Better Care Fund. The Better Care Fund provides an opportunity to develop a single pooled budget to allow health and social care services to work together more closely. Wolverhampton's Better Care Fund is an integral and important component of our vision for mental health services in Wolverhampton. Wolverhampton's Better Care Fund includes two integrated care pathways in mental health services, the Planned Care Pathway and the Urgent Mental Health Care Pathway. The focus of work in year one (2015/16) of the BCF programme was around the Urgent Care Pathway and the second year (2016/17) will be on the Planned care Pathway.

3.2 The Urgent Care Pathway is now well established and many of the elements within it are now operational including:

- A highly effective Rapid Response (triage) car that supports people in an emergency and was set up to to deliver the targets set out below. The service has met all of its targets in the last year.

  (i) reduce s136 detentions by 10%.
  (ii) increase the sole response MH mental illness ambulance emergency from the current 12% by 10% year on year.
  (iii) reduce attendance at Accident and Emergency by 20%.

- The psychiatric liaison team are now based at the urgent care centre, New Cross Hospital and the services are delivered by Black Country Partnership Foundation Trust (BCPFT). This enables people who attend A&E as a result of their deteriorating mental health to be treated in a more individual and specialist way by staff with the appropriate clinical skills.

- A revised service model for people with emergency and urgent mental health needs delivered by BCPFT that includes: a psychiatric liaison team, community psychiatric nurse in a rapid response car, referral and assessment team as part of the team in the Lavender Suite. The Crisis and Home treatment will continue to be situated at Penn Hospital.

- The development of a new integrated funding panel to support people in a timely way when they are ready for discharge.

- The delivery of a new service provided by a third sector provider that works closely with Royal Wolverhampton Trust (RWT) and BCPFT to support people who are homeless and need accommodation to facilitate discharge.

3.3 The Planned Care Pathway will provide specialist re-ablement and recovery focussed assessment, interventions and support for adults with severe and enduring mental illness (SMI). This will include:

- A revised recovery service that will include a recovery outreach service from September 2016.

- An increase of 50 new supported housing options over two years including two new purpose built schemes. The new buildings will be developed in Wednesfield by Bromford Housing Group and on the Tap Works site as part of a bigger council development.

- A revised floating support service that will support people with lower needs to be supported in their own home from April 2017.

- A suit of preventative services focused around the new Community Hub funded by Public Health and provided by Creative support from January 2017.

- Step-down services.

- Individualised packages of care for people with high levels of need.

3.4 Additional monies have been secured by the CCG from the Area Team's systems resilience fund in 2016. There was in total £170,000 of which £120,000 funded step down placements to improve the delayed transfers of care (DTOCS) and £50,000 funded additional adult mental health probationers (AMHP) resources**.** These funds are held by the CCG.

4.0 Key Areas

4.1 Alongside the work being undertaken as part of the Better Care Fund the Joint Mental Health strategy also responds to key national drivers, one of which is the Crisis Concordat. There is a requirement for all areas to publish a Crisis Concordat Plan. This is an action plan of shared goals by all stakeholders in Wolverhampton to support people in a timely way, to prevent crisis and to support people appropriately when they require it. It outlines a number of key principles and care values including: This was published on the national Crisis Concordat website in December 2015.

1. Early intervention – protecting people whose circumstances make them vulnerable early.

2. People in crisis are vulnerable and must be kept safe, have their needs met appropriately, be helped to achieve recovery and have equality of access.

3. People in crisis should expect an appropriate response and support when they need it.

4. When people in crisis are seen by health or social care professionals, or by the police and need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect.

5. People in crisis who present in emergency departments should expect a safe place for their immediate care, and effective liaison with mental health services to ensure they get the right on-going support.

4.2 The Urgent Care pathway responds to the values and principles set out in Wolverhampton's Crisis Concordat plan.

5.0 Financial Implications

5.1 Mental Health is a workstream within the Better Care Pooled Budget with Wolverhampton Clinical Commissioning Group (CCG). The Mental Health workstream has a pooled budget of £9.4 million of which £2.8 million are budgets held by the council and £6.6 million from the CCG.

5.2 There are no direct financial implications arising directly from this strategy. Any costs as a result of implementation of any part of the strategy will be met from existing budgets within the Mental Health service. [AS/30032016/Y].

