

Supporting Information and Impact Assessment

Proposal:	Public Health Nursing
Executive Lead:	Councillor Derek Mills
Director / Assistant Director:	Caroline Dimond

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Section 1: Background Information

1.	<p>What is the proposal / issue?</p> <p>It is proposed to reduce elements of the non-mandated public health nursing budget and redesign Health Visiting and School Nursing Services. However the service will continue to prioritise those most in need.</p> <p>It is proposed that there is a reduction in the children’s element of the public health budget of £255,000 in 2017/18 and a further £73,000 in 2018/19.</p> <p>The proposed budget for £2017/18 is £973,900.</p> <p>The proposal is comprised of:</p> <p><u>2017/18:</u></p> <ul style="list-style-type: none"> • Reduction of 3 Health Visitor posts • Reduction of 1 school staff nurse post. • The conversion of another 7 Health Visitor posts to Community Staff Nurse posts through enhancing current skill mix and ensuring a 70:30 split of skilled to unskilled staff. The community staff nurse posts would be part of the Health Visiting team and be able to deliver certain elements of health visiting work that have been allocated and delegated from the responsible Health Visitor. • Reduction of the Healthy Learning budget by 50% - £15,000 • Reduction in the Public Health contribution to Children’s Centres by £45,000 out of a current funding of £85,000 <p><u>2018/19:</u></p> <ul style="list-style-type: none"> • Reduction of 0.5 Health Visitor posts • Reduction of Healthy Learning budget by another £10,000 • Reduction of Public Health contribution to Children’s Centres by £40,000 reducing the total contribution from public health to nil.
2.	<p>What is the current situation?</p> <p>The children’s element of the Public Health budget is currently made up of a number of different services which are outlined below:</p> <p><u>Health Visitors:</u></p>

Health Visitors support families immediately after the birth of a child up until the age of 5 years old.

There are currently 54.14 Whole Time Equivalent (WTE) Health Visiting Posts.

There are currently no Community staff Nurse Posts.

The Health Visiting service is a universal service that leads and delivers the Healthy Child Programme (HCP), which is a mandated core duty of the Local Authority since transfer of Public Health duties. The mandated elements of this service are five reviews:

- Antenatal
- New Birth
- 6-8 weeks
- 1 year review
- 2.5 year review

An average Health Visitor caseload in Torbay is between 100-350 families dependent on deprivation and caseload is calculated on a national formula and guidance from regulatory bodies. The day to day the work of a health visitor will typically include:

- Prevention and promoting healthy behaviours to prevent future long term conditions
- Assessment and early identification of health and social needs
- Assessing and early identification of maternal mental health and attachment issues
- Assessing and early identification of 2 year olds & school readiness
- Providing ante-natal and post-natal support
- Supporting parents in bringing up their young children including early help
- Providing advice on feeding babies and children including breastfeeding and healthy weights
- Assessing child growth and development needs of babies and young children
- Identification and supporting of children with special needs
- Advising on behavioural management techniques
- Advising how to reduce risks and prevent accidents and reduce injuries
- Providing information on local services

Health visitors are the only service to universally to visit families' homes.

They will also provide an enhanced service for more vulnerable families to promote and maintain positive outcomes and to prevent families moving into the social care system.

School Nursing:

The school nurse service is a non-mandated universal service which also helps to deliver the Healthy Child Programme (HCP), which is a core duty of the Local Authority since transfer of Public Health duties.

School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people by assessment, early identification, support and advice. They work with families and young people from five to nineteen and are usually linked to a school or group of schools.

There are currently 5.85 WTE school staff nurse posts for 30 primary schools.

A school staff nurse in Torbay will have a caseload of 2-3 primary schools that they support. The day to day the work of a school nurse will typically include:

- Building resilience and improving emotional health and wellbeing
- Keeping children and young people safe, managing risk and reducing harm
- Maximising achievement and learning by support and advice
- Supporting additional health needs
- Transition and preparing for adulthood
- Carrying out health assessments
- Home visits to families in need
- Providing health education, advice, and signposting to other sources of information
- Providing immunisation clinics
- Advising and supporting schools with their public health agendas for example healthy eating advice, stop smoking programmes.

