

Merton Health and Wellbeing Board

Subject: Healthy Child 0-5 Years Services

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RECOMMENDATIONS:

- A. To note progress on the transfer of commissioning responsibilities for Healthy Child 0-5 years services (health visiting) to the London borough of Merton from October 2015.
 - B. To note progress and consider opportunities for the further development of partnerships and closer integration of Early Years services.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to update the Board on progress on the transfer of commissioning responsibilities for Healthy Child 0-5 years services (health visiting) to the London Borough of Merton from October 2015, and to set out the development of Merton Early Years partnerships.

The Healthy Child Programme is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. Health visiting services are a key component of the Healthy Child Programme (HCP) 0-5 years and support infants and children to achieve the best possible health outcomes.

The benefits of the transfer have been highlighted as an opportunity to link with wider systems, including early years services and enable integration of children's services. This recognises the huge impact that primary prevention, early identification of need and early intervention have on ensuring positive outcomes for children and young families. Public health services play a key role in ensuring that needs are identified in a timely way and families are supported to access the services they need.

The Department of Health has set out a new Health Visiting '4-5-6' service model which is based on delivery of a 4 tier service, with 5 core health reviews, mandated for a minimum of 18 months, and a focus on 6 high impact areas designed to improve access, experience, outcomes and reduce health inequalities.

From October 2015, local authorities will take over responsibility from NHS England for commissioning public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme (a targeted service for teenage mothers).

In order to prepare for the transfer of commissioning responsibility, a review of local health visiting services took place in 2014. The review identified a number of strengths, including from the parent survey 89% of parents and

carers rated the service good or very good. The review identified a number of areas for improvement including coverage of the universal Healthy Child Programme which is below 90%. It also identified a range of additional support needs for parents and priorities for professionals.

Overall the following priorities were identified from the service review:

- the need for greater integrated delivery with Early Years/Children's Centres;
- the need to improve communication and information sharing with service users;
- the need to improve communication and information sharing with other services;
- the need to increase efficiency in order to maximise client facing time.

The DH grant allocation for Healthy Child 0-5 services for Merton in 2015/16 (6 months) is £1,476,000, covering both health visiting and Family Nurse Partnership services. There have been ongoing negotiations with the current commissioner, NHS England, to ensure that the service can be delivered effectively within budget and that there will be no cost pressures on LB Merton at point of transfer in October 2015.

In addition to the transfer of commissioning responsibility for Healthy Child 0-5 services, LB Merton is also re-commissioning 0-5 and 5-19 Healthy Child Services as part of a wider re-procurement of community health services in partnership with Merton CCG. Robust specifications for these services were developed as part of the procurement process.

There are significant opportunities for improving outcomes for infants and children in the context of the transfer of commissioning responsibility for healthy child 0-5 services to the local authority and the re-procurement of 0-5 services. A Merton Early Years Partnership has recently been established to strengthen the integrated planning and delivery of core service from pre-conception through to age 5, across health and local authority. The aim of the Partnership is to provide a strategic focus on collaboration and the development of an integrated early years work programme, including the development of effective early years pathways across services, information sharing and a shared outcomes framework.

2 DETAILS

2.1. Background

2.1.1 The importance of giving every child the best start in life and reducing health inequalities throughout life has been highlighted by Sir Michael Marmot¹ and the Chief Medical Officer (CMO)². The Healthy Child Programme is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. Health visiting services are a key

