

Report of the Public Health Director to the meeting of the Health & Social Care Overview & Scrutiny Committee to be held on 8th September 2016

Subject: 0-5 Health Visiting and Family Nurse Partnership Service Review

Summary statement:

This report briefs Health & Social Care Overview & Scrutiny Committee Members and strategic partners on the review of 0-5 Health Visiting (HV) and Family Nurse Partnership (FNP) Services and sets out the proposals for a new model which supports and contributes to the Councils vision *'For every one of our children to have the best possible start in life'* through the commissioning and delivery of an evidence based service which considers the needs of our local communities.

The review for both services has been informed by key national and local policy and strategy, the needs of young children aged 0-5 years as well as consultation and engagement with key stakeholders including strategic leads from within the Council, service users, Primary Care, Clinical Commissioning Groups, NHS, Voluntary and Community sector and other partners. This report highlights the key findings from the review, details the draft service model and requests approval from the Overview & Scrutiny Committee to proceed with commissioning a new service model which is fit for purpose and based on these recommendations.

Anita Parkin
Director of Public Health

Portfolio: Health and Wellbeing
Cllr Val Slater

Report Contacts:

Shirley Brierley
Consultant in Public Health
Shirley.brierley@bradford.gov.uk
Ruksana Sardar-Akram
Senior Public Health Manager
Phone: (01274) 432767
Ruksana.sardar-akram@bradford.gov.uk

Overview & Scrutiny Area:
Health and Social Care

1. SUMMARY

The purpose of this briefing note is to update and inform Overview & Scrutiny Committee members of the 0-5 Health Visiting (HV) and Family Nurse Partnership (FNP) Service Review, so members can consider the Business Case (Appendix 1) for a new service model based on the high level service principals, consultation and key recommendations.

2. BACKGROUND

- 2.1 Contract for Health Visiting and FNP services transferred to the Local Authority from NHS England on 1 October 2015 and is one of the largest funded contracts (10.6m) managed within Public Health and delivered by a Local NHS provider.
- 2.2 The transfer of commissioning responsibilities provided opportunity to review the current HV and FNP Service and identify if and how the current service model meets current and emerging need.
- 2.3 Currently the service is based on nationally defined mandated services, with some additional KPIs been agreed locally.
- 2.4 The review has informed the development of a report with key findings and recommendations with various options, and a Business case report is now developed
- 2.5 A detailed report of appendices to the Business case is available including a full consultation document for both the HV and FNP services.
- 2.6 The purpose of the review is to inform and identify how the current Health Visiting (HV) and Family Nurse Partnership (FNP) fits within the 'Journey to Excellence' and 'New Deal' (specifically Good schools and a great start for all our children and Better Health Better Lives) programmes, the Integrated Early Years Strategy for children 0-7 years and to highlight opportunities for service improvement, with recommendations for approval. The review also recognised the importance of other parallel changes in health and social care, such as new models of accountable care and the district's emerging Sustainability and Transformation plan (STP) which is part of the local 'Five Year Forward View'.

3. OTHER CONSIDERATIONS

The detailed Business Report is outlined in **Appendix 1**. National and local evidence, guidance and policy were used to inform the Review alongside the current health and wellbeing needs of children aged 0 -5 years, see **Appendix 2** for full details. A full and detailed report from the Consultation can be found in **Appendix 3**. As part of the consultation, views were sought from a range of stakeholders and whilst many of the findings were positive, key themes and issues emerging from the findings included:

3.1 Findings from Health Visiting Consultation

- a) *Concerns regarding Access*: Such as contact to the health visitor and particularly in relation to the Single point of access (Hub), equity of access, and location.
- b) Peoples experience of the service: insufficient quality and support, continuity of care and confidentiality and privacy both in home visits and community/GP venues.
- c) *Organisational concerns*: concerns about whether current IT systems will support integrated working and data sharing between HVs and all of the other organisations involved in delivering services to children aged 0-5 years; The current "flat" structures of HV teams, and the consequent lack of leadership; alignment of HV teams; better integration with other services;
- d) *Needs*: particular attention needs to be paid to the availability and quality of interpretation services and how these services are used in practice. There is acknowledgement of the prevailing economic environment of austerity across all services amongst participants.

