

Decision Maker: Executive

For Pre-Decision Scrutiny by Care Services PDS Committee on:

Date: 10th March 2016

Decision Type: Non-Urgent Executive Key

Title: **GATEWAY REVIEW OF HEALTH VISITING AND NATIONAL CHILD MEASUREMENT PROGRAMME**

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Chief Officer: Dr Nada Lemic Director of Public Health

Ward: Borough Wide

1. Reason for report

- 1.1 The Council currently contracts Bromley Healthcare (BHC) for Health Visiting and National Child Measurement Programme through a joint block contract with Bromley Clinical Commissioning Group (CCG). The contract with the BHC is due to expire on 31 March 2017.
- 1.2 This report is seeking approval to extend the contract for Health Visiting and National Child Measurement Programme by 6 months to 30 September 2017. This is in order to allow for further work to explore the options for integration into Children and Family Centres in the Early Intervention Services.

2. RECOMMENDATIONS

- 2.1 **That the Care Services PDS Committee supports the recommendation to Executive to extend this contract with BHC for Health Visiting and National Child Measurement Programme for 6 months to 30 September 2017.**
- 2.2 **That further work is conducted on integration of Health Visiting services into the Children and Family Centres in the local authority Early Intervention services. If this option proves not to be feasible, it is recommended to tender these services separately.**

Corporate Policy

1. Policy Status: Existing policy. Existing Policy Context/Statements
 2. BBB Priority: Children and Young People.
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Financial

1. Cost of proposal: Estimated cost £3,754,000
 2. Ongoing costs: Recurring cost. £3,754,000
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: ££13,935,160
 5. Source of funding: Public Health Grant
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Staff

1. Number of staff (current and additional): n/a
 2. If from existing staff resources, number of staff hours: n/a
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Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 45,000 (population of 0-10 year olds)
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: None

3. COMMENTARY

Estimated Contract Value

£3,574k p.a. Current value of contract £5,361k (1/10/15 to 31/3/17)

Proposed extension £1,787k (6 months from 01/04/2017 to 30/09/17)

Total contract value £7,148k

3.1 Current commissioning arrangements

Prior to 2013, commissioning Health Visiting and The National Child Measurement Programme (NCMP) were the responsibility of the Primary Care Trusts (PCTs). When the PCTs were abolished, the statutory responsibility for commissioning NCMP was transferred to Local Authorities. At the same time responsibility for commissioning Health Visiting transferred to NHS England.

On 1st October 2015, responsibility for commissioning Health Visiting transferred to the local authority (together with the associated budget).

NCMP and HV are part of the block contract with Bromley Healthcare which expires at the end of March 2017.

The current contractual arrangements are detailed in the Table 1 below:

Table 1. Current commissioning arrangements 2016-17

Contract	Annual Value £000	Contract period
National Child Measurement Programme (NCMP)	120	April 2013 to March 2017
Health Visiting	3,454	October 2015 to March 2017
Total	3,574	

3.2 Health Visiting

This service is delivered by BHC and has an annual budget of £3,454,000.

3.3 Background

General description of the service

3.4 Health Visiting is a universal service from pregnancy to age 5 years. Health Visitors meet with pregnant women after 28 weeks of pregnancy, 10 days after the birth of their baby, and again at 6 weeks after the birth. These mandated reviews are important in building a relationship between the Health Visitor and the mother and in making an expert assessment of medical and social risk for that family.

3.5 This expert assessment of risk is used to identify whether support in addition to routine support is required in order to avoid poor outcomes. Additional support could be in the form of referral to health services, children's social care or other support services, or it could be provided directly by the Health Visiting team. Where safeguarding issues are identified the HV will initiate

appropriate processes and, importantly, maintain contact and support to the family throughout the processes, thus providing step-down support as well as escalation. This long term support to vulnerable families is an important part of keeping children safe.

3.6 The Health Visiting service, by avoiding delays in identification of need, are able to reduce risk by addressing many needs before they escalate.

3.7 The vast majority of families do not require additional support and receive only the mandated reviews and infant immunisations (which are the responsibility of primary care).

3.8 In general, the parts of the Health Visiting service which are mandated are:

- the 5 reviews (antenatal contact, new birth visit, 6 week review, 12 month review and the 2½ year review);
- the safeguarding element of the service. This is a targeted service. As the commissioner of Health Visiting services, the council also has “to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.”

3.9 The parts of the Health Visiting service which are discretionary are:

- advice and support to parents, pre-schools, children’s social care and primary care;
- the targeted support they give to vulnerable families, including families where the child has complex needs or disabilities;
- the drop-in clinics, baby growth clinics, and group sessions they run, generally in Children and Family Centres.

