

From: Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

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To: Health Reform and Public Health Cabinet Committee

Date: 30th June 2017

Subject: Health Visiting Service Transformation

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This report outlines the progress on transformation of the Health Visiting Service in Kent. The Health Visiting Service is funded by the KCC Public Health grant and provides vital support for families with children under the age of 5. Since 2015, following feedback from families in Kent, KCC has been working with the service provider to integrate more closely with children's centres and other services.

Kent's Public Health grant has been reduced in recent years and is expected to continue to fall until at least 2020/21. The Health Visiting service has delivered efficiency savings and improved performance over the past year. The emerging changes in the health and care system in Kent are likely to provide an important opportunity for the service to be commissioned to align with these changes and provide the right level of support for children and families in the county.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the progress on the Health Visiting Transformation Programme

1. Introduction

- 1.1. This report presents an overview of the Kent Health Visiting Transformation Programme and outlines the commissioning options for the future.
- 1.2. The former Children's Social Care and Health Cabinet Committee considered and endorsed proposals for the transformation and improvement of public health services for Children and Young People. In July 2016, the Cabinet Committee endorsed a proposed decision to extend the existing contract for the Health Visiting and Family Nurse Partnership service until 31st May 2018.

2. Context

- 2.1. Kent County Council (KCC) has responsibility for commissioning a range of Public Health services for children and young people in Kent. Since October 2015, KCC has had a statutory obligation to secure provision of five mandated developmental checks: an antenatal visit, a new birth visit, a 6-8 week check, a 1 year check and a 2-2½ year check.
- 2.2. There are approximately 17,500 live births per year in Kent and the health visiting service undertakes more than 64,000 of the mandated developmental checks each year.
- 2.3. Health Visitors provide a key opportunity for contact with all children and families in Kent and therefore play a central role in identifying and addressing health and wellbeing needs and health inequalities across the county.
- 2.4. The service offers valuable advice, support and intervention to all Kent families with children under the age of 5. The universal nature of the service and the ability to link up with other services, including maternity, primary care and children's centres provides a unique opportunity for the health visiting service to improve outcomes and in helping children and young people to get the best start in life.

3. Transformation Programme

- 3.1. KCC ran a public consultation and focus groups for young families in 2015 which indicated that:
 - significant support is given to Mums and families and there was a largely positive experience of the service in many areas
 - there was a need for a more consistent focus and more effective targeting of services in areas of greatest need
 - families needed the health visiting service to be flexible and easy to access (including home visits and clinics in children's centres)
- 3.2. The feedback from this and other consultation processes highlighted the importance of ensuring that the health visiting service works in a close and joined-up way with other maternity services, primary care and children's centres across the county.
- 3.3. The Children's Social Care and Health Cabinet Committee had previously considered the range of options for delivering improvements and supported a proposal for a Health Visiting Transformation Programme which will ensure better integration with Children's Centres across Kent to improve outcomes for children and families.
- 3.4. The Programme aims to explore and evaluate opportunities to redesign the service to work more closely with children's centres and the wider 0-5 provision

to improve outcomes for children and their families. More detailed information about the programme and progress to date is included at Appendix A.

4. Financial Implications

- 4.1. KCC funds the Health Visiting Service from the Public Health grant it receives from central government. This grant has been ring-fenced for public health services but has been reduced. Central government has indicated that the ring-fenced grant will not continue beyond 2020/21 so local public health services will need to be funded from business rates retention.
- 4.2. The reductions in the Public Health grant, combined with inflation and demographic pressures, have required a saving of £2.5m by 2018/19. At the same time, the service will be expected to improve performance and ensure that its preventative interventions are effective and holistic in nature.
- 4.3. Kent Community Health NHS Foundation Trust (KCHFT) (Health Visiting Service Provider) have been working closely with KCC to drive the efficiency savings needed for the contract whilst delivering the continuous improvement in the delivery of the mandated visits.
- 4.4. The current health visiting contract is due to end in March 2018. A proposal to extend the contract until March 2020 is set out in a separate paper to the Committee.

5. Equalities Implications

- 5.1. An Equalities Impact Assessment (EqIA) was undertaken in October 2015. It concluded that additional work was required to obtain more information on the service's client characteristics in order to assess the equality and equity of provision and subsequently to enable the targeting of resources at particular groups if required.
- 5.2. Systems are now in place to enable the Public Health Observatory to receive additional data from the provider on protected characteristics. Initial analysis has been undertaken to build a clearer picture of equality of access within the current service delivery model.
- 5.3. As more detailed analysis is undertaken and service redesign options are further developed, the impact of provision on equalities will be reviewed and the EqIA will be updated. It is not anticipated that proposed service changes will have a negative impact in terms of equalities. Instead, more integrated and coordinated 0-5 provision is expected to improve accessibility.

