Report No.
CS17019

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**EXECUTIVE**
	For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016
Date:	**Wednesday 13 July 2016**
Decision Type:	Non-Urgent Executive Key
Title:	**COMMISSIONING STRATEGY - HEALTH VISITING AND FAMILY NURSE PARTNERSHIP**
Contact Officer:	Dr Jenny Selway, Consultant in Public Health Medicine Tel: 020 8313 4769 Email: jenny.selway@bromley.gov.uk Rachel Dunley, Head of Early Intervention and Family Support
Chief Officer:	Dr Nada Lemic, Director of Public Health E-mail: Nada.Lemic@bromley.gov.uk Kay Weiss, Interim Director of Children's Services
Ward:	Borough-wide

1. Reason for report

1.1 The Council currently contracts with Bromley Healthcare (BHC) to deliver Health Visiting services through a joint Block Contract with Bromley Clinical Commissioning Group (CCG). The contract with the BHC is due to expire on 30 September 2017. The Council also contracts with Bromley Healthcare (BHC) to deliver the Family Nurse Partnership service through a joint contract with LB Bexley. This contract is due to expire on 31 March 2017.

1.2 This reports sets out the proposed arrangements for these services going forward once these contracts end in 2017 and provides an update on the work undertaken by officers in the last 3 months exploring options around integration with the Early Intervention and Family Support Service as outlined in the report to Executive in March 2016.

2. RECOMMENDATIONS

2.1. The Council's Executive is asked to:-

i) Agree the extension of the contract with Bromley Healthcare for the provision of the Family Nurse Partnership service for a period of 6 months expiring on 30 September 2017 at an estimated cost of £90,000 in order to align with the Health Visiting Service.

ii) Agree the Council tenders the Health Visiting and Family Nurse Partnership services as a single contract for 3 years to start from the 1st October 2017 at an estimated total value of £10,902k.

iii) Note the work undertaken by officers to identify future opportunities around integrating these services with the Early Intervention and Family Support service as set out in para 3.11 – 3.12 of this report and agree that this work continues as a priority to ensure that going forward the services are run as efficiently and effectively as possible.

Corporate Policy

1. Policy Status: Existing Policy:
2. BBB Priority: Children and Young People:

Financial

1. Cost of proposal: Estimated Cost: £3,634k p.a. (£10,902k over 3 years)
2. Ongoing costs: Recurring Cost: £3,634k
3. Budget head/performance centre: Public Health
4. Total current budget for this head: £15,479,000
5. Source of funding: Public Health Grant

Staff

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

Legal

1. Legal Requirement: Statutory Requirement:
2. Call-in: Applicable:

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 100,000 (population of 0-4 year olds and their families)

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

Current Contract Value

3.1 The 2016/17 budget for the service is £180k for Family Nurse Partnership and £3,454k for Health Visiting, as set out in the table below:-

Contract	2016/17 Budget £000	Contract period
Health Visiting	3,454	October 2015 to September 2017
Family Nurse Partnership	180	April 2014 to March 2017
Total	**3,634**	

This pays for 2.5 ftes Family Nurses, 51 ftes Health Visitors (including the Head of Service), and 14 ftes Health Visitor Support staff.

3.2 It is recommended that these contracts are combined with a single arrangement of £3,634k p.a. which should generate efficiencies going forward.

HEALTH VISITING

3.3 This service is currently delivered by Bromley Health Care and has an annual budget of £3,454,000.

3.4 This report follows a Gateway Review in March 2016 (CS16025) as a result of which the Executive agreed to extend the Health Visiting (HV) service to 30th September 2017 in order to explore integration with the Early Intervention and Family Support service (EI&FS) in the local authority. Executive agreed that taking forward integration between the Health Visiting service and the Early Intervention and Family Support service (EI&FS) is a priority.

3.5 Future procurement of the Health Visitor service should align with two principles:

- to focus on the mandated parts of service, and identify savings from delivering the service in a more efficient way
- to work towards closer integration with the Early Intervention and Family Support service

3.6 The Health Visitor budget of £3,454k p.a. is made up of mandatory and discretionary services split broadly 88% (£3,040k) mandatory and 12% (£414k) discretionary.