3.10 Bromley service

3.11 As described earlier, the responsibility for commission of the Health Visiting service was transferred to the Local Authority in October 2015. The service is delivered by BHC through a block contract. This is a new service for the Local Authority and the current information regarding the service in terms of its delivery and performance is limited. The information about the split between the mandated and discretionary within the BHC provided service is not available at the moment. The Public Health team is working closely with the provider and previous commissioner to gain further understanding of the service. A detailed audit and service mapping are being carried out.

3.12 Additionally, as the Health Visiting roles overlap considerably with the roles of the staff in Children and Family Centres, joint work between Public Health, the Early Intervention team and the current provider are under way to identify the most efficient and effective way to provide early intervention for vulnerable families in Bromley.

3.13 The 6 months contract extension will allow these workstreams to conclude.

3.14 Outcomes

3.15 The impact of the HV service has historically been measured in process measures. The justification for this is that the evidence showing that each part of their service is effective is generally good. The only targets set for Health Visiting mandated reviews at transfer to the local authority in October 2015 were that the coverage of the mandated reviews should remain at least at the levels they were at transfer.

Table 2. Coverage of mandated HV reviews (Experimental statistics from PHE)

Mandated contacts	2015/16		Comments
	Q1	Q2	
Antenatal contact	204	145	Denominator not yet available for this indicator. This is the actual number of contacts. This should be around 1000 contacts per quarter.
New birth visit	76.7%	86.4%	This is the % of the cohort of births in that quarter who received a New Birth Visit by a HV. Historical coverage around 95%. Likely IT issue in BHC affecting data collation
6 week review	78.2%	97.1%	This is the % of mothers reviewed by a HV 6 weeks after the birth. This is extrapolated from other data and may be inaccurate. This is a new review and coverage may be expected to be quite low as new systems are set up.
12 month review	83.9%	73.6%	This is the % of children receiving their 1 year review before the age of 15 months. This is not a new review. Coverage seems low in quarter 2. More data is needed to see if this is an IT issue or if coverage is really dropping.
2.5 yr review	68.6%	70.6%	This is the % of children receiving an integrated 2.5 year review with education. 2.5 year reviews are not new but the integration with education is new.

3.16 It should be noted that most of these statistics have only been collected in this way since the first quarter of 2015/16 and several of the mandated reviews are new. These statistics are therefore published as “Experimental statistics” by Public Health England. In addition Bromley Healthcare has changed the data system for the entire organisation over the last year, which is affecting the accuracy of this data in the short term.

3.17 The outcome indicator which could be thought to most accurately reflect overall care and support to this age group is the Readiness for School indicator. This indicator measures the proportion of children with a good level of development at the end of reception year. This indicator is well above national averages both for all children and for those on free school meals. Other indicators which reflect the adequacy of care for this group include A&E attendances, hospital admission for injuries (one of the lowest rates in London), and tooth decay.

Indicator	Period	England	London	Bexley	Bromley	Havering	Sutton
School Readiness: The percentage of children achieving a good level of development at the end of reception	2013/14	60.4	62.2 G	72.9 G	67.2 G	65.5 G	59.6 A
School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2013/14	44.8	52.3 G	61.9 G	51.0 G	49.0 A	40.4 A
A&E attendances (0-4)	2013/14	525.6	675.3 A	577.0 A	576.1 A	628.1 A	674.7 A
Hospital admissions for accidental and deliberate injuries in children (aged 0-4 years)	2013/14	140.8	105.0 G	119.2 R	89.2 G	110.8 R	129.9 R
Tooth decay in children aged 5	2011/12	0.94	1.23 G	* G	0.52 G	0.54 G	0.8 A
Children with 1 or more decayed, missing, filled teeth	2011/12	27.9	32.9 G	* G	21.5 G	19.8 G	27.9 A

4.1 National Child Measurement Programme (NCMP)

4.2 This service is delivered by BHC and has a budget of £120,000.

4.3 Background

4.4 This mandated programme measures height and weight in reception year and year 6 in all children in Bromley in maintained schools and academies. The measurements are fed into a national NCMP programme. This programme also requires the local NCMP team to write to parents of the children measured.

4.5 Outcomes

4.6 The aim is to measure at least 85% of children in Year R and Year 6 in maintained or academy primary schools in Bromley. In the last year 91% of children were measured in Bromley.

5. POLICY IMPLICATIONS

5.1 The proposal set out in this report is consistent with current policy and is in line with the proposal for the Council's Public Health budget for 2016/7 and 2017/18.

