Doncaster
Metropolitan Borough Council

26 January, 2016

To the Chair and Members of the
Health and Adults Social Care Overview and Scrutiny Panel

Children's health early years 0-5 including health visiting and family nurse partnership (joint item with C&YP O&S Panel) – an outline of what is now in the contract and responsibilities

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing	All	no

EXECUTIVE SUMMARY

1. The purpose of this report is to provide the Overview and Scrutiny Panel with a summary of the new commissioning responsibilities for 0-5 public health services that the council assumed on 1st October 2015. The report describes how the public health services are delivered by Rotherham, Doncaster and South Humber NHS FT.

EXEMPT REPORT

2. Not exempt.

RECOMMENDATIONS

3. The Panel is asked to note and consider the information outlined in the report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority are offered the Healthy Child Programme 0-5 (HCP), a prevention and early intervention public health programme that lies at the heart of the universal service for children and families .

BACKGROUND

5. At present, all public health commissioned 0-5 services are provided by Rotherham Doncaster and South Humber NHS foundation trust (RDaSH). This includes Health Visiting, Family Nurse Partnership and Smoking in Pregnancy services. The Health Visiting service are also commissioned in addition to the core service specification to deliver an enhanced oral health promotion offer and coordinate the distribution of universal vitamins to pregnant and

breastfeeding women. Health Visiting and FNP services novated to the local authority from NHS England on 01.10.15.

Health Visiting

6. The Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP), a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity (appendix 1).

7. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP.

8. Health Visiting teams operate the National '4-5-6' delivery model (appendix 2):

    - Four progressive tiers of health visiting practice – building community capacity; the universal elements of the Healthy Child Programme; targeted interventions to meet identified need, and partnership working to meet complex needs.

    - Five universal HCP checks and reviews in line with the proposed mandate of local authority commissioning of the five universal checks and reviews.

    - The six high impact areas – maternal mental health, transition to parenthood, breastfeeding, healthy weight, child development and managing minor illness/accident prevention.

<u>4 Levels of Service</u>

The Community Team

9. The focus of this team will be building community capacity strengthening families' confidence to self-manage their needs, recognize when they need additional support, know where and how to seek that support and develop a relationship with Health Visiting services built on trust and a shared power base. The services provided by this team will be informed by community profiling, Your opinion counts and family and friends test, feedback from Parent Forums, service audits and evaluations and themes and trends in family needs identified by the universal/universal plus and Partnership Plus teams

10. Key players in this team will be community nursery nurses and health promotion workers releasing their talents in parent engagement and the provision of high quality early years support. Further support will be provided by a health Visitor led single point of contact and administration hub accessed via telephone or face book providing advice for parents linked to a programme of face to face / e- advice surgeries.

11. The development of peer support networks, volunteer schemes and pathways into apprenticeships will be included in the remit of this team.

The Universal and Universal Plus team

12. This team will be responsible for the delivery of the 5 commissioned core contacts focusing on key priority areas 1, 2, & 3. They will provide the named health Visitor role for the family up until the infant reaches their first birthday for families whose needs fall within the universal and universal plus levels of need and safeguarding threshold levels 1 &2.They will provide an outreach home visiting programme utilising to the full the suite of evidence based early assessment tools including Health Needs Assessment NBO, Promotional Guide conversations, Ages and Stages and Outcome Star Assessments. The team will work collaboratively with G.P.'s Midwifery services, Children Centres and third sector organizations.