3.7 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 targeted and is a key role of the Health Visiting 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.” (Children Act 2004, Section 11) This part of the service will include attending case conferences and the targeted support they give to vulnerable families, including families where the child has complex needs or disabilities.

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

- information for parents about local early years services;
- some of the drop-in clinics and group sessions Health Visitors run, generally in Children and Family Centres.

3.8 Discussions are taking place with the current provider in order to gain detailed analysis of how much time is currently spent on these mandated elements, and what future requirements may be required in order to deliver the mandated checks in a safe service.

3.9 Some of the non-mandated services that were previously provided, such as baby clinics, have been reduced already in order to achieve improved coverage of the new mandated checks. Mandated checks are evidence based interventions that are an effective way of identifying problems at an early stage. They also build relationships with families at an important stage in their lives which is a key part of the safeguarding function.

3.10 The number of young children each Health Visitor is responsible for is another useful comparator. Lord Laming recommended in 2009 that the caseload of young children for each Health Visitor should be no more than 400 children. The current caseload in Bromley is 430 children aged 0-4 years per Health Visitor. This indicates that the current number of Health Visitors in Bromley is not excessive.

3.11 Work on integration between Health Visiting and the EI&FS has started with identification of the key functions performed by the Health Visiting service and the EI&FS. The initial work shows that there are opportunities to restructure services to achieve both improved services for families by eliminating duplication and the number of people involved with families which in turn will also generate efficiency savings in the longer term. It is important that this work is taken forward as a priority to allow the Council to gain the maximum efficiencies in these service areas. Any changes can be managed through the restructure of the Early Years and Family Support service or changes to the contract specification (either prior to contract award or via change control notice at a later stage).

3.12 It is clear from this initial work that several areas for integration can be progressed but In order to do this safely the Council needs to develop care pathways for common areas of risk or concern (e.g. parental mental health or substance misuse problems, domestic violence, health condition in the child). Each area of risk will need involvement of all stakeholders (not just Health Visiting and the EI&FS) in developing an integrated care pathway which will then be implemented and monitored to ensure key functions such as safeguarding are not adversely affected. This process can start very soon but will take at least two years to complete because each area of risk in turn will need a multi-agency group of stakeholders to develop and agree an appropriate pathway of care. This could potentially involve significant changes to be made for some services. As many of the same agencies will be involved in each pathway, implementing all the new care pathways at once may not be feasible or safe and their introduction will need to be staggered.

3.13 Health Visitors are a core part of the safeguarding function for young families. A local Serious Case Review in 2011 concerning chronic neglect noted that the Health Visitor was “the only professional to maintain a continuing relationship with the family”. Some of the functions of Health Visitors cannot be removed safely until there is a better understanding of their role in safeguarding issues.

Outcomes

3.14 The impact of the Health Visitor service has historically been measured by volume of activity and current performance is shown in the table below together with targets for year 1. 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.

Coverage of mandated HV reviews (Experimental statistics from PHE)

Mandated contacts	2015/16				Target	Comments
	Q1	Q2	Q3	Q4	2017/18	
Antenatal contact	204	145	122	233	250 per quarter Or 1000 pa	Denominator not yet available for this indicator. This is the actual number of contacts. This should be around 1000 contacts per quarter. This is a new review
New birth visit	77%	86%	94%	93%	93%	This is the % of the cohort of births in that quarter who received a New Birth Visit by a HV. This is not a new review
6 week review			47%	100%	60%	This is the % of mothers reviewed by a HV 6 weeks after the birth. This is a new review*.
12 month review	84%	74%	86%	88%	90%	This is the % of children receiving their 1 year review before the age of 15 months. This is not a new review.
2.5 yr review	69%	71%	52%	73	75%	This is the % of children receiving an integrated 2.5 year review with education. This review is new.

*The variability of this data is because data collection for this review is currently retrospective

3.15 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 the transfer date (October 2015) Quarter 3 above. If the evidence base supports the mandated checks it seems sensible to increase these to optimise the effectiveness of the Health Visiting service. Ultimately the target coverage should be at least 85% for each check. The checks which have been in place for some time (new birth and 12 month checks) are both achieving this target.

