

Health Scrutiny Panel

15 September 2016

Report title

Summary of findings from engagement and consultation on proposed 0-19 Healthy Child Programme service model (Health Visiting, Family Nurse Partnership and School Nursing services).

Cabinet member with lead responsibility

Councillor Paul Sweet Councillor Val Gibson
Public Health and Wellbeing Children and Young People

Wards affected

All

Accountable director

Ros Jervis, Public Health and Wellbeing

Originating service

People – Public Health and Wellbeing

Accountable employee(s)

Neeraj Malhotra Sarah New
Consultant Public Health Healthy Child Programme Manager
Tel 01902 558667 Tel 01902 558667
Neeraj.Malhotra@wolverhampton.gov.uk sarah.new@wolverhampton.gov.uk

Report to be/has been considered by

People Leadership Team	01/08/16
0-19 Healthy Child Programme Commissioning & Governance Steering Group	30/08/16
Public Health Senior Management Team	01/09/16
Cllr Sweeney	05/09/16
Cllr Gibson	06/09/16

Recommendation(s) for action or decision:

The Panel is recommended to:

1. To consider the findings from the recent engagement that has informed the development of the proposed new service model for delivery of the Healthy Child Programme.
2. To consider the findings of the six week formal consultation on the proposed service model and comment on these.

The Panel is asked to note:

This report is PUBLIC
[NOT PROTECTIVELY MARKED]

1. The findings of the engagement with stakeholders as detailed in the report attached in Appendix One.
2. The proposed new service model for the Healthy Child Programme as attached in Appendix Two.
3. This report has also been submitted to Children, Young People and Families Scrutiny Panel for comments.

1.0 Purpose

- 1.1 This report aims to update the Children, Young Peoples and Families Scrutiny Panel on the findings of the engagement and consultation with stakeholders for the re-commissioning of the city's 0-19 Healthy Child Programme (HCP) by Public Health.
- 1.2 The report provides panel members with an opportunity to consider some of the key findings of the engagement and emerging feedback regarding the proposed service model for the Healthy Child Programme.
- 1.3 The report provides an opportunity for panel members to be engaged and comment upon the proposed service model.
- 1.4 The paper describes how the engagement and consultation were conducted and summarises some of the key findings.
- 1.5 The paper also provides information about the proposed future service model for the Healthy Child Programme. The service model has been developed following the formal engagement process and takes into account wherever possible the views of key stakeholders. The emerging findings from the current formal consultation are described.

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.
- 2.2 This report presents the key findings from the engagement and consultation processes.
- 2.3 Engagement with stakeholders commenced in 2015 and this was followed by a formal eight week engagement process undertaken between May and July 2016.
- 2.3 The engagement process sought to obtain the views of key stakeholders on current services and to identify the best future service model to improve outcomes for children and families. This specifically relates to health visiting, family nurse partnership and school nursing services. Over 450 professionals, parents, carers and young people were engaged and wherever possible the views of stakeholders were considered in the development of the proposed service model framework for the 0-19 Healthy Child Programme.
- 2.4 A formal six week consultation commenced on 8 August 2016 and will end on 19 September 2016. The purpose of the consultation is to obtain stakeholders views on the proposed new service model prior to development of the final service model. We are inviting all key stakeholders to give their views which include health, social care, education and the voluntary sector.

We are also asking parents and young people to give us their views on how they want services to be delivered via an on-line survey. The findings of the consultation will be considered prior to commencing a tender process in November 2016 to enable a new 0-19 Healthy Child Programme service to be in place from 1 August 2017.

- 2.5 Early in the commissioning process we established a Healthy Child Programme (HCP) steering group. The steering group was responsible for overseeing the commissioning and tender process. Children's services and the Clinical Commissioning Group are represented on the group along with a GP representative and key council employees, including the head of service for early intervention and safeguarding representatives. The HCP steering group has provided advice and support on plans for engaging and consulting with different stakeholder groups.
- 2.6 A member of staff from Wolverhampton Health Watch supported the early engagement work with parents and young people and advised on development of the surveys as did wider colleagues in public health and children's services.