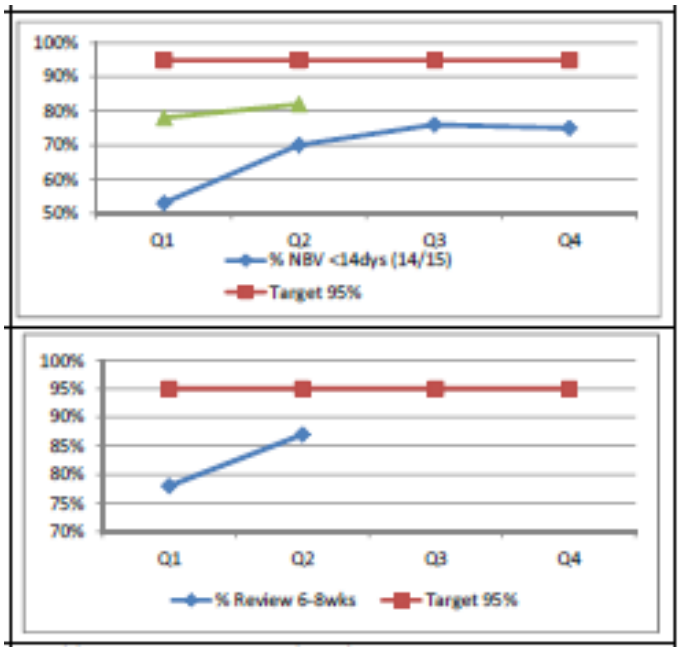
The Partnership Plus team

13. This team will focus on families whose needs fall within level 3 and 4 of the safeguarding thresholds. The team will be responsible for ensuring the health needs identified within CIN/ CP plans are addressed and regularly reviewed through the CAF and TAC processes. This team will complete all commissioned core contacts for these families while under their care, liaising with the named health visitor to support seamless transition back to universal services when the family reaches the point of readiness. The team will work collaboratively with the Local Authority intensive Family Support Teams, Referral and response teams, CAMHS and IAPT.

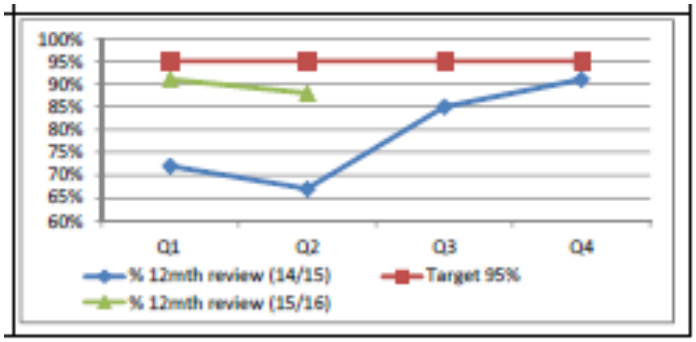
<u>Performance</u>

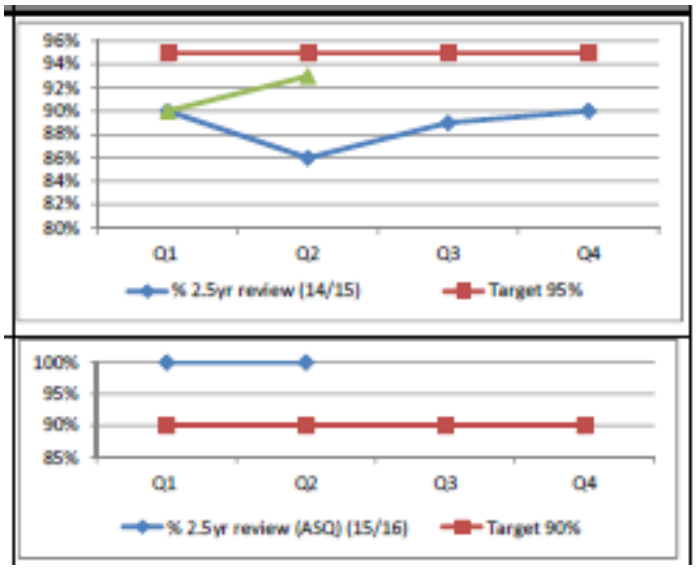
14. Health visiting services are currently measured on fulfilment of the 5 mandated universal checks and assessments: Antenatal contact; New Birth visit (NBV); 6-8 week visit; 12 month visit; 2-2 ½ year assessment. Performance data from when the service was commissioned by NHS England has been shared (see figure 1). The data indicates a failure to reach the majority of targets set, however the service has supplied exception reports to explain issues with data reporting and describe steps taken to resolve these issues.

15. Health Visiting teams have experienced a large amount of late or no notifications of antenatal bookings due to problems with the new DBHFT electronic system, this has had significant impact on performance. Commissioners have been assured these issues are now resolved and performance should improve as a result. There have also been some teething problems with agile working alongside a reduction in staff accommodation. Staff have been experiencing significant difficulty in connecting to S1 (data recording system) which has impacted on record keeping and in turn accurate performance data. The service has plans in place to upgrade equipment and to support individual staff where required with correct use of S1.