3.16 Some of the savings which have been achieved in local Health Visiting services by reducing the number of baby clinics have been taken up implementing the new mandated checks. This is likely to reduce any potential savings from integration in the short term.

3.17 Given that the inherited indicators focus on activity it is proposed that new outcome indicators be introduced for the Health Visitor service which would reflect important functions of the Health Visiting service in an integrated service. The table below sets out these new proposed indicators along with the rationale for each indicator.

Suggested performance indicators for Health Visiting services

Indicator	Current data	Target
Time between HV first contact and registration of family with a GP	Not yet available	2 weeks
Referrals by HV service into EI&FS	4-6 per month	35 (10% of cohort)
Data completeness on risk factors (Domestic Violence, parental mental health, substance misuse) and ASQ ? scores	Not yet available	95%

3.18 Health Visitors perform a very important function of ensuring they make contact with all families with a new baby and all families who move into the borough with a child under 5. This function is important as it ensures no family miss out on the health reviews, screening and support offered by the Health Visiting service. However this function has an even more important function of identifying new children in the borough and ensuring they are registered with other key services, such as Primary Care. This does not happen automatically (even when a mother registered with a GP has a baby), and the parent has to attend a local GP surgery and register the child separately there. As some of the health reviews and immunisations are delivered by Primary Care, it is important that HVs encourage families to complete registration with a local GP as soon as possible after seeing the Health Visitor. The GP is the core long term health service in the community. This service picks up problems which can then be treated early, and continues throughout childhood and beyond.

3.19 As part of the development of integrated care pathways between HV and EI&FS services, many more referrals from HV to EI&FS will be expected. For example, a mother with mild to moderate mental health problems who may have been managed just within health services in the past may also be referred to the local Children's Centre for support with underlying problems such as struggling with parenting and social isolation. This mother could benefit from parenting programmes and other offers within Children and Family Centres which would help with the underlying problems and aid recovery in a sustainable way. This is a key indicator of the success of the integration work

3.20 Another key role of the HV service in an integrated service will be their role in assessing health and social care risk, and recording those risk factors. This information will be invaluable not only for managing those risks in an integrated system for the individual, but also in maintaining oversight of the needs of the population and commissioning appropriate services. These risk factors include parental mental health or substance misuse problems and domestic violence as well as health concerns and the results of validated assessment tools such as the Ages and Stages Questionnaire (ASQ).

FAMILY NURSE PARTNERSHIP

3.21 This service is currently delivered by BHC and has a budget of £180,000 p.a. It is not a mandated service. This service is not part of the block contract with BHC. NHSE commissioned an FNP team to work jointly across Bromley and Bexley in April 2014 on a 3 year contract which then novated to the local authority, 50% to each borough, in October 2015.

3.22 Family Nurses provide intensive support to the most vulnerable mothers using evidence-based interventions. This is a licensed programme and supports the mothers from pregnancy until their child is 2 years old, when the care of the family passes to Health Visiting services. This service is based on good evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes

related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child, poor education outcomes and involvement of Children's Social Care.

3.23 Bromley currently has two Family Nurses (FNs) who provide support to 50 vulnerable mothers. The Bromley FNP programme is moving its focus from mother's age to broader vulnerability factors such as being a care leaver or known to Children's Social Care. This pressure on the service means that two Family Nurses is not enough.

3.24 Consideration has been given to the potential to integrate the FNP service with Health Visiting and the EI&FS. The licenced programme aspect of the FNP service needs to continue in order to benefit from the support of the national FNP programme. The HV service would benefit both from having such specialist expertise within their team and from having the most vulnerable clients managed by the FNs, leaving them free to focus their skills on other clients.

Outcomes

3.25 Family Nurse Partnership is a licensed programme with a strong evidence base. The significance of the licenced programme is that the better the fidelity of the delivery of the programme (the more the programme is delivered in the way that the evidence shows is effective), the higher the chance that the expected benefits will be seen. The FNP programme in Bromley has regular input on quality from a named lead in the national team who attends most of the local performance management meetings, and the FNP programme overall is overseen by the Department of Health. The targets are based on national FNP data.