They also advise on common childhood conditions such as asthma, diabetes and eczema, working closely with general practitioners, health visitors and other health and social care staff. safeguarding and service coordination

Healthy Learning:

Health learning provides a support and signposting service that Public Health offer for schools, Early Year settings and further education settings to ensure that children are healthy and have the tools to ensure that they understand their own health and wellbeing. This is a non-mandated service.

Children's Centres:

Children's Centres aim to improve outcomes for young children and their families to reduce inequalities, particularly for those families in greatest need of support. The core purpose of children's Centres is to support families with:

- child development and school readiness
- parenting aspirations and parenting skills
- child and family health and life chances.

Children's Centres in Torbay are based within our most deprived communities. Currently Public Health contributes £85,000 to Torbay Children's Centres to support the delivery of universal and targeted services.

3.	<p>What options have been considered?</p> <p>The other options considered:</p> <ul style="list-style-type: none"> Reducing the budget of other non-mandated services such as the school nursing service completely. However, this would potentially mean that there would be no support, advice or early intervention from school nurses to school age children leading to a potential impact on education, Education, CAMHS, primary care, A&E and social care.
4.	<p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> Use reducing resources to best effect.
5.	<p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be affected by this proposal:</p> <ul style="list-style-type: none"> Pregnant mothers Families with children 0-19 Children's services including social care Children's Centres Early years settings, schools and further education settings GP's and primary care, acute health services, maternity services, Child Adolescent Mental Health Service (CAMHS), Clinical Commissioning Group, and substance misuse services
6.	<p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this proposal with service users and partners through a range of mechanisms.</p> <ul style="list-style-type: none"> Focus groups and Online consultations One-to-one surveys. Discussions with partner organisations and other key stakeholders
<p>Section 2: Expected Implications and Impact Assessment</p>	
7.	<p>What are the <u>expected</u> financial and legal implications?</p> <p>There is the potential that the reduction in these services will lead to a greater</p>

	<p>demand for other health services and children's services potentially resulting in additional cost pressures within these services.</p> <p>There could be a redundancy liability which will need to be addressed.</p>
<p>8.</p>	<p>What are the <u>expected</u> risks?</p> <p>The potential risks and impacts to each service are set out below:</p> <p><u>Health Visitors:</u></p> <p>The reduction in 3.5 health visiting posts and a conversion of a further 7 health visiting posts to community staff nurses could potentially the following impacts:</p> <ul style="list-style-type: none"> • It is expected that Health Visitors will undertake the first three of the mandated reviews (antenatal, new birth and 6-8 week). This may also mean that some reviews will not be able to take place in the home setting or they will have to be completed by another member of the team (community staff nurse). Whilst mandated reviews will continue in some form, the supporting follow up work could potentially be reduced meaning that some families could be escalated to statutory services. • Reduced ability for concerns to be identified as early as possible as Health Visitors may make less home visits and only have contact with families for mandatory checks. They are the only service universally to visit families' homes • Reduced capacity to offer enhanced service to more vulnerable families, which could potentially mean they enter the social care system or are at risk of poorer outcomes. • Potential that a reduced capacity to promote of immunisations could lead to a reduction in the take up of immunisations as health visitors may not be seeing families so often. • Potential that there is a reduced capacity to support families already in the social care system i.e. where it is agreed health visiting support could improve outcomes and reduce the length of time a child is subject to a child protection plan. • There is a national shortage of qualified staff nurses and therefore there is the potential that the proposal to covert health visiting posts to community staff nurses may not be implemented within the required time frame of 12 months. <p>It should be noted that those in most need or considered most vulnerable will continue to be prioritised.</p> <p><u>School Nursing:</u></p> <p>The reduction in school nurse service could potentially lead to:</p> <ul style="list-style-type: none"> • Reduced capacity ability for school nurses to offer support and advice to primary schools. • Increased caseload for remaining school nurses potentially resulting in a reduced service to schools and pupils. • Potential that there is reduced capacity to support vulnerable pupils in