6. Legal Implications

The legal implications relating to this service are covered in the unrestricted report on the Public Health Transformation Programmes (item 8 on this agenda).

7. Conclusion

- 7.1. The Health Visiting Service is an important service which supports families in Kent and helps children and young people get the best start in life.
- 7.2. Since KCC took on commissioning responsibility for the service in 2015, KCC and KCHFT have delivered improved performance and substantial efficiency savings and have engaged in a transformation programme to integrate the service within children's centres across the county.
- 7.3. This transformation programme is continuing at pace and may have important implications with the emerging health and care landscape in Kent.

8. Recommendation

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the progress on the Health Visiting Transformation Programme

Background Documents

None

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Appendix A: Health Visiting Transformation Programme Information

In Kent, a partnership agreement between the two services has facilitated stronger links; however, practice varies across the county. Initial review work across health visiting and children's centres has included a programme of stakeholder engagement. This has emphasised the opportunities for greater joint working and integration, with an overwhelming positive response from both workforces to strengthen links and work with families in partnership or as one team. This work has also highlighted particular issues which could immediately support closer working, this includes clarifying information sharing agreements, investigating opportunities for co-location and supporting shared case working of vulnerable families.

A key issue identified through the review work is that over time, the organisational form and priorities of the two services have changed and this has led to both gaps and duplication in provision. This means that in some cases families are not having their needs met and in others there has been overprovision, or multiple services are working with families with no coordination of the offer. Greater integration between the services allows a clear, consistent offer to be made for families with 0-4 year olds across the County where outcomes could be clearly linked to the services provided. Families in greatest need could benefit from greater coordination and consistency in their care. An integrated unit would also be more resilient and flexible to future changes to funding and priorities rather than parts of organisations changing leading to gaps in offers and less positive outcomes for families.

A range of options were considered to enable the integration of health visiting and children's centres. The options were scored against a number of benefit and cost criteria informed by discussions with Early Help and Health Visiting workforces, mapping service pathways, analysis of the models being used elsewhere in the country, customer experience and the results of a public consultation. The preferred option at this point in time is to improve coordination between health visiting and children's centres. The reason for this is that due to interdependencies with wider change projects, pursuing structural or contractual change within this project would not make sense at this point in time. This option includes:

- Improved partnership working between health visiting and children's centres.
- Co-location of health visitors within children's centres.
- Developing clear referral pathways between services and enabling effective joint working and case management.
- Develop shared outcomes framework.

Progress to date:

Facilitated by Public Health, work continues to revise and develop key pathways for the Health Visiting Service. It is anticipated that the majority of these pathways will be available for dissemination by July 2017. Going forwards, developing and reviewing pathways will be incorporated into a core rolling programme of work for the Health Visiting Service in liaison with Early Help and others.

An initial review of FNP was undertaken within the wider context of the service's offer to vulnerable families. The Health Visiting service is now leading on the development of a pathway to support vulnerable families, working alongside key partners such as Early Help.

Health Visiting and Early Years services are currently working on developing several parental education sessions. These will facilitate the provision of consistent content and a systematic approach to improve health and wellbeing outcomes for Kent families.

From October 2017, the health visiting service will be responsible for the provision of infant feeding support, including specialist level support, rather than this being provided by a separately commissioned specialist service. This means that provision of support for infant feeding will be part of the core role of all health visitors and that all families will have access to nutrition advice as part of a comprehensive infant health service that links to Children's Centres and maternity services. This is also consistent with Public Health England's identification of breastfeeding as one of the six high impact areas for health visiting.

Premises and IT specialists from KCC and KCHFT have made significant progress in exploring colocation opportunities in the Ashford area. Site visits have been completed to inform the draft floorplans and current IT infrastructure has been mapped.

An operational level partnership group has been established to scope both services' requirements and ensure that staff needs and practical implications are considered when developing colocation plans.

The project continues to work with KCC's Children and Young People's Service Integration Project (CYPSIP) leads to ensure that transformation activities work alongside one another.

As part of the efficiency work stream, the Health Visiting staff completed a time study which indicated how health visitors' time was allocated across the full range of tasks. The next steps for the efficiency work stream will be to use the time study data and other feedback from the workforce and stakeholders to develop a revised and more efficient operating model for the Health Visiting service. This will form the basis of the specification and value of the new contract from April 2018 onwards.

Transformation Programme Next Steps

- Ongoing development of integrated pathways, including the vulnerable families' pathway and the role of FNP within it.
- Ensuring a smooth transfer of responsibility for infant feeding support from PS Breastfeeding to KCHFT health visiting service.
- Plans are expected to be developed to enable colocation proposals for Ashford to be finalised and agreed within the next couple of months.
- Health Visiting led ongoing development of joint Health Visiting and Early Help parental education sessions.