Note: Q1 and Q2 data for 2015/16 illustrated by green graph line





ASQ = Ages and Stages questionnaire is completed jointly with the parents/ carers to identify if child is at risk of developmental or social-emotional delay

Figure 1 – Health visiting service performance data reports

Family Nurse Partnership (FNP)

16. The Family Nurse Partnership (FNP) is a preventive programme for first time young mothers. The programme was developed in the USA over 30 years ago. The first ten sites began testing FNP in the UK in 2007 and there are now FNP teams in 135 areas in England. FNP is a targeted programme which complements the Healthy Child Programme (HCP), the universal clinical and

public health programme for all children and families from pregnancy to 19 years of age. The programme uses in-depth methods to work with young parents on attachment, relationships and psychological preparation for parenthood, helping them to overcome adverse life experiences.

17. FNP is a licensed programme, with the licence provided by the University of Colorado (UCD) to ensure fidelity to the programme model so that anticipated programme outcomes are realised. The licence for FNP in England is held by Department of Health/Public Health England and facilitates positive outcomes through ensuring fidelity and continuous investment in improvement.

18. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse instead of by health visitors as part of delivering the FNP programme. The family nurse plays an important role in any necessary safeguarding arrangements, alongside statutory and other partners, to ensure children are protected. There is currently capacity for 175 places on the FNP programme across Doncaster.

19. Research into FNP in the USA over the last 30 years has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:

    - improvements in antenatal health
    - reductions in children's injuries, neglect and abuse
    - improved parenting practices and behaviour
    - fewer subsequent pregnancies and greater intervals between births
    - improved early language development, school readiness and academic achievement
    - increased maternal employment and reduced welfare use
    - increases in fathers' involvement

20. However, a recent study on the FNP programme in England demonstrated that there was no difference in several health outcome measures on clients in the FNP programme compared to those receiving care from universal services. Notably FNP did not help mothers to stop smoking in pregnancy, nor did the service lower the rates of subsequent pregnancy within two years.

<u>Performance</u>

21. The FNP programme is measured on what are referred to as 'Fidelity Goals' that measure how well the programme is being implemented. Currently, commissioners receive data on the 'dosage' fidelity goals. Dosage measures the amount of programme families receive, measured by visits during pregnancy, infancy and toddlerhood (see figure 2).