	<p>primary schools leading to a potential increase in CAMHS / social care referrals / caseload.</p> <ul style="list-style-type: none"> • There may an impact on secondary schools as school nurses in these settings may be required at times to undertake work with vulnerable pupils in primary schools. • New primary schools may not have a named school nurse service and will potentially receive a reduced service. <p>Both Health Visiting and school nursing work with parents, children and young people with emotional health issues and therefore a reduction in the service will potentially impact on the ability to support families and children to prevent an escalation of problems requiring more specialist support</p> <p><u>Healthy Learning:</u></p> <ul style="list-style-type: none"> • Reduced support and signposting for schools, Early Year settings and Further Education to ensure that children are healthy and have the tools to ensure that they understand their own health and wellbeing. <p><u>Children’s Centres:</u></p> <ul style="list-style-type: none"> • There is the potential impact that the reduction in the Public Health contribution to nil over 2 years may mean that Children’s Centres have to review their services and may stop offering some universal and / or targeted services to vulnerable families. • Any change in Children’s Centre services may potentially impact on the demand for other services such as social care services.
<p>9.</p>	<p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report</p>
<p>10.</p>	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency. (Appendix 1).</p> <p>There is a national formal review of Health Visiting mandation that was due for publication this Autumn. To date still waiting the publication and no firm knowledge of the content and recommendations of the report are known at this stage.</p> <p>A review of Public Health England and Local Government Association guidance on transference of commissioning responsibilities to the Local Authority.</p> <p>A review of research on skill mix ratios to ensure that an optimum and safe service is delivered.</p>

A review of the rationale for the Health Visiting service (both mandated and non-mandated) and the role that Health Visiting and Children’s Centres currently undertake, including:

- The *1001 Critical Days* report that highlights the importance of intervening early in the 1001 critical days between conception to age 2, to enhance the outcomes for children.
- The Chief Medical Officer’s Annual Report 2012 *Our Children Deserve Better: Prevention Pays* which evidences that events that occur as a foetus and in early life play a fundamental part in later life, and indeed in the lives of future generations. The report also states that there is an expected 6-10% annual expected rate of return on investment to be achieved by investing in interventions early in life.
- Unicef’s 2012 report ‘Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK’ discusses the economic benefit of increasing breastfeeding rates - something health visitors are key in supporting mothers.
- Social return on investment studies show that investing £1 in maternal mental health gives a return of between £1.37 to £9.20.

Nationally it is recognised that outcomes for families with children under the care of the substance misuse service in Torbay are better than the national average (Diagnostic Outcomes Monitoring Executive Summary, PHE, Q4)

11. What are key findings from the consultation you have carried out?

Combined feedback from the general budget questionnaire and the public health specific questionnaire is shown below:

Do you support this proposal?	Number	Percent
Yes	237	48.5%
No	223	45.6%
No answer	29	5.9%
Total	489	100.0%

The public health specific consultation also identified that:

- 47 (65.3%) people/organisations responding would not be affected by the proposal
- 21 (29.2%) people/organisations responding would be affected by the proposal
- 4 (5.6%) people did not respond to whether they would be affected by the proposal

	<p>There were three main themes from the consultation feedback:</p> <p>1. The importance of prevention and visibility The reduction would impact on the number of home visits for children aged 0-2 year and making them less visible. This could increase the risk of harm to children (especially around safeguarding), failure to identify maternal mental health concerns at an early stage therefore increasing costs to mental health services and reducing identification of risk of domestic violence. If it is a non-universal service then things may be missed support and advice.</p> <p>2. Impact on service users Reductions in school nursing will make them less visible and reduce opportunities for young people to access them. Professionals have raised the point that reductions will impact on individual service users and wider population e.g. increasing unplanned pregnancy. A comment was made that the proposals will impact on future generations and increasing cost to the Government and that we should invest our children.</p> <p>3. Impact on local authority and partners Concern is raised on the impact of reducing specialist posts on the generic school nursing workforce and that this could affect performance. Concern regarding the impact on a small team and an increase in workload which could impair the ability of staff to meet statutory functions. The reductions will have an adverse impact on partnership working with children’s services and children centres.</p> <p>General comments were made on the public health proposals overall:</p> <ul style="list-style-type: none"> • It will damage the progress made on a ‘joined up’ approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care. • It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust. • A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant. • Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. • A statement was made that Torbay should look to understand how other local authority area which border Torbay are able to deliver services ‘smoothly’ without the same issues as Torbay.
<p>12.</p>	<p>Amendments to Proposal / Mitigating Actions</p> <p>None</p>

