

T0: HEALTH AND WELL BEING BOARD

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Agenda Item : 10

Title: Review of Children's Public Health Commissioning Opportunities

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1 Introduction

1.1 At the previous meeting of the health and well being board we had a joint paper on the joint opportunities to support families across health and children's centres. This paper summarizes a practical programme that will allow us to explore and identify these opportunities.

1.2 This report supports the implementation of two of the four goals and objectives.

Goal Two is to "Increase the focus on early years and the whole family to help reduce health inequalities", with an objective within this goal to reduce inequalities in early development of physical and emotional health, education, language and social skills.

Goal One is to "promote and protect the health of all communities particularly those disadvantaged", with a sub objective to increase the awareness and uptake of immunisation and screening programmes.

1.3 The paper briefly outlines for the health and well being board the changes that will be occurring in childrens' commissioning for public health services, to outline an approach to support this change and our bid for the small health visitor transformation funding.

1.4 Our approach to the transition of the commissioning of health visitors will be to work across Berkshire which will allow sharing of best practice, use of evidence base for proposals but will be underpinned by an approach that ensures that Reading develops a pattern of care that is suitable for the needs of their communities

2 National Context

2.1 The health and social care bill changed the pattern of commissioners for a range of health services including those that serve children

- The local authority already has established and extensive responsibilities with regards childrens' care: education, safeguarding and social care services as well as early intervention and prevention services - often delivered through childrens' centres, Reading has continued to support the provision of childrens centres and has recently developed a new early services strategy.
- CCGs - From 2013/2014, Clinical Commissioning Groups (CCGs) commission almost all health services (supported by the national NHS England) responsible for allocating resources and providing commissioning guidance includes childrens a&e services, paediatrics in district general hospitals , and children & adolescent mental health services - excluding level 4 provision .

- NHS England Area team: Level 4 CAMHs provision is a specialist service and like other specialist services (for adults and children) is commissioned through NHS England area team. In addition the area team commissions childrens' immunisation services, newborn screening and routine primary care and health visiting until 2015.
- As part of movement of public health responsibility to the local authority, public health services for children and young people aged 5-19 have been transferred though in a staged approach. Reading currently has on over view role on immunization but also directly commissions – school nursing. The next stage is the transfer of health visiting and family nurse partnership programme in 2015 following the expansion of the health visitor programme.

2.2 This expansion is part of a national government commitment to expand the number of health visitors by 4200 and ensure sustainability of service. The investment in Health visiting services provides a further opportunity to strengthen the support to families through the delivery of the Health Child Programme.

3 Public Health Outcomes

3.1 The new role of local government is to improve the health of their local population but also to reduce inequalities in health.

3.2 Nationally whilst life expectancy is increasing the reduction in health inequalities is not being seen. In the original Marmot report in 2008 the review of the evidence of what works in reducing inequalities and identified that there were six core actions that would lead to reduction in inequalities: however central to a long term solution was a focus on the child - giving every child the best start in life and maximizing their opportunities. School nursing and health visiting are key public health services.

3.3 Outcomes that will be influenced by the school nursing and health visiting programmes:

- Under 18 conceptions
- Infant mortality
- Low birth weight of term babies
- Smoking status at time of delivery
- Breastfeeding (initiation and at 6–8 weeks)
- Vaccination coverage
- Healthy weight 4–5 years
- Tooth decay in children age 5

3.3 The opportunity of the change in the commissioning of childrens' universal public health services allows each UA to examine how best to align the current pattern of care to achieve the best outcomes in this time of financial constraints maximizing the impact of the Health visitor and school nursing roles and transfer

4 Local progress

4.1 The new focus on integration of services across health and social care to improve outcomes, though mainly focused on care of older people, is equally important in young children where there are multiple deliverers and commissioners of care at the current time. Within Berkshire West there is a commitment to drive the integration of service to improve care and children's services are a key part of this local agenda.

4.2 Early work in this board identified the potential for health and local authority partners to focus collaborative work around children and families. Last meeting a task and finish group of the health and well being board to lead on children's services was established with a focus on four key areas of work:

Theme One “Improved Awareness of Children’s Services for GPs and Health Care Professionals”

To ensure greater awareness and understanding across GPs and Early Help services of the support available and the appropriate level of support required.

Theme Two “Education and Resources for Families”

Top deliver greater access to resources promoting the availability of support services, alongside a need to increase the public knowledge and understanding of what is available and how to deal with minor ailments.

Theme Three “Opportunities for awareness raising and making contact with families”

To increase opportunities across health and the local authority to make contact with families ensuring they know what support is available

Theme Four “Promotion of Immunisation”

To promote and protect the health of all communities particularly those disadvantaged, with through increasing the awareness and uptake of immunisation and screening programmes

4 Proposal for Children’s Services Review

4.1 Nationally there is work underway to ensure the smooth and sustainable transfer of health visiting services to local government and ensure the leadership role of health visitors is continued in the new commissioning arrangements. However we also wish to review the 0-19 year old offer across our services to ensure that services are focused on the existing and emerging needs of our children, since school nursing is now already commissioned through Public Health in Reading BC.