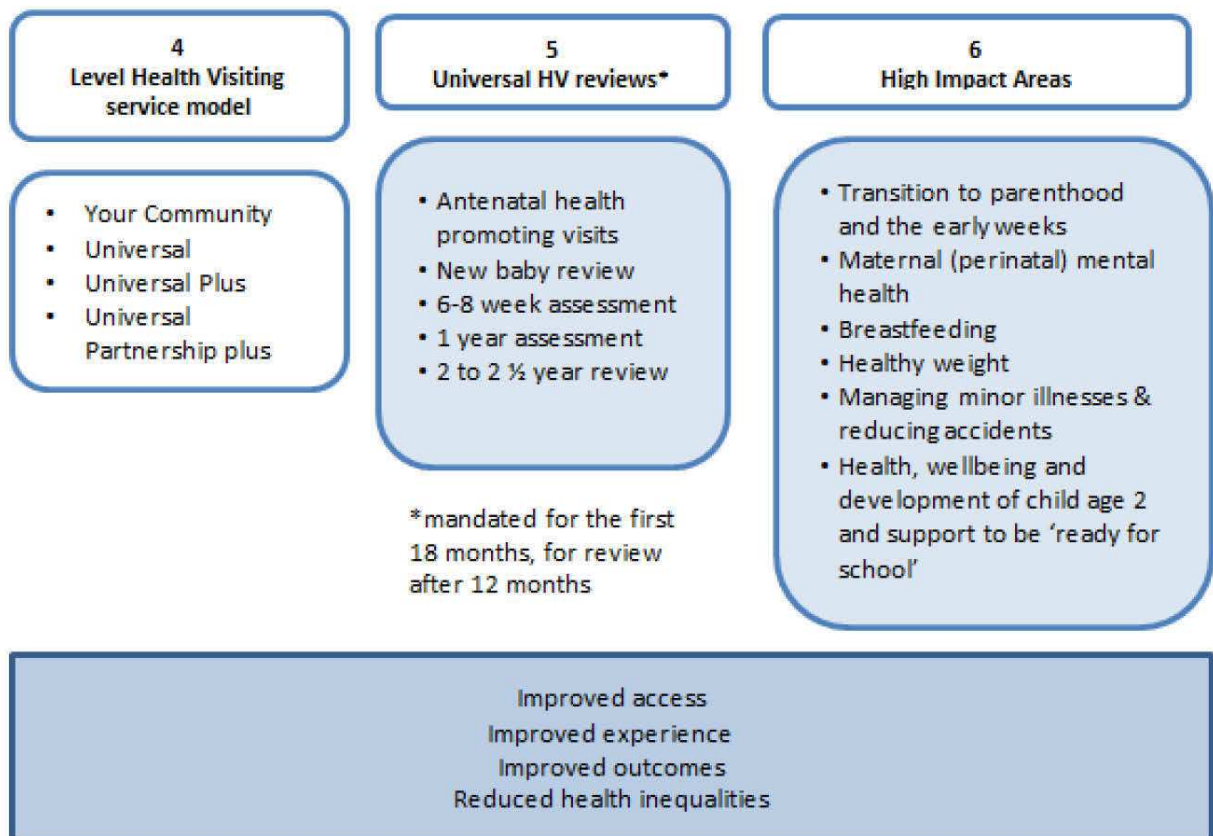
¹ Marmot et al (2010) Fair Society, Healthy Lives; a strategic review of Health inequalities in England

² <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

component of the Healthy Child Programme (HCP) 0-5 years and support infants and children to achieve the best possible health outcomes.

2.1.2 The health visiting service workforce consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors help to empower parents to make decisions that affect their family’s health and wellbeing and their role is central to improving the health outcomes of populations and reducing inequalities. Health Visitors have a significant role in safeguarding children.

2.1.3 There have been changes to both the delivery and commissioning of health visiting services in recent years, including a national ‘Call to Action’ to increase health visiting numbers. In terms of delivery, the Department of Health have set out a new Health Visiting ‘4-5-6’ service model (set out below and Appendix 1), which is based on delivery of a 4 tier service, with 5 core health reviews, mandated for a minimum of 18 months, and a focus on 6 high impact areas designed to improve access, experience, outcomes and reduce health inequalities.



2.1.4 In terms of commissioning, responsibility for health visiting transferred from PCTs to NHS England in April 2013. However, from October 2015, local authorities will take over responsibility from NHS England for commissioning public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme (a targeted service for teenage mothers). The transfer will not include Child

Health Information Systems (CHIS) or the 6-8 week GP check (also known as child health surveillance).

- 2.1.5 This is the final piece in the transfer of wider public health responsibilities to local authorities that took place in April 2013. Public Health already commission healthy child services 5-19 years (school nursing). The benefits of the transfer have been highlighted as an opportunity to link with wider systems, including early years services and enable integration of children's services. This recognises the huge impact that primary prevention, early identification of need and early intervention have on ensuring positive outcomes for children and young families. Public health services play a key role in ensuring that needs are identified in a timely way and families are supported to access the services they need.

