

THIS ITEM IS FOR INFORMATION ONLY

Agenda item:

Title of meeting: Health and Wellbeing Board

Subject: Update on public health services for children 0-5 years, including health visiting

Date of meeting: 22 June 2016

Report by: Director of Public Health, Portsmouth City Council

Wards affected: All

1. Requested by Chair of Health and Wellbeing Board

2. Purpose

To update the Health and Wellbeing Board on public health services for 0-5 year olds, (including health visiting service); plans for financial savings and potential impact.

3. Background

- 3.1 Responsibility for commissioning 0-5's public health services moved from NHS England to Local Authorities in October 2015. Local Authorities are now responsible for commissioning the whole 0-19 years Healthy Child Programme. The 5-19 programme, which has been commissioned by the Local Authority since April 2013, is delivered by the school nursing and young people's public health delivery teams.
- 3.2 Public health 0-5 services include health visiting (universal and targeted services) and Family Nurse Partnership (targeted service for teenage mothers).
- 3.3 Evidence shows that the first thousand days of life are crucial to a child's development. In response to this, the Government launched the 'call to action' in 2011 to increase investment in health visiting services, aiming to increase HV numbers by 4,200 nationally over the course of its implementation..

4. Health visiting service

- 4.1 Health Visitors lead the local delivery of the Healthy Child Programme for 0-5 year olds, providing all families with crucial evidence-based support, expert advice and intervention in the first years of life. The Healthy Child Programme (HCP) is a prevention and early intervention public health programme offered to all families that lies at the heart of the universal service for children and families. It aims to support parents, promote child development, reducing inequalities and thus contribute to

THIS ITEM IS FOR INFORMATION ONLY

improved child health outcomes and health and wellbeing, and ensure that families at risk are identified at the earliest opportunity.

- 4.2 As part of the transfer, some universal health visitor reviews, which form part of the 0 to 5 Healthy Child Programme, are legally mandated until March 2017. The 5 checks include following antenatal, new birth, 6-8 weeks, 12 months and 2 year check.
- 4.3 The health visiting service model works at 4 levels; Community, Universal, Universal Plus and Universal Partnership Plus, with the service provided increasing across differing levels of family need.
- 4.4 The Health Visiting service focuses on 6 High Impact Areas, based on national evidence prioritising areas of most significance in terms of children's health, and most effective interventions.
 - Transition to parenthood
 - Early weeks maternal mental health
 - Breastfeeding
 - Healthy weight and healthy nutrition
 - Managing minor illnesses and reducing accidents
 - Health, wellbeing and development of the child aged 2
- 4.5 Portsmouth also has a specialist health visiting service for children with disabilities and an infant feeding team.

5. Family Nurse Partnership

- 5.1 The Family Nurse Partnership programme (FNP) is an evidence-based, preventive public health home visiting programme for vulnerable first time young mothers aged 19 and under. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two.
- 5.2 Portsmouth FNP is considered to be one of the best in the country and is part of a national programme to pilot new criteria and new ways of working.

6. Public Health services for 5-19 year olds

- 6.1 Public health services for 5-19 year olds in Portsmouth are provided by the school nursing and young people's public health delivery team. Investment in this age group is low compared to other areas, resulting in 2 small teams which are unsustainable individually going forward. The teams are working together to integrate and ensure delivery of a cohesive Healthy Child Programme for 5-19 year olds as part of Multi-Agency Teams.

7. Financial considerations

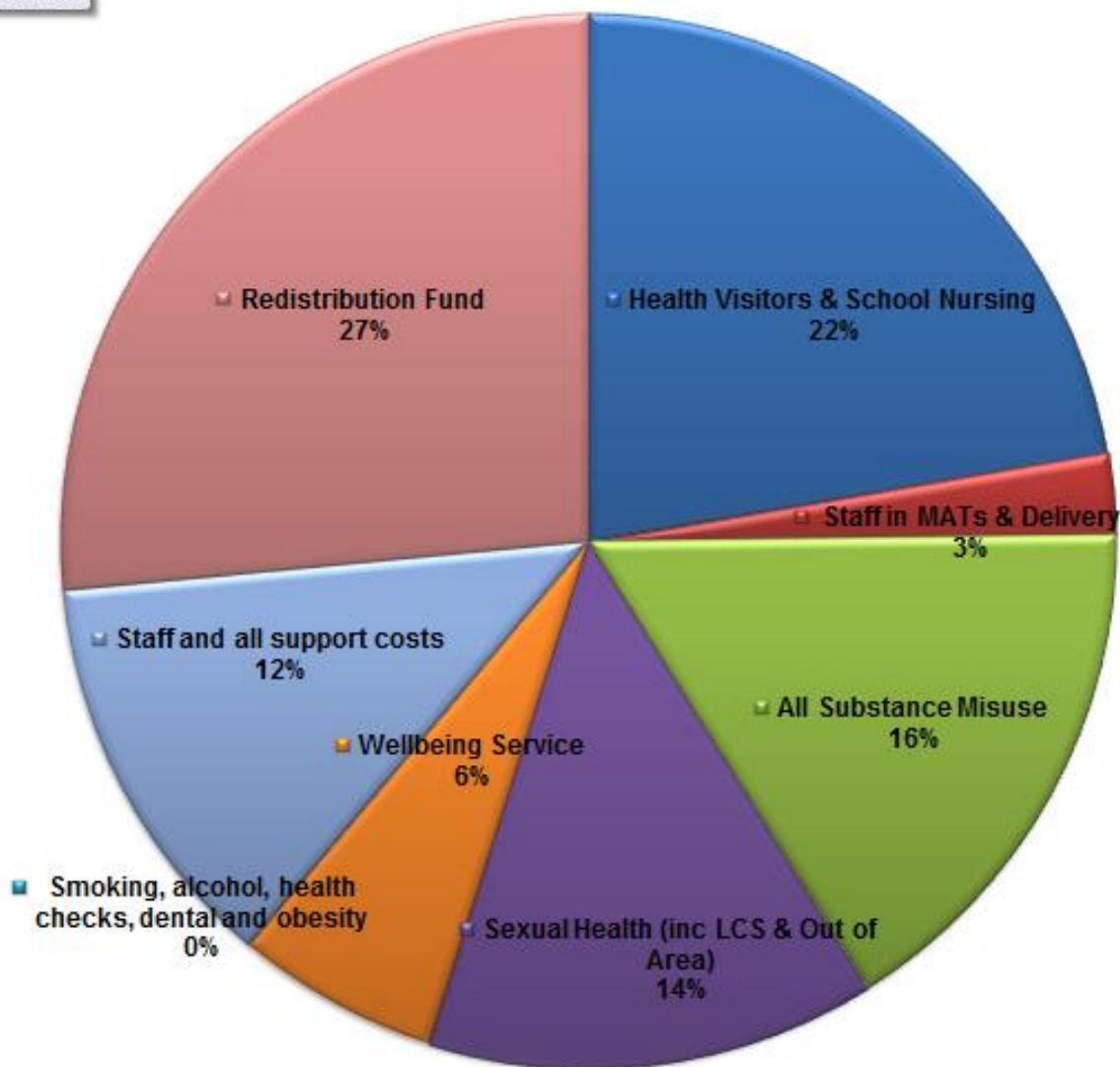
- 7.1 Public health services for children and young people form a significant proportion of the spending within the public health ring-fenced grant, as indicated in the following graph:

THIS ITEM IS FOR INFORMATION ONLY

Public Health Grant Funding 2016/17 - £18,580,044

Public Health Costs 2016/17 - £18,975,481.31

Chart Area



- Health Visitors & School Nursing
- Staff in MATs & Delivery
- All Substance Misuse
- Sexual Health (inc LCS & Out of Area)
- Smoking, alcohol, health checks, dental and obesity
- Wellbeing Service
- Staff and all support costs
- Redistribution Fund

THIS ITEM IS FOR INFORMATION ONLY

- 7.2 Other significant areas of spend in the public health budget include sexual health, substance misuse and lifestyle services. All these areas have either been remodelled, or are in the process of remodelling/retendering to make savings. This leaves very little opportunity for further savings. Future reductions in the public health grant post financial year 2017/18 will need to look to public health children's services.

Summary of Public Health Income				
	2016/17	2017/18	2018/19	2019/20
Grant Reduction 16/17 (2.2%)	417,956.00	417,956.00	417,956.00	417,956.00
Grant Reduction 17/18 (2.5%)		464,501.00	460,000.00	460,000.00
Grant Reduction 18/19 (2.6%)			471,004.00	473,000.00
Grant Reduction 19/20 (2.6%)				458,758.00
Total Reduction	417,956.00	882,457.00	1,348,960.00	1,809,714.00
PHE Allocation (Grant)	18,580,044.00	18,115,543.00	17,644,539.00	17,253,000.00
PCC Savings Targets (indicative for 17/18 onwards)	1,448,600.00	601,800.00	817,800.00	705,100.00
Cumulative savings	3,405,450.00	4,854,050.00	5,455,850.00	6,273,650.00
Total cumulative savings to be redistributed	4,854,050.00	5,455,850.00	6,273,650.00	6,978,750.00
Total remaining recurrent budget	13,725,994.00	12,659,693.00	11,370,889.00	10,274,250.00

- 7.3 Most of the health visiting and FNP service budget is staff related, so further savings reductions will have an impact on staffing numbers.

8. Changes to date

- 8.1 The health visiting service have reviewed skillmix in order to meet the 2016/17 savings requirements (approx 7%). 16 qualified NHS band 6 Health Visitors are being replaced with band 5 community staff nurses, over the course of the year. These nurses will work under the supervision of health visitors to continue the safe and effective delivery of the universal mandated elements of the Healthy Child Programme to low risk families.
- 8.2 Temporarily there is reduced capacity in the health visiting service whilst the new community staff nurses are being recruited and trained. During this time, antenatal checks for non-first time, non-vulnerable mothers will be offered through groups and the 12 month review will be delivered as a home visit for first time, and vulnerable parents only. Other families will be offered the choice of a child health clinic, phone or email contact for their 12 month review.

9. Future plans

- 9.1 The Children's Trust Board's priority "Stronger Futures" programme, includes the development of a single investment strategy for children and young people. This work is the responsibility of the Joint Investment Group and the Director of Public Health is a member.

THIS ITEM IS FOR INFORMATION ONLY

- 9.2 The Joint Investment Group has identified potential key strands of work for the next few years, designed to ensure effective management of demand against the background of reduced overall investment. This includes a review of the current balance between universal and targeted coverage for standard development reviews for children from pre-natal to 2/2.5 years and the potential to redeploy resources away from low risk universal coverage.
- 9.3 The Joint Investment Group is currently identifying principles for budget decisions, risks and challenges, and a more detailed action plan.

.....
Signed by Director of Public Health

THIS ITEM IS FOR INFORMATION ONLY

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location