Family Nurse Partnership Outcome Measures 2015/16

3.26

Metrics	Description	Target	Actual
Performance / KPIs	Take up of the offer of the programme by eligible young women	75%	76%
	Percent of babies of low birth weight (under 2500g) at term	4.6% (programme average)	7%
	Completion rate of all recommended immunisations at 6 months	90%-95%	94%
	Increase in registrations and attendance at Children's Centres	100% of participants in FNP to register for Children's Centre services	tbc

A recently published randomised controlled trial in the UK of FNP found evidence of better cognitive and language development in the baby, improved attachment between mother and baby, and fewer symptoms of depression in the mother.

The Future for Health Visiting and Family Nurse Partnership in Bromley

3.27 The focus on efficiency savings and integration is being taken forward by joint work between Public Health and the Head of the EI&FS identifying the optimum way to utilise the combined resources of the Health Visitor, FNP and EI&FS teams. Some areas of duplication have already been identified so it is important that the integration of these services is treated as a priority. A Commissioning Lead will need to be identified to take this forward and an update report will come back to Executive later on this year to identify potential options

4. PROCUREMENT IMPLICATIONS

4.1 Work has started on identifying the best way to integrate services between the Health Visiting service and the EI&FS. The two services are already co-located where possible and the potential for further synergies are being explored. At present FNP and Health Visiting are commissioned services and EIFS is an internally provided service.

4.2 **Option 1**

There is the option to tender for the Health Visitors and Family Nurse Partnership services, reconfigured in alignment with the two principles:

- to focus on the mandated parts of service, and identify savings from delivering the service in a more efficient way
- to work towards closer integration with the EI&FS by integrating FNP into the Health Visiting service and expanding the role of the Family Nurses to a wider group of vulnerable women.

This option would enable some integration of certain elements of the EI&FS and Health Visiting services. It would also include widening the remit of the Family Nurses to all vulnerable young mothers and work on care pathways to set out how integration can work better in future.

Tender for HV and FNP

Pro	**Con**
Some opportunities to deliver savings and a new model of delivery	Limits opportunities for future integration as services are tied up in contractual arrangements
Some opportunities to develop greater clarity of role and clear care pathways in place for key conditions	Limited opportunities for Council to realise efficiencies from a combined service
Some efficiencies from aligning key services for this age group using care pathways	
Some reduction in duplication between HV services and EI&FS	

4.3 **Option 2**

For the Council to tender Health Visiting and Family Nurse Partnership together with the EI&FS services. This option would enable much quicker integration of the EI&FS and Health Visiting services into a single “Early Help” service.

Tender Health Visitor, FNP and EI&FS together

Pro	**Con**
The integration of the HV service into a new integrated Early Years’ service offers the opportunity to completely restructure current services around identified needs and agreed care pathways.	Potential temporary safeguarding risks during system changes
This will lead to improved services for families, with greater clarity of role and clear care pathways in place for key conditions (e.g. Toxic trio ?, health conditions)	Insufficient time to complete this work as FNP and Health Visiting Contract cannot be extended after 2017.

Efficiency of aligning key services for this age group in terms of staffing, estates, governance arrangements	
Opportunity to maximise the use of the evidence base in providing Early Years services	
Opportunity to use Health Visitor and Family Nurse skills and experience to maximum efficiency within a multi-professional team including EI&FS staff, and with links to Educational Psychologists, and pre-school SEN staff.	
Alignment of services can extend beyond Health Visiting and EI&FS to include Early Years Education services, including SEN.	
Opportunity to develop systems of governance and accountability around integrated multi-professional services.	

4.4 Option 2 would not allow sufficient time for officers to scope and specify an integrated service, as this is likely to take at least a further year. There is also no scope to extend the existing contract for FNP and Health Visiting for a further period.

4.5 It is therefore proposed that the FPN and Health Visiting Service is tendered as a single contract as set out in **Option 1** above, but that officers continue to work in identifying what an integrated service would look like to deliver the maximum efficiencies in the longer term.