Further information is available at:

<https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

2.2 Local Context

- 2.2.1 In Merton health visiting services are provided by Sutton and Merton Community Services (SMCS), Royal Marsden Hospital NHS Foundation Trust. Staff are based at Wimbledon (120 Broadway) and Mitcham (the Wilson) and deliver services in homes, health centres and children's centres. There are approximately 54 whole time equivalent (WTE) staff covering Merton, including a number of shared specialist posts, plus non-caseholding specialists including safeguarding and management posts.
- 2.2.2 Data on the service is recorded by the Child Health Information Service (CHIS) using the Early Years Minimum Data Set (EYMDS) and includes output data on key health reviews. Outcome data is limited and includes breastfeeding at 6-8 weeks.
- 2.2.3 The service has been required to implement a number of service changes over the past two years including a move of delivery of services from GP registered to resident population; the introduction of an antenatal review and the re-introduction of a 2-21/2 year health review. Any implications for Merton?
- 2.2.4 In order to prepare for the transfer of commissioning responsibility, a review of local health visiting services took place in 2014. This included a review of evidence, local needs, workforce and stakeholder engagement. Nearly 400 parents responded to a survey giving their views on services in addition to 2 focus groups. Over 100 professionals responded to a survey, in addition to interviews with 20 professionals.
- 2.2.5 The review identified a number of strengths including from the parent survey 89% of parents and carers rated the service good or very good. On the whole staff felt proud to work for and value the service, and the service has a low vacancy rate. There is a specialist health visitor for vulnerable families and Teams serving more deprived catchment areas within the South and East of the borough have smaller caseload sizes per WTE health visitor than teams serving less deprived areas.

The service offers a full training programme and 80% of Health Visitor survey respondents reported that they felt supported in their continuing professional development needs. The service has recently introduced an evidence based Standard Operating Procedure which specifies content for all routine client contacts, use is mandatory.

2.2.6 The review identified a number of areas for improvement Coverage of the universal Healthy Child Programme³ is below 90%. Data from SMCS for 2013/14 showed that only 80% of families are receiving a New Birth Visit by 14 days. This compares to a coverage of approximately 95% in the best performing London boroughs. In LBM 76% of the families who do not receive a visit by 14 days are seen by 21 days. The service is reaching 60% coverage of 1 and 2.5 year check.

2.2.7 Local engagement with parents/carers identified a number of additional support needs including more support with breastfeeding, immunisations, infant feeding and contraceptive advice; 15% of respondents stated they had no extra support needs. Areas cited for improvement were access, information and consistency of service/advice received and continuity of care.

2.2.8 Among wider professional stakeholders there was a widely held perception that population needs within LB Merton had increased because of increased complexity of families (English as an Additional Language families, changes to housing benefit and population churn) and there was a reported increased Universal Partnership Plus need.

2.2.9 Gaps in services were identified by professionals as post-natal depression services, children with additional but not statutory need, breastfeeding support, Health visitor support for children with high level disabilities, support with sleep issues, support with domestic violence issues, low level mental health issues and services to support children with low level behavioural issues. The health visiting service was seen as performing well on safeguarding.

2.2.10 Overall the following priorities were identified from the service review:

- **The need for greater integrated delivery with Early Years/Children's Centres:** the service should work towards a shared vision of integrated service delivery and shared outcomes with Early Years/Children's Centres.
- **The need to improve communication and information sharing with service users:** Local engagement identified that parents/carers would like to have more information about ages and stages of child development to support them in the care of their children; and that they would like to know more about the role of the health visiting services and how services can be accessed.
- **The need to improve communication and information sharing with other services:** robust systems need to be developed in terms of IM&T, information governance and data sharing between health visiting and other early years services.
- **The need to increase efficiency in order to maximise client facing time:** There is a need to maximise capacity for service delivery including adequate

³ Currently these are a New Birth Visit by 14 days after birth, 6-8 week maternal review, 12 month development review, 2.5 year review and handover to the school nursing service

IT infrastructure to enable mobile working and minimised data management time; delineation of the roles of the early years workforce including health visitors, community nursery nurses, early years family worker, outreach workers and other early years professionals; and prioritisation of elements of early years service delivery and identification of areas for co-delivery with partner agencies.

2.3 Vision for 0-5 services going forward

2.3.1 Outcomes from the review led to the following vision for children's public health services:

'Our vision is for the delivery of high quality children's public health services that improve outcomes for children aged 0-5 years in Merton overall and narrow the gap in outcomes for children in more deprived areas, including the east of the borough'. The Service will:

- be responsive to changing local needs; provide innovative, integrated service delivery with early years/children's centres, with health visitors taking a leadership role to supporting families;
- provide an area-based geographical health visiting service structured/co-located in line with local early years settings and children's centres, working together towards shared outcomes and delivering health-led integrated, evidence-based services for children and their families, with a focus on prevention, promotion and early intervention; and
- work collaboratively with other professionals, including GPs/primary care, midwifery services and voluntary sector providers, to ensure seamless care pathways for children and families.

