

NORTH YORKSHIRE COUNTY COUNCIL**YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE****10th June 2011****Covering Report to NHS North Yorkshire & York Commissioners****Review of 0-19 Universal Health Services****1.0 Purpose of Report**

Members of the Young Peoples Overview & Scrutiny Committee are requested to note the information in this report and the report attached at Annex A. This report was initially presented at the Children's Trust Board in April and summarises the progress made by NHS North Yorkshire and York Commissioners on the review of 0-19 universal health services.

2.0 Background

- 2.1 In January 2010, NHS North Yorkshire and York Commissioners commenced a review of 0-19 universal services (historically known as health visiting and school nursing services) with the aim of developing a coherent pathway, focusing on public health priorities, which is integrated in early years (0-5 years), and beyond into schools and further education (5-19 years) to support the health and well being of children and young people.

Members will note from the report that no final conclusion or outcome has been reached to date and the 0-19 review was put on hold whilst national guidance was awaited and clarified. However, the NYY Commissioners felt that the attached report would be a useful background paper.

Your Chairman has now been advised that the PCT will reach a final decision on the future approach of 0-19 universal health services at a meeting of NHS North Yorkshire and York Integrated Commissioning Executive on the 4th June. The outcome of this decision will be shared with Members of the Committee in the form of a presentation.

3.0 Recommendations

- 3.1 Members of the Committee are requested to note the information in this report and the report attached at Annex A.

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Background Documents: None

Annexes: Annex A

NORTH YORKSHIRE CHILDREN'S TRUST BOARD

27th April 2011

0-19 Universal Services Review

1.0 Purpose of Paper

- 1.1 To provide the board with a progress report on the 0-19 universal services review undertaken by NHS North Yorkshire and York, and how this work fits with emerging government policy.

2.0 Recommendations

- 2.1 That further progress on the review is reported periodically to the board.

3.0 Background

- 3.1 In January 2010, NHS North Yorkshire and York Commissioners commenced a review of 0-19 universal services with the aim of developing a coherent pathway, focusing on public health priorities, which is integrated in early years (0-5 years), and beyond into schools and further education (5-19 years) to support the health and well being of children and young people. This report goes on to summarise the progress to date; put the review in context of national policy and reform, and outline the next steps.
- 3.2 The commissioning of universal health services for children and young people is an identified priority within NHS North Yorkshire and York's strategic plan. The vision is to improve the universal outcomes for children, young people and their families in North Yorkshire and York through commissioning the Healthy Child Programmes, whilst ensuring that those with greater need are supported most.
- 3.3 The National Healthy Child Programmes have formed the basis for the review as they have been developed as good practice guidelines for commissioning universal services. In addition, further national guidelines, regional and local policy, population statistics and local needs have also been taken into account.
- 3.4 When the review first began 12 months ago, the political and financial climates were very different. The landscape on which the project was based is undergoing considerable change. In these circumstances, it has been pertinent to regularly validate the review against emerging government policy and reform to ensure the outcomes of the review are in line with the national direction of travel. A brief summary of the key changes impacting on the review are detailed in section 6.

4.0 Engagement with Stakeholders

- 4.1 Within the Healthy Child Programmes there is strong emphasis on the importance of integrated working between universal health services, primary care and Local Authority services (e.g. Social Services, Children Centres, Youth Services and Education). Throughout the review there has been local engagement with key partners and stakeholders as well as clinicians, frontline staff and young people. This has been undertaken through clinical workshops, internet pod casts, partnership forum meetings and newsletter.
- 4.2 It was already acknowledged that there was a gap in commissioning and provision for young people aged 16 – 19 years unless they continued to be in mainstream schools. Based on initial engagement it would appear that the majority of needs identified for this age group are around more provision and support of specialist sexual health and Child and Adolescent Mental Health Services (CAMHS). This will be fed back to colleagues who commission these services.
- 4.3 There was feedback that where services are integrated, they provide more holistic packages of support for children, young people and their families. Communication and joint delivery of services are more effective and make better use of limited resources across the sectors. There is, however a view that this is often reliant on personalities working together on the ground rather than through agreed processes at management or strategic level.
- 4.4 The outcomes from the engagement undertaken for the review have been summarised in the format of The 7 C's:
- Co-location
 - Communication including technology
 - Capacity
 - Consistency, continuity and audit
 - Capability – professional development, maintaining and developing
 - Collaborative working with clarity of roles and responsibilities
 - Care pathways
- 4.5 Engagement with stakeholders and partners will continue during the concluding stages of the review. An updated summary is expected to be available via the internet shortly.

