

**TO: HEALTH AND WELL BEING BOARD  
12 DECEMBER 2013**

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**REVIEW OF CHILDRENS' PUBLIC HEALTH COMMISSIONING OPPORTUNITIES  
Strategic Director of Public Health**

**1 PURPOSE OF REPORT**

- 1.1 The Bracknell Forest Health and wellbeing strategy as part of its key principles identifies the need to focus on our children. This paper summarises a practical programme that will allow us to explore and identify these opportunities.
- 1.2 This paper briefly outlines the national changes that will be occurring in childrens' commissioning for public health services.
- 1.3 The paper also outlines a local approach to support this change. In consultation with a wide range of stakeholders, this work will scope out current services, identify levels of need, and establish a way forward for commissioning and service delivery. The work also includes a bid for the small health visitor transformation funding.

**2 RECOMMENDATIONS**

**That the Health and Well Being Board:**

- 2.1 Note this approach to children's planning to drive the provision of public health services to children.**

**3 REASONS FOR RECOMMENDATIONS**

- 2.2 Two of the principles that underpin the Health and Well-Being strategy are:
  - 2.2.1 Organisations should work together to make the best use of all the resources they have – This includes staff and money, and working together to get more things done safely for more people and more quickly. This may mean that some organisations have to change the way they work to focus more on preventing ill health, as well as than treating it.
  - 2.2.2 The support and services that people get should be of the best possible quality, and should keep them safe from harm that can be avoided.
- 2.3 The relevance of this work is that one of the key priority groups identified in the strategy are children. In addition this work encourages and supports the integration services centred on the needs of our children. Within this priority are one of the key aims is to: *Embed prevention and early intervention into the routine delivery of all services to children, young people and families -Prevention and early intervention is a key national and local priority aimed at supporting children, young people and families early before any problems / difficulties escalate into more significant and serious issues which require more intensive support at a much higher level of need.*
- 2.4 This work outlined in this paper therefore addresses the priorities identified in the Health and Well Being Strategy and the approach highlighted in this strategy.

## **4 ALTERNATIVE OPTIONS CONSIDERED**

4.1 None

## **5 SUPPORTING INFORMATION**

### National Context

- 5.1 The Health and Social Care Act changed the pattern of commissioners for a range of health services including those that serve children.
- 5.2 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 children's' centres.
- 5.3 From 2013/2014, Clinical Commissioning Groups (CCGs) have been charged with commissioning the majority of health services (supported by the national NHS England) and are responsible for allocating resources and providing commissioning guidance. This includes children's accident & emergency services, paediatrics in district general hospitals and children & adolescent mental health services (excluding level 4 provision).
- 5.4 The NHS England Local Area Team are responsible for Level 4 children & adolescent mental health services. In addition the area team commissions children's' immunisation services, newborn screening and routine primary care and health visiting until 2015.
- 5.5 As part of the 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. Bracknell Forest currently has an overview role on immunisation and directly commissions school nursing.
- 5.6 The next stage is the transfer of health visiting and family nurse partnership programme in 2015 following the expansion of the health visitor programme. 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.

### Public Health Outcomes

- 5.7 The new role of local government is to improve the health of their local population but also to reduce inequalities in health.
- 5.8 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.

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- 5.9 Public Health Outcomes that will be influenced by the school nursing and health visiting programmes include:
- 5.9.1 Under 18 conceptions
  - 5.9.2 Infant mortality
  - 5.9.3 Low birth weight of term babies
  - 5.9.4 Smoking status at time of delivery
  - 5.9.5 Breastfeeding (initiation and at 6–8 weeks)
  - 5.9.6 Vaccination coverage
  - 5.9.7 Healthy weight 4–5 years
  - 5.9.8 Tooth decay in children age 5
- 5.10 The opportunity of the change in the commissioning of childrens' universal public health services allows each Unitary Authority to examine how best to align the current pattern of care to achieve the best outcomes in this time of financial constraints maximising the impact of the Health Visitor and school nursing roles and transfer.

### Proposal for Children's Services Review

- 5.11 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 within the new commissioning arrangements.
- 5.12 However we also wish to review the 0-19 year old offer across our services to ensure that they are focused on the existing and emerging needs of our children, since school nursing is now already commissioned through Public Health in Bracknell Forest Borough Council.
- 5.13 The approach therefore begin with a through review of 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.
- 5.14 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. A more detailed description of these stages of work is in Appendix A.
- 5.15 This work will involve all key stakeholders including local government staff in children's social care, education representatives from schools, voluntary sector representatives / users, healthcare provider services, public health, local political leaders, local area NHS England team and Clinical Commissioning Groups.
- 5.16 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 is summarised above and previously discussed with the Director of Children's Services and leaders. 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 Bracknell Forest.

- 5.17 This approach will be repeated for older school age children to maximize the integration and impact of services.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 6.1 The relevant legal provisions are contained within the main body of the report. The consultation in respect of the transfer of health visitor functions as recited in the report complies with the Cabinet Office and Gunning principles as expanded in Coughlan , for a fair and transparent consultation process prior to the transfer of the function to the Local Authority.

### Borough Treasurer

- 6.2 The estimated costs of the work outlined in the report are £20k, which is the subject of a bid for external funding established specifically for this work. In the event that the bid is not successful, the costs would be met from existing Public Health resources.

### Equalities Impact Assessment

- 6.3 Following agreement of the proposed approach, each work stream will be subject to an equality impact assessment. Equal access to services will be a key consideration throughout the process of service scoping and exploring options for the future.

### Strategic Risk Management Issues

- 6.4 Risk management will be a fundamental consideration as services are scoped and discussed.

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 The approach outlined in this paper is centred on consultation and engagement with a wide range of stakeholders, including professionals and residents. Views will be sought in relation to several issues, including the current pattern of services, current levels of need and future commissioning and service provision.

### Method of Consultation

- 7.2 Meetings, Stakeholder Events and Forums, Web-Based Consultation

### Representations Received

- 7.3 None

### Background Papers

Outline of Health Visitor Transformation Proposal (Annex A)

### Contact for further information

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## Appendix A

### Health Visitor Transformation Proposal

#### Key Stages

*Stage 1 - What is currently available to our children and families?*

**The starting point will be to understand and accurately describe what is already in place in our local area.** Recent 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 - Needs assessment for children 0-5 in Bracknell Forest.*

This work 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*

This work 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 Local Education and Training Boards (LETBs).
- II. workforce development of new roles and skills
- III. new contract formats supporting an outcomes based approach / delivering pooled / integrated budgets

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

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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.

The BHFT Health Visiting Service will introduce the 'Solihull Approach to understanding children's behaviour'. The Solihull approach, **which is already adopted within some Bracknell Forest services**, 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 centres 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.

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.

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 East Berkshire there is a strategic Children's Commissioning group being set up and this group will act as the overarching group for this work.

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.