3.0 How we engaged with stakeholders

- 3.1 A variety of methods were used to obtain feedback from key stakeholders. This included attending stakeholder meetings and holding engagement events for professionals. In addition, five separate on-line surveys for prospective bidders, professionals, head teachers, parents and young people were undertaken. A number of focus discussion groups with service users were also held. Samples of the materials used to engage with parents and young people and publicise the on-line surveys and engagement to parents and young people are attached in **Appendix One**. The Council Communications team used Facebook and Twitter to publicise the engagement process. The members of the public health and wellbeing team shall continue to conduct focus discussion groups throughout the formal consultation period to help inform the development of the new service model and service specification.
- 3.2 The members of the public health and wellbeing team attended key meetings with professional stakeholders to inform them of the proposed commissioning process and obtain their views on current services and priorities for the new service model. This included attendance at GP locality and primary care meetings, meetings with Head teachers and Personal and Social Health Education (PSHE) leads in schools.
- 3.3 The public health and wellbeing team were fortunate to work with some young people from Wolverhampton Youth Council, care leavers forum and care leavers board. The young people advised the team over a number of weekly meetings on the development of the young people's survey and shared their views on the school nursing service.
- 3.4 The public health and wellbeing team met with parents and carers of children with additional needs via the Voice for Parents Forum, who shared their views on current services. In addition, some of the parents kindly advised on the development of the parent's survey questionnaire. The team also engaged with members of the Foster Carer's forum to obtain their views on services.

- 3.5 The public health and wellbeing team held two multi-agency workshop events for professionals. The events were used to share initial findings from the engagement and to discuss key issues arising from the new service model. The overall aim of the workshops was to identify how the future service model could support children, young people and families to achieve good outcomes and to enable a wide range of stakeholders to express their views. The workshop events also provided an opportunity to consider the emerging themes from the engagement with stakeholders and to explore some key issues that had been identified. In total, 75 stakeholders attended the various workshops, representing a wide range of backgrounds including health, social care, primary care, voluntary sector and potential service providers/bidders.
- 3.6 The public health and wellbeing team engaged with Councillors for Public Health and Wellbeing and Children, Young people and Families and senior management within the Council by attending Councillor Briefing meetings and attendance at People Leadership Team and Public Health senior management team meetings. The public health and wellbeing team have produced and sent briefings to key stakeholders via the Wolverhampton Voluntary Sector Council, Council Due North Procurement website, and GP, Councillor and Schools bulletins.
- 3.7 A summary of the main stakeholders we have engaged with is detailed in the table below. Over 450 stakeholders have expressed their views to date.

How we engaged with stakeholders	Who we engaged
Market engagement survey	A range of potential bidders including NHS trusts and the voluntary sector.
Stakeholder workshop	Managers and staff in current services and their key partners.
Two professional stakeholders engagement events	75 professionals from partner agencies including health, social care, education, early years and voluntary sector.
Young people's discussion and survey planning group	8 young volunteers from youth council, care leavers forum and care leavers board.
Young people's discussion planning group	3 young volunteers from The Way.
Parents forum discussion group	9 parents
Foster carers forum discussion group	24 foster carers
Parents on-line survey	136 parents
Young people's on-line survey	49 young people
Briefing to youth council members	13 young people
Two focus groups at Orchard Centre	14 young people
Teachers attending PSHE network	12 staff
Head teachers forum	40 staff
GPs and primary care via GP locality meetings, Team W, Practice nurses and practice managers forums and Local Medical Committee (LMC).	75 Staff

3.8 The characteristics of the 136 parents who completed our on-line survey were as follows:

- 7% were aged between 16 and 24 years of age, 38% were aged 25-34 years, 36% were aged 35-44 years of age with 19% over the age of 44.
- 15% told us that they had a child with a disability.
- 12% identified that they themselves had a disability.
- 88% of people who completed the survey were mothers with the remainder being fathers, grandparents or guardians.
- The majority of parents and carers were female (93%) with 6 males and 1 person who preferred not to say their gender completing the survey.
- 92% of parents described themselves as heterosexual with the remainder describing themselves as lesbian, bisexual or preferring not to say.
- The ethnicity of parents were:
 - 78% classified themselves as White British.
 - 10 % were Asian British Indian.
 - 3% were Black British Caribbean.
 - The survey was also completed by 1 Chinese parent, 1 White and Black Caribbean, 1 Black African and 2 White Other Europeans.
- 49% of parents described themselves as Christian, 32% were of no religion, 8% were Sikh, 2% Hindu, 2% Muslim and the remainder stating other religion or preferring not to say.
- 48% of parents had a child aged 0-4 years of age.
- 50% of parents had a child aged 5-11 years.
- 28% of parents had a child aged 12-19 years.

3.9 The characteristics of the 76 young people completing our survey were as follows:

- Only 40 young people completed the equality questions on the survey. The majority were aged between 12 and 18. One young person under the age of 12 completed the survey. 5% were aged 12, 2.5% were 13 years old, 17.5% were aged 14, 47% were aged 15 years, 5% were 16 years old, 12.5% were aged 17 and 7.5% were aged 18.
- The young people were from 13 different schools and pupil referral units including one college student.
- 56% described themselves as female, 37% as male. 2 young people described themselves as gender neutral. The remainder preferred not to say.
- 92% had the same gender identity as assigned at birth. 2 young people did not have the same gender identity as assigned at birth and the remainder preferred not to say.
- 75% of young people identified as heterosexual, 11% were unsure of their sexuality, 2% identifying as a gay man, 7% identifying as bisexual and the remainder preferring not to say.
- 14% of young people identified themselves as being young person who is looked after by the local authority (in care or looked after by a foster carer).