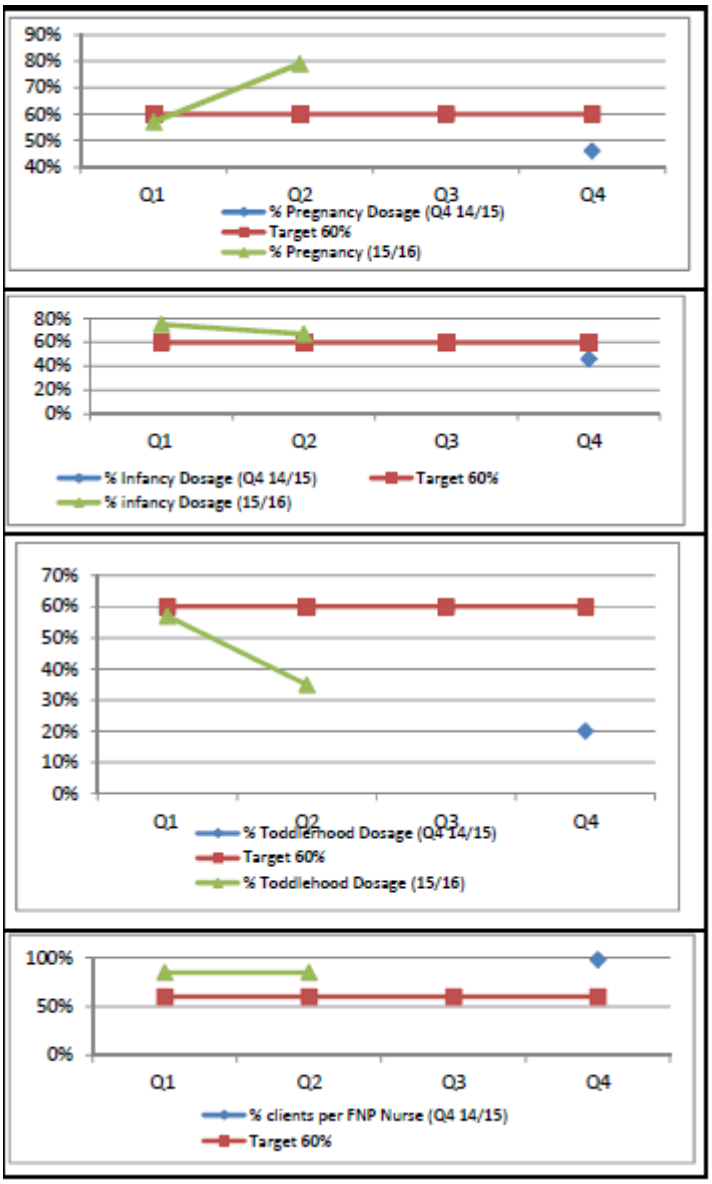


Figure 2 – Family Nurse Partnership data reports

22. The service highlights that it is usual to see a drop in client visits as families near the end of the 2 year programme. Within this cohort completing toddlerhood a number of clients achieved full time employment with some starting full time higher education, this has impacted clients availability to arrange visits. In addition one client had a long term vacation during this stage. Although lifestyle changes may make it difficult to arrange face to face visits, the client always has access to the FNP Nurse via telephone or text messaging if required.

Health Start Vitamin (HSV) distribution

23. The Healthy Start scheme, recommended by the Chief Medical Officer to meet the Vitamin D requirements, provides vitamin supplements for families on low incomes including to pregnant women and women with a child less than 12 months of age.

24. The main causes of low birth weight are restricted intra-uterine growth or premature birth. There are a number of reasons why babies fail to grow in

utero or are born prematurely however the main causes are also the preventable ones: poor nutrition and smoking in pregnancy. As a contribution to improving the nutritional status during and after pregnancy Public Health fund the universal provision of Healthy Start vitamins (HSV) to all women in Doncaster from booking in until their child's first birthday.

25. RDaSH have been contracted to manage the ordering, stock control and distribution points of HSVs for this population through both midwife (antenatal distribution) and health visitor (postnatal distribution) teams.

26. The uptake of the means tested women's vitamins has traditionally been poor. Since the funding of universal vitamins for all pregnant and breastfeeding women in Doncaster, data from the national unit shows that the universal programme seems to have led to a significant increase of uptake of the vitamins amongst eligible women. The latest figures for Doncaster show a 28% uptake in eligible women, the best uptake of women's vitamins in the country!

Oral health promotion initiatives

27. The Health Visiting service plays a pivotal role in promoting good oral heath from an early age and all families receive information about good oral health as part of the universal service offer.

28. NICE guidance recommends tailored information and advice for groups at high risk of poor oral health, including the distribution of free tooth brushing packs. Health visiting teams in Doncaster distribute 'Brush, Book and Bedtime' packs to all families as part of the services 'Commissioning for Quality and Innovation' (CQUINs) payment. The pack contains a toothbrush, fluoride toothpaste, a children's storybook (promoting oral health), information about finding and registering with a dentist and other oral health promotion information.

29. Health Visitors are also supporting training in private nurseries around Doncaster in a pilot programme to introduce daily supervised brushing in those settings.

Smoking in pregnancy and beyond service

30. Smoking in pregnancy is a major contributor to higher infant mortality in the routine and manual socio-economic group. Doncaster's smoking at delivery rate has remained consistently high and shown little to no improvement in over 5 years.

31. Traditionally, smoking in pregnancy services operate either as part of the universal adult stop smoking service or through midwifery services. These services are usually only focused on the pregnant women and only for the duration of her pregnancy. In 2014 smoking in pregnancy services in Doncaster were redesigned to move away from this type of model which had shown little to no success in reducing smoking at delivery rates or smoking prevalence in the general population.