5.0 Review Progress

- 5.1 A baseline mapping exercise has been undertaken with providers to identify elements of the Healthy Child Programme that are currently being delivered; where there are gaps; and potential risks.
- 5.2 Completion of a proposed service specification based upon the Healthy Child Programmes for 0-19 universal services and an underpinning delivery model. A pragmatic approach has been taken in developing the proposed commissioned service given the current financial challenges. Commissioners also endeavoured to take into account the move towards future

commissioning arrangements. In the circumstances the specification has been written in a way to enable it to be used as a template of a core service that can be adapted to meet the needs of localities. The specification clearly identifies the need for commissioners and providers to work with local stakeholders and service users to agree the priorities and preferred method of delivery. This is alongside trying to outline a core service that any family, wherever they live in North Yorkshire and York, can expect.

- 5.3 Stakeholders and partners were invited to provide feedback on the proposed specification and delivery model via the PCT internet web pages and feedback was very positive.
- 5.4 Finance implications have proved difficult to quantify in detail but it can be ascertained from the gap analysis that commissioning services in line with the Healthy Child Programmes will require additional resources.
- 5.5 There are close links between the commissioning of 0-19 universal services and the outcomes for vulnerable children and families. This review therefore has an impact on the safeguarding agenda and these links have been taken into account. Any service concerns that arise during the course of the review that may have a safeguarding implication will be discussed and actioned separately.
- 5.6 Progress and recommendations have been reported to the NHS North Yorkshire and York Integrated Commissioning Executive (ICE) in November 2010 and February 2011, and ICE has been supportive of both papers. Local Authority partners have been informed of the progress through representation on the Children's Trust Board and the Children's, Sexual Health and Maternity Commissioning Group.
- 5.7 The 0-19 universal services review was scheduled to be completed early 2011, however a conclusion has been put on hold whilst the national direction of travel was clarified.

6.0 Government Policy and Reform

- 6.1 In July 2010 the Department of Health (DH) published "*Equity and Excellence: Liberating the NHS*". The consultation document set out the plans for the white paper reform, including changes to responsibilities for commissioning health services.
- 6.2 In December 2010 the DH published the "*NHS Operating Framework 2011/1.2*" This set out the requirement that:

"PCTs should ensure they develop effective health visiting services, with sufficient capacity to deliver the new service model [to be] set out in "Health Visitor Implementation Plan 2011-2015 – A Call to Action": to deliver the Healthy Child Programme, provide greater support to families and develop local community capacity in support of children and families, working closer with Sure Start Children's Centres and other local services. The Government

is committed to developing an expanded and stronger health visiting service as a key element in improving support to children and families at the start of life. This will entail ending the decline in workforce numbers, beginning to increase posts, workforce numbers and training capacity in the short term, and increasing overall numbers of health visitors by 4,200 by April 2015.”

- 6.2.1 Also in December 2010, the DH published “*Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health.*” The consultation ends on the 31st March 2011 and sets out the proposed public health funded activity and commissioning routes. For children’s public health the proposal is that:

“Services for children under 5 will be a responsibility of Public Health England (PHE) which will fund the delivery of health visiting services, including the leadership and delivery of the Healthy Child Programme for under 5s (working closely with NHS services such as maternity services and with children’s social care): health promotion and prevention interventions by the multiprofessional team and the Family Nurse Partnership. In commissioning these public health services, local areas will need to consider how they join-up with Sure Start Children’s Centres to ensure effective links. In the first instance these services will be commissioned on behalf of PHE via the NHS Commissioning Board. In the longer term we expect health visiting to be commissioned locally.”

