Item 1

Proposed Decision to be made by the Portfolio Holder for Health on or after 17 March 2017

Health Visiting & Family Nurse Partnership Re-commissioning Proposed Consultation

Recommendation:

That the Portfolio Holder for Health approves the proposed consultation to inform the Health Visiting and Family Nurse Partnership re-commissioning. The consultation is planned to start on Monday 29th May 2017 and finish on Friday 21 July 2017.

1.0 Background & rationale

1.1 From October 1st 2015, local authorities took responsibility from NHS England for commissioning public health services for children aged 0-5, pursuant to the Health and Social Care Act 2012 and section 6C of the NHS Act 2006. This includes the Health Visiting service and Family Nurse Partnership (FNP).

1.2 Health Visiting is a universal service for all families providing health and development reviews of babies aged 0-5 and advice for families on health, wellbeing and parenting.

1.3 The FNP programme is a voluntary home visiting programme for first time young parents, aged 19 or under. A specially trained family nurse visits the young family regularly, from early in her pregnancy until the child is two.

1.4 These services are currently delivered by South Warwickshire Foundation Trust (SWFT) with a total annual contract value of £6.686m for 2016/17. The savings proposed as part of OOP 2020 are phased over the next 3 years. The target contract value to achieve by 2019/20 is £5.55m, achieved through a phased reduction.

1.5 We will be extending the existing contract with SWFT until 31st March 2018 to continue providing current services whilst we undertake a consultation on the likely changes needed in order to achieve proposed savings and the model under which we will be re-procuring services.

1.6 Between December 2015 and June 2016, significant engagement work was undertaken with families and stakeholders as part of the development of the Smart Start Strategy. The development of the strategy also included a Health Needs Assessment for 0-5s. These key pieces of work have informed the proposals for the redesign of these services in conjunction with SWFT.

1.7 This paper seeks permission to carry out consultation on the new model of provision. The consultation activities and feedback will inform the service specification and is planned between May and July 2017. The consultation content and process will take account of the approved budget reductions agreed by Council on 2nd February 2017.

2.0 Proposed Consultation

2.1 The proposed 8 week consultation process will start on Monday 29th May 2017 and finish on Friday 21st July 2017. The aim of this consultation activity is to effectively engage with families with young children (or expecting a baby), and other key stakeholders on the proposed changes to service delivery and ensure there are opportunities to influence and shape the new service model.

2.2 A draft set of questions have been developed and can be found in Appendix A. A range of engagement methods will be employed to maximise opportunities for service users and other key stakeholders to put forward their views, these include:

- Survey (both on line, 'Ask Warwickshire' and paper format)
- focus groups with service user and their families, (facilitated by our commissioned provider)
- Public and partner roadshows across the county
- Provider engagement event

2.3 Where possible and appropriate, shared consultation activities will be held in conjunction with other Public Health commissioners who have similar time frames for consultation on service redesign. This approach will help to avoid over consulting and duplication of engagement with similar stakeholders as well as provide an opportunity for Public Health to promote and share information on a range of services to a wider audience. All Public Health consultations are part of our strategic and operational commissioning approach and any associated costs are embedded into the Public Health budget.

2.4 The consultation will be structured to allow for wide ranging views on the proposed service specification and include the appropriate reach to vulnerable groups and individuals as well as measure the potential impact of the proposed changes on service users, their families and wider stakeholders. In conjunction

with the consultation plan, a communication plan is being developed to ensure that throughout the process we are actively informing our stakeholders about the consultation.

2.5 An Equality Impact Assessment has been completed. It will be reviewed and updated as part of this consultation process and will be made publicly available with the final consultation report. A copy of this can be found in Appendix B.

3.0 Timescales associated with the decision and next steps

3.1 The table below sets out the critical milestones and timescales of the consultation process to ensure key deadlines are met to effectively tender and commission the Health Visiting and FNP service.