32. The redesigned model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams. This offers several advantages including:

- Engagement with women who smoke and their families, supported by the nature and length of the health visitor-patient relationship
- Adoption of a family/community approach to smoking cessation
- Smoking advisors are able to liaise with the named health visitor for each family providing a direct contact for support and information sharing.
- A change in the focus of the stop smoking service away from the historical 4 week quits, in preference for a sustained quit
- Long term support to reduce the exposure of infants to second-hand smoke within their environment.
- Data collection at key points in the ante and post natal period
- Incorporation of smoking cessation services in the delivery of the Health Child Programme

33. It is a robust opt out service that continues to offer support to engaging and non-engaging clients up to the child's first birthday. Referrals are received from the midwifery service at booking and specialist advisors attempt to engage with clients from this point. Clients are offered face to face sessions in an environment (home, Children's Centre, GP surgery, hospital etc.) and at a time (including opportunity for late night appointments) of their choice. Techniques such as motivational interviewing are utilised to build relationships and maintain engagement with the family. Strength based practice is employed in order to work in collaboration with the family to identify strengths and protective factors to build their resilience and capacity to change.

34. The length of the relationship, potentially from conception through infancy, offers a new opportunity to influence smoking behaviour beyond pregnancy, maintaining smoking quits and behaviour change beyond the birth of the child. This model is conducive to creating a smokefree environment for the new born though infancy, supports smoking cessation in the event of subsequent pregnancies and partner/significant others smoking behaviours.

<u>Performance</u>

35. Smoking at delivery data has shown a promising decrease in rates since the re-modelled service came into effect (see figure 3). A reduction in smoking at delivery has been recorded in the last 3 reported quarters, with rates falling from 23% to 15.6%, the lowest rate recorded for Doncaster. Data collection on maintained quits at 6-8 weeks after birth has recently begun. Data collected from April 2015 shows on average, 70% of women maintaining their quit status.