4.6 The timetable for procurement of Option 1 is shown below

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
1st October 2017	Commence new service

5. CUSTOMER PROFILE

5.1 As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley.

5.2 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.

5.3 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 (JSNA 2015).

5.4 In February 2016 HVs in Bromley were working with 166 safeguarding cases including 70 children subject to a Child Protection plan, 62 Child in Need, 53 children subject to a Common Assessment Framework, and 24 Looked After Children.

6. STAKEHOLDER CONSULTATION

6.1 In relation to the above proposals it is proposed to consult with relevant stakeholders in line with Council policy. This will need to be managed very carefully. The model of integration developed in Bromley and the opportunities it presents will need to take account of all stakeholder views throughout the process. This will require a range of consultation and involvement opportunities over the period of integration.

7. MARKET CONSIDERATIONS

7.1 Should Option 1 be approved, Commissioners and Procurement representatives will invite prospective tenderers to an information event to explain service requirements and the procurement process/timetable.

7.2 It is unlikely that tendering for a period of less than three years will attract interest from the market.

7.3 It is likely that tendering a wider range of services to include EI&FS will attract more interest from the market as the budget is likely to be larger and a wider group of providers, including providers with no background in providing health services, will already have expertise in at least some parts of the service., but due to timescales is not an option at this stage. However, officers will continue to work on integrating services wherever possible which can then be managed either through internal restructures or changes to the contract provision.

8. POLICY IMPLICATIONS

8.1 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 2017/18.

9. FINANCIAL IMPLICATIONS

9.1 The current budgets for the health visiting, family nurse partnership and early intervention services are £5,722k which is broken down in the table below:-

DESCRIPTION	BUDGET £'000
Health Visiting	3,454
Family Nurse Partnership	180
	3,634
Early Intervention Services	2,088
	5,722

9.2 As you can see from the table above a significant sum of money is spent in this area and integrating these services is likely to generate greatest efficiencies which is expected to be in the region of £180k - £200k.

9.3 Work has been completed on identifying details of the services provided by BHC and budgets attached to each element. In addition, benchmarking with other boroughs and nationally has been completed. This will enable development of an efficient service specification.

9.4 These Health Visiting and Family Nurse Partnership services are funded by Public Health Grant 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.

		16/17 BUDGET	17/18 BUDGET	VARIATION
		£000	£000	£000
	Grant income	-12,954	-12,954	0
	Additional Health Visiting Grant	-3,802	-3,802	0
	2015/16 in year grant reduction	919	919	0
	Grant reductions announced	358	740	382
	Total Grant	**-15,479**	**-15,097**	**382**

9.5 Any savings resulting from this will be used to mitigate any further grant reductions in public health funding

10. PERSONNEL IMPLICATIONS

10.1 There are no personnel implications arising from this report for LBB staff.

11. LEGAL IMPLICATIONS

11.1 **Statutory powers**

The report states at **paragraph 3.7** that the safeguarding part of the Health Visiting Service is a mandatory service pursuant to the Children Act 2004 section 11.

Under section 3 (1) (d) of the National Health Service Act 2006 as amended by section 13 of the Health and Social Care Act 2012 a clinical commissioning group must arrange for the reasonable provision of for the care of pregnant women, women who are breastfeeding and young children as the group considers are appropriate as part of the health service.

Under section 2B of the National Health Service Act 2006 as amended by section 12 of the Health and Social Care Act 2012 a local authority has the following obligations to improve public health:

a) providing information and advice;
b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
c) providing services or facilities for the prevention, diagnosis or treatment of illness;
d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
g) making available the services of any person or any facilities.

The Local Authority has a statutory responsibility to commission Health Visiting under the Health and Social Care Act 2012.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	CS15916 23 June 2015 Care Services PDS. "Transfer of Health Visitors to the Local Authority" CS 16002 10 February 2016. Executive. Council's Proposal for the Public Health Budget 2016/17 and 2017-18. CS16025 23 March 2016. Executive. Gateway Review of Health Visiting and National Child Measurement Programme