2.4 Transfer of Commissioning Responsibility to LB Merton

2.4.1 The transfer of commissioning responsibility to local authorities requires that some elements of the 0-5 services are delivered in the context of a national standard format to ensure consistent delivery. These include five mandated health checks:

- antenatal health visit,
- new baby review,
- 6-8 week assessments,
- the one year assessment and
- 2 to 2.5 year review.

However, local authorities have the flexibility to ensure that in the context of local needs these universal services support local priorities.

2.4.2 The transfer of responsibility will include funding for 0-5 services which will sit within the overall ring-fenced public health budget. The allocation is based on a Baseline Agreement Exercise, determined on the basis of 'lift and shift' supported by funding adjustments including a minimum floor of £160 per head.

The DH grant allocation for Merton for **2015/16 (for 6 months from October) is £1,476,000** which includes health visiting and Family Nurse Partnership services.

Going forward, 2016/17 allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and on the fair shares formula developed following advice from ACRA (the Advisory Committee on Resource Allocation).

- 2.4.3 There have been ongoing negotiations with the current commissioner, NHS England, to ensure that the service can be delivered effectively within the budget envelope and that there will be no cost pressures on LB Merton at point of transfer in October 2015. NHS England has recognised that there are potential pressures and is working with the provider to ensure these are addressed before transfer.
- 2.4.4 Estates costs have been identified as a potential pressure. In light of this and to promote greater integration between children's centres and health visiting services, a feasibility study has been commissioned to explore possible co-location of health visiting services with children's centres.
- 2.4.5 Once LB Merton has had assurances that all measures have been taken to mitigate against cost pressures and that the service will deliver within budget, Cabinet will be asked to authorise the novation of the contract with Royal Marsden to LB Merton on 1st October 2015. If there are any outstanding concerns regarding changes needed to the baseline allocation as a result of local circumstances, DH have confirmed an in-year adjustment process is available to local authorities.

2.5 Re-commissioning of Healthy Child 0-5 services

- 2.5.1 In addition to the transfer of commissioning responsibility for Healthy Child 0-5 services, LB Merton are also re-commissioning 0-5 and 5-19 Healthy Child Services as part of a wider re-procurement of community health services in partnership with Merton CCG. This is a change from current arrangements, where services are commissioned jointly with LB Sutton, and requires the disaggregation of services which are currently jointly provided for Sutton and Merton by RMH.
- 2.5.2 In Merton the Invitation to Tender has been issued to potential providers and assessment will take place in July/August 2015, with a view to awarding the contract by October 2015. There will then be a mobilisation period leading up to the contract start date on 1st April 2016.

2.6 Merton Early Years Partnership

- 2.6.1 In light of the recent changes to Healthy Child provision and Early Years services, a Merton Early Years Partnership has recently been established to strengthen the integrated planning and delivery of core services from pre-conception through to age 5, across the NHS and local authority. This brings together partners from Early Years, Public Health, Merton CCG, GP, Community Health Services, Midwifery and voluntary sector. The aim of the Partnership is to provide a strategic focus on collaboration and the development of an integrated early years work programme, including the development of effective early years pathways across services, information sharing and a shared outcomes framework.

The partnership will meet quarterly throughout 2015/16, supported by an Early Years pathway co-ordinator funded by Public Health and will report to the Children's Trust Board.

2.7 Evidence base for Healthy Child 0-5 Services

2.7.1 The current HCP for 0-5 year olds is based on evidence up to 2009. In order to support the transition of commissioning responsibilities to local authorities a rapid review of recent evidence from 2009-2014 has been undertaken by the Department of Health. This covers the following areas: maternal mental health, smoking, drugs and alcohol, intimate partner violence, preparation and support with childbirth and transition to parenthood, attachment, parenting support, keeping safe, nutrition and obesity prevention, oral health and promotion of child development including speech, language and communication. For each area the review summarises latest evidence, implementation and workforce issues. This rapid review of evidence will inform local commissioning and service delivery.

2.7.2 A number of overarching implementation issues and priorities have been highlighted by the Review of Evidence, including:

- the importance of universal assessment points being used as an opportunity to promote wellbeing as well as to identify risk; the use of a partnership model of working; training the workforce to undertake promotional interviews and use standardised assessment tools alongside professional skills; the importance of effective infrastructure arrangements;
- matching needs and services effectively to ensure that the most in needs families benefit; the need to address difficulties in engaging 'hard to reach' families - evidence suggests brief intensive engagement that target both practical and psychological barriers at the point of entry can be effective;
- Working with families and family readiness to change: a partnership model of working is effective – supportive, guiding, motivating, strengths-based and consistent. Evidence also suggests the importance of continuity to build trust.
- Practitioner readiness and motivation to change needs to be addressed when implementing new ways of working. Some local adaptation or co-construction to ensure a programme is delivered in a culturally sensitive way can be effective however if core elements are changed this can lead to suboptimal delivery.