6. FINANCIAL IMPLICATIONS

6.1 Expenditure on the Health visiting and NCMP is £3,574k annually. The proposed extension of this contract by six months to the 30th September 2017 will cost £1,787k. The budget for 2016/17 includes these amounts. The table below gives more detail:

Table 3

Contract	Annual Contract Value 2016-17 £'000
Health Visiting	3,454
NCMP	120
Total	3,574

- 6.2 It is expected that there will be efficiency savings through the tendering process due to synergies with other areas of the Council but it is difficult to quantify at present as the Health Visiting commissioning of this service has only recently transferred to the local authority.
- 6.3 However before any retendering of this service proceeds, detailed information needs to be gathered on the discretionary elements of this service so that Members can decide whether to continue to commission these elements in the future. Depending on the size and scale of the discretionary element there could be further savings available.
- 6.4 These services are funded by Public Health Grant which is a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

Table 4

	16/17 BUDGET £000	17/18 BUDGET £000
Grant income	-12,954	-12,954
Additional Health Visiting Grant	-3,802	-3,802
2015/16 in year grant reduction	919	919
Grant reductions announced	358	740
Total Grant	-15,479	-15,097

- 6.5 The 2016/17 Budget includes further losses on public health funding over the period 2016/17 to 2019/20. Recently announced grants reductions in the settlement show a loss of £358k in 2016/17 and an additional reduction in 2017/18 of £382k (cumulative £740k).

7. LEGAL IMPLICATIONS

- 7.1 Local Authority has a statutory responsibility to commission Health Visiting and NCMP under Health and Social Care Act 2012.

8 PROCUREMENT IMPLICATIONS

- 8.1 It is proposed to further explore integration of Health Visiting service into the Children and Family Centres to maximise the benefits from the skills of both teams and minimise duplication.
- 8.2 There are potentially overlapping services offered to vulnerable families by Health Visiting and Early Intervention services in the local authority. Work has started on identifying more effective and efficient ways for the two services to work closely together but more work is needed. Potential changes may be made by devolving some of the work currently done by highly

specialist Health Visitors to less senior members of the Health Visiting team or Children and Family Centre staff or others in the Early Intervention service. The impact of these potential changes needs to be carefully assessed before any changes are made. However such changes could potentially provide savings in the short and longer term.

- 8.3 This extension period will allow sufficient time for officers to fully consider appropriate models for service delivery

Table 5. Proposed Timetable for Tendering Process

April to September 2016	Service Model Developed National Specification Localised with Specific Local Metrics and KPIs
October 2016 to March 2017	Tendering process from advertisement to award contract
April to September 2017	Mobilisation
1 st October 2017	Commence new service

9. CUSTOMER PROFILE

- As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley.
- The live birth rate in Bromley has been rising since 2002, with the highest rates in Mottingham & Chislehurst North and Clock House wards. The number of births in Bromley has risen from 3500 in 2002, to over 4000 in 2012.
- The number of 0 to 4 year olds has gradually been increasing since 2006 and will peak in 2017 (21,196) but is projected to decrease to 21,016 by 2019 and then to 20,825 by 2024.
- At the latest count there were 96 under 5s on a Child Protection Plan and a growing number of Child In Need. These figures do not include those who have a CAF in place.
- As the NCMP is offered to all children in Bromley schools in reception and year 6, this service is offered to more than 4,000 children in each of these year groups as Bromley is a net importer of children into Bromley schools.

10. SERVICE PROFILE / DATA ANALYSIS

Mandated contacts	2015/16	
	Q1	Q2
Antenatal contact	204	145
New birth visit	76.7%	86.4%
6 week review	78.2%	97.1%
12 month review	83.9%	73.6%
2.5 yr review	68.6%	70.6%

- 10.1 This is a new data collection system. Bromley Healthcare have changed their IT systems in the last year and these figures should be interpreted with caution. It should be noted that before the change in data system BHC were one of the best providers in England for the coverage of this review, usually exceeding 95%.

There is no expectation that local areas will reach a specific target for these mandated contacts, only that service provision is maintained at a similar level to that before the transfer of commissioning of HV to local authorities in October 2015.

11. MARKET CONSIDERATIONS

- 11.1 It is likely that there will be only a small number of providers who will tender for the Health Visiting service. There are likely to be a number of potential providers for the NCMP service.

12. OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY

- 12.1 To be developed as part of joint work with Children Social Care. If this option is shown to be non-viable, it is proposed to tender for this service separately.

Non-Applicable Sections:	PERSONNEL IMPLICATIONS, STAKEHOLDER CONSULTATION
Background Documents: (Access via Contact Officer)	23 June 2015 Care Services PDS. "Transfer of Health Visitors to the Local Authority" CS15916 10 February 2016. Executive. Council's Proposal for the Public Health Budget 2016/17 and 2017-18.