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**People Services Scrutiny Committee – 22<sup>nd</sup> September 2015**

**Report of the Chief Officer Health & Wellbeing**

**Integration of 0-5 services with focus on Health Visiting and Children's Centres**

**1. Purpose of Report**

To update the committee on the 0-5 integration work stream and planned approach to providing 0-5 seamless services to children and families in Dudley.

For the Scrutiny Committee to contribute to the policy and development needed to deliver an integrated 0-5 offer with a key focus on Children's Centres and Public Health programmes that span the 0-5 range and champion the transformational changes that will be required.

**2. Background**

From 1 October 2015 the responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to local authorities. One of the benefits of councils commissioning health visitor and family nurse services is that it offers opportunities to link with wider systems; this has the potential to provide a more joined-up, cost effective service built around individual needs, paving the way to deliver across a wider range of health and wellbeing issues

There is evidence that where there is high-quality integration of health services, Children's Centres function better and get better outcomes. The smooth transfer and integration with local authority services, is an important step towards provision of high quality care for every child and their family. It requires investment and commitment from all Council departments.

**3. 0-5 Integration - Aims and Objectives**

- To investigate the potential for closer integration between the Healthy Child Programme and the Early Years Foundation agendas
- To contribute to the delivery of successful Early Help
- To agree services and pathways that can be integrated to deliver better value
- To pilot an agreed partnership approach in one Children Centre cluster, and following external evaluation, develop roll out of pilot across cluster groups.
- To scope current activities, commissioned services and core functions to identify duplication and areas where co-production could improve services for families and offer efficiency savings
- To identify the appropriate skill mix in the 0-5 workforce and develop a model of reform to enable a seamless transition for families.

- To have a standardised method of performance management with the 0-5 workforce and for contract management to ensure best practice and cost effectiveness
- To create a workforce development plan to ensure that the services around the family are fit for purpose.

#### **4. Local Context**

While there has been a history of good joint working between the NHS, public health and children's services, there are further opportunities to integrate and avoid duplication of service provision. Integration of the current provision (detailed below) presents a unique opportunity for local authorities to transform and integrate health, education, social care and wider council services, to create coherent services and to focus on improving outcomes for young children and their families. With shared resources, intelligence and improved communication, it is proposed that efficiencies can be realised.

##### **4.1 Current Service Provision**

Health Visiting Service - unlike the previous public health transfer it is the commissioning responsibility that will transfer from the NHS to the Council, not the workforce. Health Visitors and Family Nurses will continue to be employed by their provider organisations. The transfer will join-up commissioning for children and young people aged 0 to 19 (and up to 25 years for young people with Special Educational Needs and Disabilities) and will improve continuity for children and their families.

The Health Visiting service is a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. The service is central to delivering public health outcomes for children.

Children's Centres cover three themes: Community support development, child & family health improvement, and learning and skills. There are 5 clusters of Children's Centres in Dudley.

The core purpose of children's centres is to improve outcomes for young children and their families, with a particular focus on those in greatest need. They offer support to parents and work to make sure all children are properly prepared for school. They play a key role in ensuring that needs are identified in a timely way and families are supported to access the services they need.

Public Health and Children's Services provide and commission a range of services in Children's Centres which focus on the wider determinants of health, addressing issues of social exclusion, access to services, healthy eating and physical activity, work related skills and information and advice. There has been a recent alignment of public health resource to Children's Centres which has provided an opportunity to broaden the range of services delivered through the clusters and allow for efficiency savings.

##### **4.2 Current performance and outcomes**

Health Visitor Implementation Plan 2011-2015 set out a call to action to expand and strengthen health visiting services by October 2015. Local targets have been met with Health Visitor numbers increased from 57 in 2010 to 72 Health Visitors across the Dudley Borough.

In December 2013, NHS England published a National Health Visiting Core Service Specification for 2013/14. This document set out what all families can expect from their local Health Visiting service. This included:

#### Mandated elements of the Healthy Child Programme

- Antenatal health promoting review (new)
- New baby review
- 6-8 week assessment (separate to GP assessment)
- One year assessment
- 2 to 2.5 year review

#### Priorities for demonstrating success and building sustainable services post 2015:

- Transition to parenthood and the early weeks
- Maternal mental health (including identifying and supporting women with post natal depression)
- Breast feeding (initiation and duration)
- Healthy weight to include nutrition and physical activity
- Health and wellbeing at aged 2 (development of the child two year old review and support to be ready for school)
- Managing minor illness and reducing accidents (reducing hospital attendance/admissions)

The provider (Black Country Partnership Foundation Trust) has demonstrated a strong commitment to supporting and developing the workforce to meet the new contract requirements and Key Performance Indicators in readiness for the transfer of the contract to the Council. Benchmarked against neighbouring areas, the service has demonstrated a vast improvement in achieving the targets for mandated elements of the programme set in the contract and in most areas are on target.