- 60% described themselves as White British, 9% White and Black Caribbean, 7 % Asian British Indian, 7% Black British Caribbean, 5% Other White European, 2% Chinese, 2% White and Asian, 2% Black British African and the remainder other or preferred not to say.
- 49% described themselves as having no religion, 34% Christian, 2% Hindu, 2% Sikh, and 7 % other religion and the remainder preferred not to say.
- 21% of young people stated that they had a disability.

4.0 Overview of key findings from the engagement with stakeholders

- 4.1 A full report detailing the findings of the engagement is attached in Appendix One. (<http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=10431&p=0>).

The key messages identified for the new service model that came out of the engagement with parents, carers, young people and professionals are:

4.2 Consistency

A key theme was that whilst many stakeholders gave positive feedback about working with or receiving services from an individual health visitor or school nurse there was an inconsistent approach to service delivery as a whole.

4.3 Continuity

This was of particular importance for parents and foster carers. They would like to be able to develop a relationship with a named member of staff who has knowledge of the family and child. Parents don't want to have to repeat information to different staff.

4.4 Make better use of technology to support service delivery

Technology needs to be used much more effectively to support service delivery. Staff should be supplied with appropriate devices i.e. smart phones or I pads. Improve information sharing and record keeping through instigation of electronic record keeping that enables staff to readily access and input data into electronic records during visits. Better use of social media to engage with young people. Better use of websites, apps and Skype to communicate with and provide information to parents and young people.

4.5 Communication

All stakeholders including parents and young people identified that communication needs to be improved particularly communication between health visitors and GPs.

4.6 Accessibility

Many parents stated difficulty in contact their health visitor or booking an appointment; need for drop-in without appointment or telephone contact. Young people also wanted to be able to access their school nurse more often in their school.

4.7 Early help and prevention

Stakeholders want the new service model to intervene earlier, making greater use of 'early help' assessments. To provide joined up working to support families including working closely with strengthening family's teams to provide a multi-agency model. Also a strengthened role in supporting emotional health and mental wellbeing.

4.8 Family Nurse Partnership (FNP) and supporting vulnerable families

The public health and wellbeing team received positive feedback regarding the Family Nurse Partnership nurses and the individual support they provide for young parents. However, there was an overall concern expressed regarding the current limited capacity of FNP to meet the needs of all young first time mothers who meet the criteria. A consistent theme was the need to expand the current criteria of FNP to include wider vulnerable families. The current criteria means that services are provided only to first time young mums, aged 19 years or under until their child is two. Many stakeholders felt that the criteria was too narrow and that there were other vulnerable families who could benefit from an intensive home visiting programme as offered by FNP. Stakeholders suggested broadening the current criteria to allow other families to benefit thereby providing a more equitable service to families. Stakeholders also suggested building capacity within the health visiting service itself to be able to address their needs ideally freeing up health visitors/reducing caseloads to enable them to increase visibility and regular contact with vulnerable families.

4.9 Principles, mandated health development reviews and proposal for 0-19 Service Model

Overwhelmingly stakeholders agreed with the principles we proposed for the new service model. The public health and wellbeing team found support for delivering an integrated 0-19 Healthy Child Programme service as a cost effective solution and offering a better quality service via a seamless pathway for children and young people. Stakeholders support the continuation of the mandated development reviews and some suggested consideration of additional developmental checks e.g. at 3 years.

5.0 Development of the proposed service model

The public health and wellbeing team have considered the findings of the engagement process and in partnership with members of the Healthy Child Programme Steering Group have developed a proposed future service model framework. Wherever possible the views of stakeholders have been taken into account in the development of the new service model.

5.1 The proposed service model takes account of information received from a variety of methods, namely:

- An 8 week engagement process including surveys and workshops with parents, young people and professional stakeholders.
- Workshops held with frontline workers, health visitors and early year's workers, in June 2015.

- Data from various sources on needs within the city.
- Learning from serious case reviews from across the country.
- On-going monitoring of existing services.