Further details are available at:

<https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence>

2.8 Next Steps

There are significant opportunities for improving outcomes for infants and children in the context of the transfer of commissioning responsibility for healthy child 0-5 services to the local authority, the re-procurement of 0-5 services and the development of a robust Early Years Partnership. Key next steps include:

- Feasibility study and business case on the re-location of health visiting services – June-July 2015.
- Cabinet authorisation for the novation of the Healthy Child 0-5 service contract to LB Merton –September 2015.
- Transfer of responsibility to Local Authority – October 2015
- Awarding of Community Health Services contract –October 2015
- Mobilisation of 0-5 services–October-March 2016
- Commencement of New Community Services contract –April 2016.

- Development and embedding of integrated Early Years Pathways – by April 2016

3 ALTERNATIVE OPTIONS

- 3.1. None

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. Consultation was undertaken with parents and professionals as part of the Health Visiting services Review 2014.

5 TIMETABLE

- 5.1. Commissioning responsibility for Healthy Child 0-5 transfers to LB Merton on 1st October 2015.

6 FINANCIAL OR RESOURCE IMPLICATIONS

- 6.1. Public health grant allocation of £1,478,000 for 2015/16 (6 months) has been published by Department of Health. The national government recently announced in-year cuts to public health funding of £200m nationally. Until further guidance is issued around local implications, we can only note this as an urgent risk to all public health funds locally.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. LBM Legal services have reviewed the novation of contract documentation and advised that this is acceptable.

The Healthy Child 0-5 Service includes 5 statutory mandated universal health reviews: Antenatal, New Baby, 6-8 weeks, 1 year, 2-11/2 years. These have been mandated for 18 months.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1.

9 CHILDREN & YOUNG PEOPLE'S PLAN IMPLICATIONS

- 9.1. Healthy Child 0-5 services a key part of the CYP service offer in Merton and will feed into the refresh of the CYPP in 2015.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

APPENDIX 1: THE '4-5-6' SERVICE MODEL FOR HEALTH VISITING

**APPENDIX 2: SUMMARY OF FINDINGS FROM THE HEALTH VISITING SERVICE
REVIEW, 2014**



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

4

levels of service:

Your community
Universal
Universal plus
Universal partnership plus

5

universal health reviews*:

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

6

high impact areas:

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

Appendix 2. Summary of Key findings from the Merton Health Visiting Service Review, 2014

The Public Health Team of the London Borough of Merton (LBM) commissioned an external review of Health Visiting (HV) Services within the borough in preparation for the transfer of commissioning responsibilities for these services from NHS England to Local Government in October 2015. The aims of the review were to:

- Understand the role of health visiting services in promoting health and wellbeing in children aged 0-5, including a description of the evidence of effectiveness for different models of service
- Describe health, social care and early years needs and outcomes for children aged 0-5 living within LB Merton
- Map current Health Visiting service provision across Merton against the Healthy Child Programme and National Specification for Health Visiting Services version 6.0
- Map current Health Visitor workforce and activity
- Gain the views and needs from local parents/carers concerning the roles of the Health Visitor service in relation to parenting support and children's health needs
- Integrate the views of the wider health and early years provider communities on the role of Health Visiting teams
- Gain the views of stakeholders on service provision and performance and integration with local authority early years services, taking the findings of the 2013 Early Years Review into account⁴
- Describe strengths of the current service and identify any gaps in service provision both in relation to unmet need and delivery of the Healthy Child Programme, 0-5

Nearly 400 parents responded to a survey giving their views on services in addition to 2 focus groups. Over 100 professionals responded to a survey, in addition to interviews with 20 professionals.

Service Strengths:

The review identified a number of strengths including from the parent survey 89% of parents and carers rated the service good or very good. On the whole staff felt proud to work for and value the service, and the service has a low vacancy rate. There is a specialist health visitor for vulnerable families and Teams serving more deprived catchment areas within the South and East of the borough have smaller caseload sizes per WTE health visitor than teams serving less deprived areas. The service offers a full training programme and 80% of Health Visitor survey respondents reported that they felt supported in their continuing professional development needs. The service has recently introduced an evidence based Standard Operating Procedure which specifies content for all routine client contacts, use is mandatory.