6.0 Legal implications

6.1 There are no legal implications associated with this report

[Legal Code: TS/23032016/H]

7.0 Equalities Implications

7.1 An equalities analysis was undertaken when the strategy was developed, and identified that the over representation of people from Black and Minority Ethnic (BME) groups has locally and nationally focussed upon the need to commission culturally sensitive services, particularly for particular groups of men and women including new arrivals. In Wolverhampton we need to continue to address over representation of key groups specifically in relating to formal admission under the Mental Health Act 1983. The relatively low prevalence of numbers of children from BME groups referred to Tier 2 and Tier 3 Child and Adolescent Mental Health Services (CAMHS) (less than 20% of referrals, compared with 41% of the population of children and young people in our City) suggests that prevention and early intervention should include a focus upon targeted interventions for children and young people, and their parents and carers from BME groups and communities of new arrivals.

8.0 Environmental implications

8.1 There are environmental implications associated with this report.

9.0 Human Resources Implications

9.1 There are no human resources implications associated with this report.

10.0 Corporate landlord implications

10.1 There are no corporate landlord implications associated with this report.

Agenda Item No: 8

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

7 April 2016

Report title	Proposed consultation plan for 0-19 Healthy Child Programme commissioning and service redesign (Health Visiting, Family Nurse Partnership and School Nursing services).
Cabinet member with lead responsibility	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.)
Wards affected	All
Accountable director	Ros Jervis , Public Health and Wellbeing
Originating service	People – Public Health and Wellbeing
Accountable employee(s)	Neeraj Malhotra Consultant Public Health Tel 01902 558667 Neeraj.Malhotra@wolverhampton.gov.uk Sarah New Healthy Child Programme Manager Tel 01902 558667 sarah.new@wolverhampton.gov.uk
Report to be/has been considered by	0-19 Healthy Child Programme Commissioning & Governance Steering Group 24/02/16 Public Health Senior Management Team 25/02/16 Youth Council 14/03/16 PLT 14/03/16

The Panel is recommended to:

1. To consider the proposed Consultation process and provide comments and suggestions that will contribute to the development of an effective consultation process.
2. To endorse the proposed 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.

1.0 Purpose

This report aims to update the Health Scrutiny and the Children, Young Peoples and Families Scrutiny Panel 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 90 day Consultation Period in late spring. The paper describes the 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 access 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 ensuing 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 1st 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 31st 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 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 How we intend to develop our future 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 staff, our partners, parents, carers and young people.
- 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 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. The preferred option will be informed by the stakeholder consultation and market engagement.

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 Consultation 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 consult 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 .

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 opportunity's that may be available to providers has the potential to impact on the interest bidders give to Wolverhampton's potential tender.

3.0 Consultation Plan

We have established a task and finish group to oversee the 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.

We intend to commence a 12 week statutory consultation in Spring 2016. Public Health will collate and analyse all responses received to identify a preferred option and develop the service specification/s. We intend gathering 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, 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.

3.1 Young People's Consultation

We have held a number of meetings with 8 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 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 Consultation

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 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 Consultation

The HCP steering group has agreed that the best method for engaging our 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. 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.

Stakeholders- existing & potential service users	**Activity**	**Timescale**
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	Discussion taking place with The	

Way	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 19th February & concludes 31st 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	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 and Children, Families and Young People's scrutiny panels before finalising the formal Consultation Process.
- Report back to the Healthy Child Programme Steering Group.
- Implement the formal 90 day Consultation process.
- Consider the findings of the consultation and agree preferred commissioning option that will be recommended to a future Cabinet meeting for their approval.

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/10032016/K

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 90 day consultation.
The steering group will receive legal advice as required. RB/07032016/P

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 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 process.

9.0 Human resources implications

No human resource implications have been identified relating to the Consultation process.

10.0 Corporate landlord implications

No corporate landlord implications have been identified relating to the Consultation 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

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

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

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.

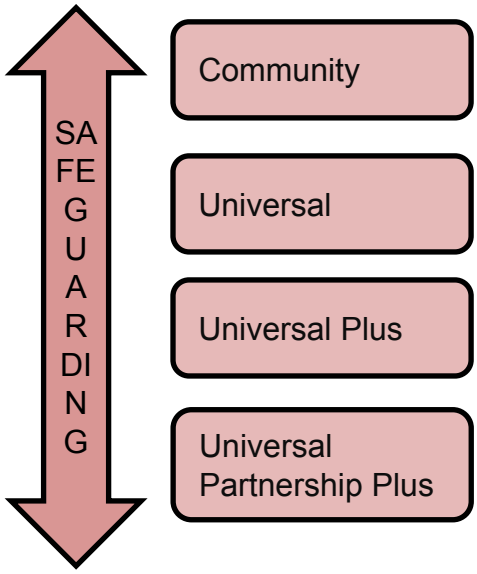
Whilst recognising the contribution of other partners, there will be some elements which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce, i.e. health visiting and school nursing teams. Public health nurses are 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)*

Four Service Levels



Safeguarding is core component of all service levels

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.