4.2 The approach therefore will be to review the existing services for our children , reflecting these against needs and best practice to develop a 5 year plan to support the our health and well being strategic goals. The work will be managed to ensure that the needs of the various age groups are addressed and allow us to re-specify and commission the school nursing and health visiting roles.

4.3 The work will involve all key stakeholders:

- local government staff in childrens' social care, education
- representatives from schools
- voluntary sector representatives / users
- health provider services
- public health
- local political leaders
- Area team
- CCG

4.3 Nationally part of the health visitor transition work has made available a small amount transition funding - approximately £20k for Berkshire to support this process. The fund was announced on 6 November with applications to be submitted by November 13. The approach that we are submitting builds on work that the approach summarised above, previously discussed with the Director of Children’s Services and leaders.

4.3 In summary the focus of this bid for funding will be to review the approach to 0-5 year’s service delivery, and develop a new strategy for this area for each UA, building on the work that is underway in Reading. The work will describe in detail the current pattern of services for our

children within each Unitary Authority area, to review whether these services best serve the needs of our local children now and going forward and then to re design the services, to allow the services to be re-commissioned to achieve the best outcomes and alignment.

(As mentioned this approach will be repeated for older school age children to maximize the integration and impact of services.)

5 Summary

5.1 This work supports the Health and Well-being strategy in supporting a reduction in inequalities and will support the approaches in the Reading early years intervention work. The programme will regularly report into the task and finish group of the health and well being board to ensure alignment of approach.

Appendix A

Health visitor transformation proposal

Stage one - What is currently available to our children and families?

Recent powerful experience has shown that there is not a full understanding of the range of services provided by others within the local economy. Therefore the first stage of this work will be a workshop whereby each area presents the full range of services they provide; this allows each stakeholder to understand the full range of services in their area. This will allow immediately a greater understanding and potentially an immediate impact on care.

In addition with the funding available we will undertake parent and user experience surveys , asking for ways in which services could be improved Professionals working in the childrens services will also be invited to give feedback on how they think services cold be improved. This will feed into services redesign

Opportunity to share and understand review the services / patterns in the neighboring authorities so we can share experience / best practice / outside of the UA boundary

Stage 2

Review of needs assessment for children 0-5 for Reading, which will allow working in local groups to identify goals and outcomes to be delivered in the new environment. This will focus on universal and hard to reach groups to ensure both an improvement in health and a reduction in equalities.

The services will then be challenged to review how going forward, using the new evidence of effective service provision, and addressing the issues raised by users and providers their services can deliver these outcomes effectively maximizing the increase in health visitor capacity.

Stage 3

Service re design and implementation, which may involve :

- I. additional support for existing professionals with in services to embed new ways of working - support may be sought from the Thames Valley LETBs
- II. workforce development of new roles and skills
- III. new contract formats supporting an outcomes based approach / delivering pooled / integrated budgets

Provider support

The bid also includes immediate support to the provider to implement some key evidence based tools that maximise the outcomes for our children.

Ages and Stages tool kit

The provider has been with others developing a HV Service improvement plan . Part of this is the introduction of the Ages and Stages Child Health Review Tools for the 9 month and 2 year universal reviews from January 2014

The expectation is that this tool will allow earlier detection of children requiring support. The strategy development phase of this work will establish how these connections can be improved linking the child and family to the full range of services.

Solihull Approach

The BHFT Health Visiting Service will introduce the 'Solihull Approach to understanding children's behaviour'. This is an evidence based integrated theoretical model, that can be used in practice, to provide a way of thinking about relationships. It supports professionals in their work with families and it has been proven to improve children's and parents' emotional relationship and wellbeing. The approach is known to support the parent-child relationship. Service within children's centers and more widely also have this underpinning principle.

The review of services will allow us to explore this tool and its application within the boarder framework of children's services in each UA to ensure consistency of approach for families irrespective of provider.

5.5 The national resources available will be used to deliver the workshops, venues, facilitation and write up of events (cartoonists will be used to capture the details and develop new models - an effective and engaging method to ensure clarity of outputs. In addition the resources will support professional and user experience capture through a variety of routes.

Governance

Engagement:

The work will be coordinated across Berkshire with Directors of children's services as key leaders and designers of this work - the events will be co chaired Public and Health and Childrens services.

Within Reading the work will report to the task and finish group to ensure coordination of effort.

The major provider for health visitor provision has been a part of the early discussions on this work as part of regular Public health and commissioner service development meetings

Programme oversight

In the West of Berkshire there is a strategic Children's Commissioning group already established and this group will act as the overarching group for this work. This group supports the agreed position across the 10 organisations in Berkshire West to drive integration of services to improve outcomes.

A health visitor transition board (with children's services and public health involvement) working with providers will be established across Berkshire and link into both the strategic children's commissioning group and with regular reports to the Health and Well-being board. (This approach recognizes the CCG configuration within Berkshire and links into established ways of working)