5.2 It is proposed that there is one 'healthy child programme' for 0-19 year olds that brings together health visiting, school nursing and family nurse partnership services, underpinned by an electronic case management system, so that each child's contact with services can be tracked over time. This will enable a focus on good outcomes for individual children and families. The proposed change will also enable aggregate reports to inform priorities at a locality level. Practitioners within the Healthy Child Programme will be supported to take a population-based view of their locality i.e. looking at the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population and includes working with key partners at a locality level for example Schools, to identify needs, develop local profiles and work together to address underlying social determinants of health such as poverty.

5.3 It is proposed that the Healthy Child Programme and its underpinning case management system works as one team with Strengthening Families Hubs. There are 8 Strengthening Families Hubs across the city and these hubs form the key components of a transformed Children's Services landscape which has been happening over the last few years.

5.4 A framework document providing more detail on the proposed service model is attached in **Appendix Two**.

6.0 Consultation with stakeholders

6.1 A formal six week consultation process commenced on 8 August 2016 and will run until 19 September 2016.

6.2 To support the consultation process two key documents have been produced that provide detailed information about the proposed service model (**Appendix Two**) and report on findings of the engagement (**Appendix One**).

6.3 An on-line survey for professional stakeholders has been launched and the parents and young people's surveys remain open to enable as many stakeholders to comment as possible. The Healthy Child Programme website has been updated and key documents are available on the site. [City of Wolverhampton Council - Healthy Child Programme service model consultation](#)

6.4 The consultation has been widely communicated to key stakeholders including briefings via councillor, GPs, voluntary sector and schools bulletin.

6.5 We are seeking assistance from our partners to undertake additional discussion groups with groups of parents and young people and to continue to publicise the on-line surveys.

7.0 Findings from the formal consultation

Please note that the formal consultation ends on 19 September 2016. At time of writing this report it is too early to provide detailed feedback from the consultation. More detailed verbal feedback on the findings will be provided at the scrutiny meeting.

- 7.1 To date (5 September 2016) 50 professional stakeholders have expressed their views via the on-line survey as regards the proposed new service model.
- 7.2 Early results indicate broad agreement from stakeholders for the proposed service model and agree that the proposed 0-19 integrated way of working is the best approach to improving outcomes for children and families locally.

8.0 Next steps

8.1 Next steps are to:

- Consider the views and comments of the Health and Children, Families and Young People's scrutiny panels before finalising the final Healthy Child Programme Service Model.
- Consider any further consultation feedback provided by stakeholders up until 19 September and wherever possible take this into account when finalising the final Healthy Child Programme Service Model.
- Report to Cabinet Resource Panel for their approval and request delegated authority to go out to tender and award contract.
- Produce service specification based on approved service model and commence tender process in November 2016.
- Deadline for final submission of bids from prospective providers will be by 9 January 2017.
- A tender assessment panel will be established to evaluate bids and inform bidders of outcome by end January 2017.
- Intent to commence contract negotiations and mobilisation with successful bidder in February 2017.
- New service will commence on 1 August 2017.

9.0 Financial implications

The cost of the consultation will be met from existing budgets held within Public Health. The Health Visiting, Family Nurse Partnership and School Nursing services contract will be met from the Public Health ring fenced grant. The allocation for Wolverhampton in 2016/17 is £21.9 million. [GS/02092016/H]

10.0 Legal implications

There are no direct legal implications arising for the report.

TC/01092016/G

11.0 Equalities implications - Initial Equality Impact Screen

11.1 An initial equality analysis was undertaken prior to the commencement of the engagement and findings shared with the 0-19 Healthy Child Programme Steering Group and local authority Equalities Officer. At this stage there was no evidence that the proposed engagement and consultation processes are discriminatory across the equality strands and therefore a full equality impact assessment on the consultation process was not conducted. We have collected equality data from respondents to the online survey and from participants taking part in focus discussion groups. The surveys have been proactively promoted to organisations working across the equality strands for e.g. disability forums, Lesbian, Gay, Bisexual, Transgender and Black and minority ethnic communities. Please note that the formal consultation finishes on the 19th September and the findings will be then be analysed fully. A full equality analysis will be determined upon the outcome of the feedback from the consultation.

12.0 Environmental implications

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

13.0 Human resources implications

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

14.0 Corporate landlord implications

There are no corporate landlord implications relating to the consultation and engagement process, however moving forward with the proposals there will be asset implications in relation to the co-location of the staff. There is representation from Asset Management, Corporate Landlord on the HCP Steering Group.

It has been highlighted that Health Visitors are currently based in Strengthening Families Hubs and it is proposed that school nurses join them there as a base, but will still work mostly out in schools and other education settings. The tender and service specification will need to consider this proposal.

The service model proposes close working and potential co-location with the 0-19 Strengthening Families Hubs.

15.0 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

Engagement Report.

APPENDIX TWO

Service Model Framework Consultation document.