The provider has also been held as a beacon of good practice for the antenatal health visiting review. The performance of the service forms a strong foundation to enable the 0-5 integration agenda to progress.

Children's Centres are defined by law as a place or group of places:

- managed by, or on behalf of, an English local authority, with a view to securing that early childhood services are made available in an integrated manner
- through which early childhood services are made available – either by provision of services on site, or by the provision of advice and assistance in gaining access to services elsewhere
- at which (some) activities for young children are provided on site.

## Mandated Elements of the Early Years Framework

- every child is a unique child, who is constantly learning and can be resilient, capable, confident and self-assured;
- children learn to be strong and independent through positive relationships;
- children learn and develop well in enabling environments, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers; and
- children develop and learn in different ways and at different rates. The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities.

## Priorities for demonstrating success and building sustainable services post 2015

- Early Years and School Readiness
- Health and Wellbeing
- Parenting Capacity and Relationship Support

### **5. Progress with 0-5 integration**

A multi-agency planning group has been established with key partners from Children's Services, Health Visiting, Children's Centres, Maternity Services, Family Nurse Partnership and CCG. This group meets on a monthly basis to scope, plan and review how to best to integrate 0 to 5 services based upon best outcomes for children and their families.

Scoping work on mandatory elements for Children's Centres and Health Visiting services are currently being reviewed to identify duplication or areas for joint working.

Desktop research has been completed on local and national integrated models to ensure best practice and lessons learned are incorporated within Dudley's approach.

0-5 profiles are being developed to help identify and prioritise resources and services to areas with greatest need.

The planning group recently attended a site visit to Coventry to learn how their "Acting Early: An integrated model of care for children in Coventry" was developed and embedded.

Smaller 'Task and Finish' groups (for example Health Visiting Community Offer Development Group) have been set up to work with service staff to best position them for the potential of new ways of integrated working.

The Health Visitor contract places an obligation on the provider (Black Country Partnership Foundation Trust) to support integration and explore opportunities for co-location in Children's Centres and the Public Health team is working with the Health Visitor workforce to develop their community offer and locality leadership role.

## 6. Future plans

The multi agency planning group has developed plans to improve outcomes and improve service user experience. These include:

- Pilot of co-location of midwifery services, health visiting and family support in one or two Children Centre in Dudley which has been agreed.
- Explore the possibility of the antenatal review as the 'early help' front door tool
- Hold a weekly locality multi-agency safeguarding group at the pilot Children Centre to include children's services, to discuss new cases to facilitate early intervention, ensure referrals into children's social care services are appropriate and empower team members to hold risk safely in a supported environment.
- Explore the registration of new births at children centres to increase the numbers of vulnerable families crossing the threshold and accessing vital services.
- Use the scoping exercise of current service delivery to remove duplication of services and explore the most appropriate skill mix and re-commission services to reflect this.
- Use the Children Centre Advisory Boards to govern and direct the work of the 0-5 workforce based on local need.
- Following formal evaluation of the pilot, roll out co-location and safeguarding group to all children centres.

## 7. Finance

The 0-5 public health allocation for part year October 2015-March 2016 is £2,453,000.

It is unknown what the allocation will be for this service going forward. A separate formula will be applied nationally to calculate the 0-5 public health grant allocation for 2016/17. It is expected that the 0-5 integrated work stream will contribute to efficiency savings through co-location, reduced duplication, changes to the workforce. The full financial implications will not be clear until this work has progressed.

## 8. Law

Any clinical risk / clinical supervision / clinical registration within the Health Visitor service is owned and managed by Black Country Partnership Foundation Trust.

## 9. Equality Impact

It is envisaged that integration of services will impact positively on the most vulnerable families, as services will be more accessible, delivered by trusted and approachable staff in their local community. The Children Centre Advisory Boards will be consulted on integration of services and should have parent representatives. There are Parent Panels in place in most localities. The scoping will identify where

there are gaps in public involvement. We are seeking parental representation on the 0-5 integration group and where appropriate in task and finish groups.

The local community, to include children and young people, will be involved in the co-production of the pilot Centre and will be fully engaged in the process from the outset. We plan to engage Council Community Champions as partners in this process and will utilise the Community Council approach by consultation with the community and engagement with the voluntary sector.

An Equality Impact Assessment will be undertaken with the pilot before further rollout

## **10. Recommendations**

The Scrutiny Committee contributes to the policy and development needed to deliver an integrated 0-5 service and champions the transformational changes that will be required.

The Committee is asked to consider how it would like to scrutinise the integration of 0-5 services. It may want to consider:

- Examining the current service delivery and draft proposals for integration and consider examples of good practice and benchmarking information to determine key lines of enquiry.
- Requesting timely updates on the progress of the integration
- Receiving written and oral evidence from officers; partners; expert external witnesses; community witnesses.
- Synthesising evidence received and making recommendations



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**List of Background Papers**  
N/A