“Services for children aged 5 – 19; including public mental health for children will be funded by the public health budget and commissioned by local authorities. This will include the Healthy Child Programme 5-19; health promotion and prevention interventions by the multiprofessional team and the school nursing service.”

- 6.3 The DH published the “*Health Visitor Implementation Plan 2011-2015 – A Call to Action*” in February 2011. This provided further clarity on the vision, delivery model and pathway required to meet the challenge of expanding the service by 2015. In addition there was a clear reference to the expansion of the Family Nurse Partnership (FNP) programme to improve outcomes for the most vulnerable first time teenage mothers and their children. This licensed programme offers intensive preventive support from early in pregnancy until children are two years old. The Government intends that the current capacity of over 6,000 clients in England at any one time should more than double to a capacity of at least 13,000 by April 2015. The Government wants to ensure that all parents and children have access to the support they need to get off to the best possible start, with early intervention to ensure additional support for those who need it, including the most vulnerable families. The model for the new health visiting service comprises of 5 levels and is described in figure 1.

Figure 1.

The new health visiting service: what it means for commissioners, providers and the profession

Interactions at community level: building capacity and using that capacity to improve health outcomes and leading the Healthy Child Programme for a population.

Universal services for all families: working with midwives, building strong relationships in pregnancy and early weeks and planning future contacts with families. Leading the Healthy Child Programme for families with children under the age of 5.

Additional services that any family may need some of the time, for example care packages for maternal mental health, parenting support and baby/toddler sleep problems – where the health visitor may provide, delegate or refer. Intervening early to prevent problems developing or worsening.

Additional services for vulnerable families requiring ongoing additional support for a range of special needs, for example families at social disadvantage, families with a child with a disability, teenage mothers, adult mental health problems or substance misuse.

Making sure the appropriate health visiting services form part of the high intensity multi agency services for families where there are safeguarding and child protection concerns.

6.5 The government's 4 year commitment to increase health visitor numbers by 4,200 WTE has been apportioned into regional envelopes. The Yorkshire and Humber Strategic Health Authority (SHA) envelope being 385 WTE. The regional envelope has been disaggregated to PCT level by using the GMS weighted population formula. On a local basis this has translated to a proposed requirement to increase Health Visitor numbers by 30.3 w.t.e in North Yorkshire and York by April 2015.

7.0 Next Steps

7.1 It is evident from the review that due to capacity within current services, there has been a focus on the progressive and targeted elements of the Healthy Child Programmes to ensure that the most vulnerable families and children were supported. This has resulted in limited provision of the wider universal service elements.

7.2 As mentioned earlier in the report, the 0-19 universal services review has been undertaken in a changing landscape. Nationally the emphasis for the Healthy Child Programmes has moved towards a discrete focus on the 0 – 5 age group which will now be reflected in the review outcomes. To meet the expectations of delivering the "*Health Visitor Implementation Plan 2011-2015 – A Call to Action*," a four year delivery plan has been submitted by NHS North Yorkshire and York as part of the single integrated plan. The high level plan has been discussed with local providers and sets out how the PCT intends to move towards the service model and full implementation of the 0 -5 Healthy Child Programme by 2015 at the latest. Once the high level plan is agreed by the SHA, work will commence with local partners and

commissioners to ensure that detailed locality plans are developed for the next four years.

- 7.3 The proposed service specification and delivery model will need to be remapped against the 0-5 Healthy Child Programme and health visitor service model to ensure that full implementation is commissioned and delivered by 2015. This will include capacity and demand modelling to enable the cost implications of delivering the Healthy Child Programmes to be robustly quantified and for agreement to be reached on the allocation of any additional resources.
- 7.4 As government consultations draw to a close it is hoped that further information will emerge in the coming weeks to clarify the responsibility for future commissioning of 0–19 universal services. This clarity will support the development of local commissioning plans.

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