Milestones	Deadline
Portfolio for Health consultation approval	17th March 2017
Consultation period (8 weeks)	29th May 2017 – 21st July 2017
Collate & analyse responses, prepare draft consultation report	22nd July 2017 – 11th August 2017
Seek cabinet approval of consultation report and approval to proceed with procurement	7th September 2017
Provide feedback to respondents by circulating final consultation report	18th September 2017
Commence tender process	18th September 2017

Background papers

1. Smart Start Strategy Foundation Project Executive Summary (https://apps.warwickshire.gov.uk/api/documents/WCCC-630-922)

Appendices

A. Draft Consultation Questions

B. Equality Impact Assessment

	Name	Contact Information
Report Author	Kate Sahota	katesahota@warwickshire.gov.uk Tel: 01926 413763
Head of Service	Dr John Linnane	johnlinnane@warwickshire.gov.uk Tel: 01926 413705
Strategic Director	Monica Fogarty	monicafogarty@warwickshire.gov.uk Tel: 01926
Portfolio Holder	Cllr Les Caborn	lescaborn@warwickshire.gov.uk Tel: 01926

This report was circulated to the following Members prior to publishing:

Cllr Les Caborn (Portfolio Holder - Health)
Cllr Alan Webb (Chair: ASC&H OSC)
Cllr Mike Perry (Conservative Spokesperson: ASC&H OSC)
Cllr John Holland (Labour Spokesperson: ASC&H OSC)
Cllr Kate Rolfe (Liberal Democrat Spokesperson: ASC&H OSC)

Service Users and Stakeholders

Question	Strongly Agree	Agree	Neither agree/ disagree	Disagree	Strongly disagree	Comments on selection made
It is important to note that the Health Visiting service is available to all families when they need support, not just through the five mandated contacts. Every family will continue to have a named health visitor and can access support on request. The service will continue to develop a range of opportunities to make accessing advice and information as easy as possible in partnership with others.						
Introduce opportunity for more checks to be undertaken in community settings (such as children's centres, local community venues, libraries) *Benefits:* - Reduces travelling time and costs - Promotes access to community settings - Offer tailored to meet needs of family - Development of enhanced partnership working with local communities and partner agencies						
Change the new birth visit to take place up to 28 days *Benefits:* - Creates service efficiencies by reducing recall rates, which in turn will reduce time and travelling costs - Reduces overlap with midwife						
Change the 6 - 8 week check to take place up to 10 weeks *Benefits:* - Reduces overlap with GP						
Change the 9 month check to take place between 11 and 12 months *Benefits:* - Creates service efficiencies by reducing recall rates, which in turn will reduce time and travelling costs						

Change the 2 year 3 month check to 2 years and 9 months. *Benefits:* - Creates service efficiencies by reducing recall rates, which in turn will reduce time and travelling costs - Improves information exchanges between health visiting and nursery - Improves targeting support for families not accessing early years education						
Use of different team members to provide less complex support for families (e.g. nursery nurses, healthcare assistants) *Benefits:* - Health Visitor capacity is reserved for those families needing more complex support						
The Family Nurse Partnership Service will be embedded within the Health Visiting Service *Benefits:* - Meets the recommendation from the local evaluation of the service - Creates the capacity to develop a tailored programme that can be delivered across the entire workforce for those families with lower levels of need						
Are there any other suggestions or comments you would like to make in relation to Health Visiting or Family Nurse Partnership Services?						

APPENDIX B

EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)

0-5 Public Health Services
(Health Visiting and Family Nurse Partnership [FNP])

Equality Impact Assessment/ Analysis (EqIA)

Group	**Communities**
Business Units/Service Area	**Public Health**
Plan/ Strategy/ Policy/ Service being assessed	**0-5 Public Health Services** (Health Visiting and Family Nurse Partnership [FNP])
Is this is a new or existing policy/service? **If existing policy/service please state date of last assessment**	Existing Service
EqIA Review team – List of members	Kate Sahota Kate Woolley
Date of this assessment	October 2016
Signature of completing officer (to be signed after the EqIA has been completed)	**Kate Sahota**
Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public? If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	~~YES~~ / **NO**
Name and signature of Head of Service (to be signed after the EqIA has been completed)	Dr John Linnane, DPH, WCC
Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer)	**Phil Evans** 10/11/16