Areas for improvement:

The review identified a number of areas for improvement Coverage of the universal Health Child Programme⁵ is below 90%. Data from SMCS for 2013/14 showed that only

⁴ Sewell A. The London Borough of Merton Children's Centre and Early Years Review 2013. Anna Sewell Implementation Ltd: September 2013.

80% of families are receiving a New Birth Visit by 14 days. This compares to a coverage of approximately 95% in the best performing London boroughs. In LBM 76% of the families who do not receive a visit by 14 days are seen by 21 days. The service is reaching 60% coverage of 1 and 2.5 year check.

Local engagement with parents/carers and wider stakeholders

Local engagement with parents/carers and wider stakeholders identified the following perceived met and unmet needs in Merton:

Parents/Carers:

- From the parent survey 89% of parents and carers rated the service good or very good.
- The top four extra support needs identified were support with breastfeeding, immunisations, infant feeding and contraceptive advice; 15% of respondents stated they had no extra support needs.
- Most parents/carers accessed support for all listed needs from the health visiting service; friends and family were next. Parents also accessed support from children's centres (especially for wider issues such as parenting support and childcare advice) and GPs (contraceptive advice and managing minor illnesses).
- Of those parents who had extra support needs, 70% stated their needs were met by the health visiting service; 19% partly; and 8% said their needs were not met by the health visiting service.
- Areas cited for improvement were access, information and consistency of service/advice received and continuity of care.

Wider professional stakeholders:

- There was a widely held perception that population needs within LB Merton had increased because of increased complexity of families (English as an Additional Language families, changes to housing benefit and population churn).
- Gaps in services were identified as post-natal depression services, children with additional but not statutory need, breastfeeding support, Health visitor support for children with high level disabilities, support with sleep issues, support with domestic violence issues, low level mental health issues and services to support children with low level behavioural issues.
- There was a reported increased Universal Partnership Plus need, but practitioners are very busy with providing Universal services sometimes making it difficult to meet this need.
- The health visiting service was seen as performing well on safeguarding.
- GP surgery practice staff expressed concerns that with health visitors removed from practices the opportunity for ad hoc immunisations would be lost.
- Concern was raised amongst health visiting team members, safeguarding professionals and GPs that the move to corporate caseload holding had negatively impacted on continuity of care for families.

⁵ Currently these are a New Birth Visit by 14 days after birth, 6-8 week maternal review, 12 month development review, 2.5 year review and handover to the school nursing service

Overall the following priorities were identified from the service review:

The need for greater integrated delivery with Early Years/Children's Centres:

the service should work towards a shared vision of integrated service delivery and shared outcomes with Early Years/Children's Centres in order to deliver the following benefits:

- Reduction in duplication of assessment and intervention activities and reduction in the risk of gaps and children falling through the net.
- A whole family approach: services will be developed around the needs of the child/family/carers.
- Enabling families/carers to receive appropriate care at the appropriate time, including early identification of need and onward referral, which frees up health visitor time to deliver specific health visiting skilled support to focus on families with enhanced health needs.
- Strengthening the strategic leadership role of the health visitor in holistically assessing a child's/family's needs and collaborating with other services to meet those needs to improve outcomes for the child/family.

The need to improve communication and information sharing with service users:

Local engagement identified that parents/carers would like to have more information about ages and stages of child development to support them in the care of their children; and that they would like to know more about the role of the health visiting services and how services can be accessed.

The need to improve communication and information sharing with other services:

robust systems need to be developed in terms of IM&T, information governance and data sharing between health visiting and other early years services. Information sharing is key to the goal of improving outcomes for all children. Data needs to be shared appropriately and in line with the law, data sharing concerns should not be a barrier to sharing information between professionals where the interests of the child are paramount. Active contact between professionals should ensure strong working relationships and communication. The service should work in partnership with the provider of children's centre services to facilitate the sharing of child led data in a systematic and appropriate way.

The need to increase efficiency in order to maximise client facing time: There is a need to maximise capacity for service delivery including:

- adequate IT infrastructure to enable mobile working and minimised data management time;
- delineation of the roles of the early years workforce including health visitors, community nursery nurses, early years family worker, outreach workers and other early years professionals; and
- prioritisation of elements of early years service delivery and identification of areas for co-delivery with partner agencies.

October 2014