3.2 Findings from Family Nurse Partnership Consultation

- a) *Access*: The FNP service is seen as providing very good support for a very small number of mothers and children. The Family Nurse is accessible and fits around the needs of the

family; provides continuity of care” and “robust support from very early on in pregnancy until (the) child is 2”

- b) *People’s experience of the service*: Knowledge and understanding the role of the HV is poor amongst clients of the FNP.
- c) *Organisational concerns*: Concerns were expressed about whether the FNP service will continue in Bradford due to funding restrictions, organisational changes and the negative findings of the recent Randomised Control Trial participants were also concerned about losing the FNP service, or it becoming ‘watered down’,
- d) *Opportunities for the future*: Participants expressed concern about the results of the national research evaluation of FNP services, which showed no significant improvement in some short term outcomes for participants.

3.3 Public Health has worked closely with the NHS Provider throughout the Review period including working with Senior leads within the Children’s Directorate of the NHS Provider; both in terms of the Review itself but also in terms of improvements in the current service provision, this is acknowledged as being very positive.

4. FINANCIAL & RESOURCE APPRAISAL

The current service transferred from NHSE with a part year budget and Contract value £6,020,319 for 2015/16. The contract value for 2016/17 is £10,692,530.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The identification of new and increasing risks is managed via an on-going risks and Issues Log.

6. LEGAL APPRAISAL

The commissioning of the HV and FNP Service will be conducted in accordance with the Council’s Contract Standing Orders, and National and European procurement regulations.

In the event of this contract for services (once developed) being awarded to persons other than those currently providing all or part of the services then the "Transfer of Undertakings (Protection of Employment) Regulations 2006" as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 (TUPE), may apply to protect the rights of staff currently assigned to provide these services. This employment protection framework does not affect the Council directly. The application and impact of TUPE is a matter for any new Provider to resolve with the existing service Provider. The Council’s material interest in such circumstances is that the transfer is managed effectively and in a way that poses no threat to service provision or service quality. Further as staff are entitled to participate in a public sector pension scheme, then the Council will need to ensure that those pension rights are protected on transfer, in accordance with the provisions of “Fair Deal for staff pensions: staff transfer from central government”(October 2013).

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

An Equality Impact Assessment (EIA) has been completed and there are no Equality Issues to Report. The EIA can be found in Appendix 2 to this Report.

7.2 SUSTAINABILITY IMPLICATIONS

None reported

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None reported

7.4 COMMUNITY SAFETY IMPLICATIONS

None reported

7.5 HUMAN RIGHTS ACT

There are no human rights implications to report.

7.6 TRADE UNION

Not required at this time.

7.7 WARD IMPLICATIONS

None reported

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

Not Required

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

A number of high level principles have been developed from the priorities identified through the Review. These form the basis of the proposed Service Model and include recommendations as follows for both Health Visiting and FNP:

9.1 Proposed new Health Visiting Service Model

1. Effective leadership, coordination and delivery of the Healthy child programme as highlighted in the 4-5-6 model, including the five mandated health checks, 6 high impact areas and both universal and targeted services.
2. Delivery of evidence based outcome focused interventions to improve health and wellbeing and reduce inequalities by focusing on needs of young children including vulnerable groups.
3. Effective teams and partnerships, working across professions and organisations; using evidence based interventions and the development and implementation of appropriate pathways to support families with prevention and early intervention.
4. Improved access to health visiting services through a geographically aligned model with clear alignment to children's centre clusters as well as recognising the importance of robust links to GPs and Primary care and Voluntary and community Sector organisations and groups.
5. Improved communication and resources according to community needs, ensuring more "visibility" of health visitors and information and resources in appropriate languages.
6. Workforce capacity and development to ensure diverse needs of communities are represented but also appropriate training to ensure a competent workforce and relevant skill mix providing consistency in messages.
7. Targeted work with vulnerable Families and children with specific needs, and to ensure appropriate structures in place so families of children age 0-5 and mothers do not miss out on vital health checks.
8. Service delivery to incorporate 'Journey to Excellence' with 'Early Help' and 'Signs of Safety' as well as the Integrated Early Years Strategy for children aged 0-7 years.
9. A caseloads model to be developed and delivered according to need and priority.
10. Nurse prescribing to include advice and support in managing minor illness and reducing hospital admissions, as well as providing level 1 contraceptive advice.
11. Ensure robust transition to Early Years services and schools, and close working with the School Nursing service and Early Years services.