A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team

Warwickshire County Council

Working for Warwickshire

Form A1

INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS

High relevance/priority

Medium relevance/priority

Low or no relevance/ priority

Note:
1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services:	**Relevance/Risk to Equalities**																										
State the Function/Policy /Service/Strategy being assessed:	Gender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Gender Reassignment			Pregnancy/ Maternity			Marriage/ Civil Partnership (only for staff)		
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
0-5 Service Workforce		✓				✓			✓			✓			✓		✓					✓			✓				✓
HV Service Provision		✓			✓			✓				✓			✓		✓					✓			✓				
FNP Service Provision		✓			✓			✓				✓			✓	✓						✓			✓				
Smoking in Pregnancy Provision		✓			✓			✓				✓			✓		✓					✓			✓				
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? **If yes please explain how.** There is an opportunity for enhanced health visiting provision to have a greater benefit in the lower socio-economic groups. Health visitors initiate or help with a wide range of interventions with parents, for example increasing breast-feeding rates, which are known to be lowest in the lower socioeconomic groups. Socio-economic status has a significant impact on health inequalities amongst children. There is evidence that children born to lower socio-economic groups are more likely to be of low birth weight, die in the first year of life and to suffer significant episodes of mortality. (Public Health White Paper, Healthy Lives, Health People																									**YES**		

Impact Assessment.)	
Are your proposals likely to impact on a **carer** who looks after older people or people with disabilities? **If yes please explain how**.	**NO**

Form A2 – Details of Plan/ Strategy/ Service/ Policy

Stage 1 – Scoping and Defining	
(1) What are the aims and objectives of Plan/Strategy/Service/Policy?	Every child is entitled to the best possible start in life and health visitors play an essential role in achieving this. By working with, and supporting families during the crucial early years of a child's life, health visitors have a profound impact on the lifelong health and wellbeing of young children and their families. Health visiting is a universal service. Because it is valued and accepted by parents it offers an opportunity to give support and advice to parents and promote positive parenting, emotional attachment and bonding. Inequalities in access to services can also be reduced and potential safeguarding risks identified because all families receive this service and can then be referred or signposted on to other services. **The 4 Levels of Service** These levels set out what all families can expect from their local health visitor service: • **Community:** health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them. • **Universal (the 5 key visits)**: health visitor teams ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation. • **Universal Plus**: families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children. • **Universal Partnership Plus**: health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition. **The 5 universal health reviews** The 5 key contacts are those that all families can expect under the universal level of service. They are also mandated (i.e. local authorities have committed to deliver) until at least March

	2017: • Antenatal • New baby • 6 – 8 weeks • 9 – 12 months • 2 – 2 ½ years **FNP Programme** The Family Nurse Partnership (FNP) is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two.
(2) How does it fit with Warwickshire County Council's wider objectives?	The services contribute to 3 of the County Council's outcomes: • Our communities and individuals are safe and protected from harm and are able to remain independent for longer • The health and wellbeing of all in Warwickshire is protected • Resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned, or in partnership
(3) What are the expected outcomes?	**Health Visiting:** • Promote healthy lifestyles and work with communities to build and use the strengths within those communities to improve health and well-being and reduce inequalities • Achieve population (or 'herd') immunity through the increased uptake of immunisations • Increased access to evidence-based interventions through the Healthy Child Programme to children and families and tailored to specific need • Increased breastfeeding, appropriate infant nutrition and lifestyle changes to • tackle rising obesity and related illness in later life • Improved maternal mental health and wellbeing enabling strong early attachment and infant emotional wellbeing • Improved school readiness • Reduced number of children requiring formal safeguarding arrangements – achieved through early identification and intervention

	FNP Programme: The FNP programme aims to enable young mums to: • Have a healthy pregnancy • Improve their child's health and development • Plan their own futures and achieve their aspirations
(4)Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)	The Health Visiting Service is universal and offered to all families. The FNP Programme is targeted at mums 19 and under. Apart from the age limit, the service is not restricted in any other way.
Stage 2 - Information Gathering	
(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?	As part of the Smart Start Programme (http://www.warwickshire.gov.uk/smartstart) we have undertaken a number of activities to ensure there is a broad range of evidence to support our commissioning decisions for these services. We have completed: • A detailed needs assessment of 0-5s • Engagement with parents and carers • Engagement with frontline professionals • Ethnographic research with 8 families A Smart Start Strategy has been developed (https://apps.warwickshire.gov.uk/api/documents/WCCC-990-741)
(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?	We have undertaken an engagement process with a wide range of people, including: • Service users, past and present • Health visitors, midwives, children's centre staff • GPs and other Health professionals • CCGs, Social Care, Education • Elected members