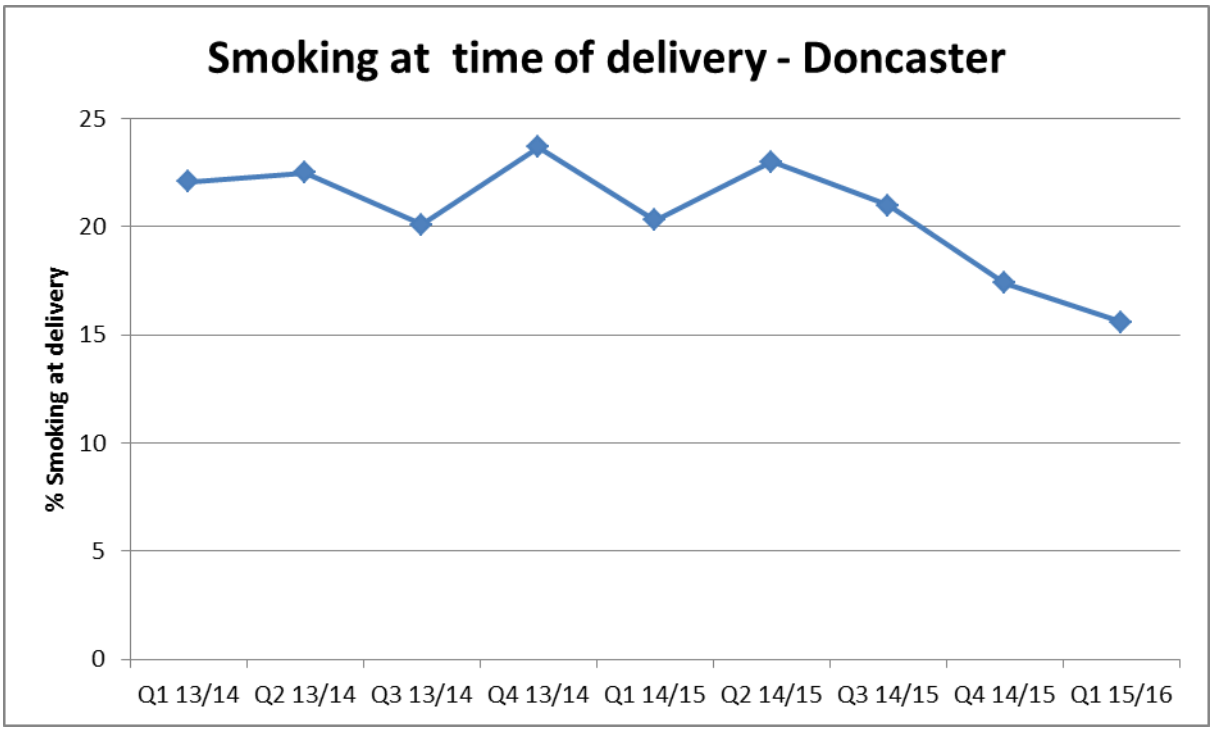


Figure 3 – Smoking at time of delivery, percentage of women in Doncaster

OPTIONS CONSIDERED

36. There are no specific options to consider within this report.

REASONS FOR RECOMMENDED OPTION

37. There are no specific options to consider within this report.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

38.

	Outcomes	**Implications**
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	0-5 health services deliver on the Healthy Child Programme 0-5 (HCP), the prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of

		life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity (appendix 1). All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area are offered the HCP.
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	0-5 public health services contribute to this outcome
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

39. There are none relating to this report

LEGAL IMPLICATIONS

40. There are none relating to this report

FINANCIAL IMPLICATIONS

41**.** Current annual contract values are as follows:

- Health Visiting and FNP (inclusive): £6,900K
- Smoking in Pregnancy: £225K (plus an additional £85k prescribing budget, spent based on activity only)
- Health Start Vitamins: £20K

42. It is estimated the local authority will have to find £2.5 million savings from the public health grant in 2016/17. All Public Health commissioned services will be

subject to efficiency savings and scrutinised for areas where there may be potential savings. Commissioners are working with RDaSH to jointly address this challenge. For 0-5 services, there are several options for savings that are being explored, these include:

- Increasing the skill mix within the Health Visiting service
- Relinquishing the FNP licensed programme and replacing with an in-house, bespoke targeted service for vulnerable families in Doncaster
- Integrating Health Visiting and Smoking in Pregnancy services
- Integrating elements of service provision with the Early Help/Learning and Opportunities 0-19 pathway

HUMAN RESOURCES IMPLICATIONS

43. There are none relating to this report for DMBC

TECHNOLOGY IMPLICATIONS

44. There are none relating to this report

EQUALITY IMPLICATIONS

45. The Healthy child programme and public health 0-5 services are specifically commissioned to improve early life chances for all families. This universal offer is strengthened with a 'targeted' offer to those children and families with the greatest need.

CONSULTATION

46. Not applicable for this report

BACKGROUND PAPERS

47. There are none relating to this report

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HCP – an overview

Universal

- Health and development reviews
- Screening and physical examinations
- Immunisations
- Promotion of health and wellbeing, e.g.:
  - smoking
  - diet and physical activity
  - breastfeeding and healthy weaning
  - keeping safe
  - prevention of sudden infant death
  - maintaining infant health
  - dental health
- Promotion of sensitive parenting and child development
- Involvement of fathers
- Mental health needs assessed
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

Progressive

- Emotional and psychological problems addressed
- Promotion and extra support with breastfeeding
- Support with behaviour change (smoking, diet, keeping safe, SIDS, dental health)
- Parenting support programmes, including assessment and promotion of parent–baby interaction
- Promoting child development, including language
- Additional support and monitoring for infants with health or developmental problems
- Common Assessment Framework completed
- Topic-based groups and learning opportunities
- Help with accessing other services and sources of information and advice

Higher risk

- High-intensity-based intervention
- Intensive structured home visiting programmes by skilled practitioners
- Referral for specialist input
- Action to safeguard the child
- Contribution to care package led by specialist service

Be alert to risk factors and signs and symptoms of child abuse, and follow local safeguarding procedures where there is cause for concern.

Appendix 2 – Health Visiting 4-5-6 model

Health visitors work with families & communities to improve access, experience, outcomes and reduce health inequalities

levels of service:

Your community
Universal
Universal plus
Universal partnership plus

universal health reviews*:

Antenatal
New baby
6 – 8 weeks
1 year
2 – 2 ½ years
*mandated for 18 months

high impact areas:

Transition to parenthood
Maternal mental health
Breastfeeding
Healthy weight
Managing minor illness & accident prevention
Healthy 2 year olds & school readiness