9.2 Proposed new Family Nurse Partnership model

Whilst evidence from the consultation and findings from the FNP have provided excellent feedback from service users and key stakeholders, this has not correlated with national

evidence from the literature review and in particular the recent publication of the Randomised Control Trial (RCT), and the following recommendations are therefore proposed:

1. Develop of a new model of FNP (FNP ADAPT) which is fit for purpose and developed with locally defined outcomes.
2. Embed the learning from the FNP into the proposed health visiting service, focusing on child development and a smoother transition from FNP to health visiting services.
3. Work in partnership with Better Start Bradford to develop and pilot a model which is based on local need and supported by the National FNP Team.
4. Ensure robust performance and monitoring processes in place which can compare outcomes from Health visiting to FNP.
5. Review and inclusion of long term outcomes and wider determinants, such as educational achievement, with attached measures to be monitored as part of FNP.

An integral strand of the delivery model will be flexibility, so the Health Visiting Service can meet changing need, demand, and strategic/policy changes.

9 RECOMMENDATIONS

The Overview & Scrutiny Committee considers the Business Case for the Health Visiting (HV) and Family Nurse Partnership (FNP) and:

10.1 Provide any feedback and/or raise any queries or comments for clarity.

10.2 Support Public Health to proceed with the development of the proposed service model and service specification/s, based on the high level service principles, and to procure the service through a competitive tender process. The length of the contract and the procurement approach and timescales will be agreed with the BMDC Commercial Team.

11. APPENDICES

- Appendix 1:** [Business Case for the Health Visiting and Family Nurse Partnership Review](#)
Appendix 2: [Full Appendices Document](#)
Appendix 3: [Consultation Report](#)

12. BACKGROUND DOCUMENTS

- Best Start in Life and Beyond, PHE, Jan 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493617/Service_specification_0_to_19_CG1_19Jan2016.pdf
- Council Contract Standing Orders, Dec 2015
<http://intranet.bradford.gov.uk/working-day/accountancy-and-financial-advice/financial-regulations-and-contract-standing-orders>
- Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing, DH, March 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- Integrated Early Years Strategy, BMDC, 2015-18
<https://www.bradford.gov.uk/NR/rdonlyres/4F168FB7-3239-496A-9029-F96B32556BD6/0/W32253IntegratedEarlyYearsStrategy.pdf>
- Public Contracts Directive, 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472985/A_Brief_Guide_to_the_EU_Public_Contract_Directive_2014_-_Oct_2015_1_.pdf
- Public Procurement, The Public Contracts Regulations, 2015
<http://www.legislation.gov.uk/ukxi/2015/102/contents/made>

- Joint Health and Wellbeing Strategy
http://www.cnet.org.uk/library/downloads/W27843_Health_and_Wellbeing_Strategy_Plain_English_Ver.pdf
- Bradford Health Inequalities Action Plan 2013 - 2017
<https://jsna.bradford.gov.uk/documents/home/Bradford%20and%20Airedale%20Health%20Inequalities%20Action%20Plan%202013.pdf>
- Children and Young People's Plan 2014-16
http://www.bradford.gov.uk/bmdc/health_well-being_and_care/child_care/young_peoples_plan