(3) Which of the groups with protected characteristics have you consulted with?	The initial engagement work has focussed on capturing a broad range of views from across Warwickshire. A detailed breakdown of the characteristics of those engaged with will be available through the Warwickshire CAVA Smart Start report. Further consultation will take place in January and February 2017 on the proposed models once we have undertaken our provider engagement work during October and November 2016.		
Stage 3 – Analysis of impact			
(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination? If yes, identify the groups and how they are affected.	RACE NO	DISABILITY NO	GENDER NO
	MARRIAGE/CIVIL PARTNERSHIP NO	AGE NO	GENDER REASSIGNMENT NO
	RELIGION/BELIEF NO	PREGNANCY MATERNITY NO	SEXUAL ORIENTATION NO

(2) If there is an adverse impact, can this be justified?	The re-procurement of these services may lead to a change in how universal services are delivered, however this will be done following a countywide consultation to minimise the impact and ensure any particular groups are not discriminated against. The commissioner will ensure through the service specification that providers are equipped to deliver an all-inclusive service and seek solutions where specialist health professional input is required.
(3)What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)	As part of the tendering process, providers will be required to demonstrate their understanding of equality and diversity and their response will be assessed within the quality criteria, including the requirement for an equalities policy. Throughout the life of the contract, providers will be expected to deliver the service in line with the Public Sector Equality Duty, in which all provides are required to meet the General Equality Duty aims which are: - Eliminate unlawful discrimination - Advancing Equality of opportunity - Fostering good relations
(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?	These services are universal and will take account of accessibility in terms of where it is delivered, times of delivery, appropriate venues to meet customer need
(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?	The service is available for all groups, and equitable access will be provided regardless of any protected characteristics. There may be an opportunity to promote good relations between groups during some delivery of some elements of the service, e.g. antenatal classes.
(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?	The universal mandated elements of the service can be delivered in the home (although it is unlikely this will be delivered for all families for all contacts), so where there are difficulties in accessing services (for example mobility issues for a disabled person to attend a clinic), visits can take place in the home. The provider must also ensure there is access to an interpreter if English isn't their first language.

(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?	The purpose of the delivery of these services is to improve population health and wellbeing (please see response to question 3 for full details).
(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)	The review of these services has and will continue to engage a range of stakeholders. The needs assessment undertaken highlighted gaps in service provision and recommended service improvement based on best practice, for example increasing the availability of the service, increasing the methods of accessing the service, increasing the emphasis on promoting and maintaining good mental and emotional mental health.
(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?	The services are likely to identify people who have additional health needs and will signpost them to the most appropriate health professional. We would not want to mitigate this as the purpose of the service is to ensure people are accessing services as early as possible in order to reduce the longer term impact of health needs.
(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?	A core aim of the service is to provide additional support for those families who need it, with prevention and early intervention as key elements in reducing health inequalities.

Stage 4 – Action Planning, Review & Monitoring	

If No Further Action is required then go to – Review & Monitoring

(1)Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.

EqIA Action Plan

Action	Lead Officer	Date for completion	Resource requirements	Comments
Consultation on proposed models	Kate Sahota	June - July 2017	TBC	
Service specification	Kate Sahota	August 2017	TBC	
Invitation to Tender	Kate Sahota	August 2017	TBC	

(2) Review and Monitoring
State how and when you will monitor policy and Action Plan

The plan will be reviewed bi-monthly as part of the project documentation until a new provider has been appointed. We will agree appropriate review periods post contract award with the provider.

Please annotate your policy with the following statement:

An Equality Impact Assessment/ Analysis on this policy was undertaken on 28th October 2016 and will be reviewed on 28th May 2017.