Equality Impacts

13	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	<p>The most vulnerable young people, including teenage parents, will continue to be targeted under the principal of proportionate universalism – where everyone will receive a service but will receive a slightly different service dependent on individual need.</p>	<p>Young people who are not easily identifiable as vulnerable could receive either no service or a reduced service. The young person will have to identify themselves to the school nursing service.</p> <p>There will be a reliance on young people having the confidence and articulation to identify themselves to the school nursing service which may mean less are able to do so. The school nursing service will need to be visible and actively promote themselves so that young people know how to access them but may not have the capacity to ensure that this happens.</p> <p>There will be reduced resources available for supporting schools with PSHE.</p>	

		<p>To mitigate this, schools will be directed to local and national online resources.</p> <p>Teenage parents could be disproportionately affected due to the proposed reductions in both health visiting and Children’s Centres. Research shows that teenage parents are least likely to access support due to concerns over judgements being made by older parents. Specific teenage services will now be part of the generic workforce.</p> <p>To mitigate this, teenage parents will need to be part of the targeted population.</p>	
<p>People with caring Responsibilities</p>	<p>Young carers will continue to be targeted.</p>	<p>Young carers may not be so easily identified by the school nurse service as often young carers do not recognise this role within themselves.</p> <p>To mitigate this, the school nursing service will need to be visible and actively promote themselves so that young carers know how to access them but may not have the capacity to ensure that this happens.</p>	

<p>People with a disability</p>	<p>Children and young people with an Education Health Plan will continue to be targeted.</p> <p>Parents with an identifiable disability will continue to be targeted on need.</p>	<p>There may be a delay in School Nursing input to Educational Health Care Plans due to capacity. This may delay needs and interventions being implemented.</p> <p>Health plans for children and young people with health conditions such as asthma may be delayed due to capacity issues.</p> <p>To mitigate this, the school nursing service will need to prioritise children with special needs.</p> <p>Schools may not have up-to-date health information on children and young people due to school nurses having to cover more schools with a reduced workforce.</p> <p>Training for school staff on conditions and treatment e.g. Epipen pen training for allergies may be delayed due to capacity.</p> <p>To mitigate this, schools will need to negotiate and access required support from other health professionals e.g.</p>	
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		<p>practice nurses. There may be a cost to this alternative provision.</p> <p>Parents whose disability is not easily identifiable or becomes apparent in-between mandatory reviews may not be targeted in the most appropriate way to meet their needs</p> <p>To mitigate this Health Visitors and schools nurses will need to actively promote their services to all parents and children but may not have the capacity to ensure that this happens.</p>	
Women or men	Health visitors and school nurses will continue to work with both mothers and fathers on a targeted basis.	<p>Research shows that men are least likely to be actively engaged in accessing health services. The reduction of capacity in both health visiting, Children's Centres and school nursing will mean a reduced ability by the services to seek out and engage men.</p> <p>In mitigation the services should actively promote means for men to source health and parenting information.</p> <p>There will be fewer</p>	

		<p>opportunities through universal visiting and groups to identify mothers and fathers that are socially isolated.</p> <p>In mitigation the services should actively promote opportunities for parents to become engaged but may not have the capacity to ensure that this happens.</p>	
<p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>Health visitors and school nurses will continue to work with people who are black and from a minority ethnic background (BME).</p> <p>Health visitors and school nurses will continue to target work on identifying health needs with Gypsy/Roma populations as appropriate.</p>	<p>Language and cultural barriers and lack of knowledge of an unknown system can inhibit people who are black and from a minority ethnic background (BME) from accessing health services. The opportunity for health visitors and schools nurses to actively seek and target this population may be limited due to reduction of resources.</p> <p>In mitigation health visitors and school nurses should actively promote their services in all forms that people from a different culture or with a different language can interact with.</p>	
<p>Religion or belief (including lack of belief)</p>	<p>No differential impact</p>		

People who are lesbian, gay or bisexual	No differential impact		
People who are transgendered	No differential impact		
People who are in a marriage or civil partnership	No differential impact		
Women who are pregnant / on maternity leave	Pregnant women will continue to receive the mandated review at 28 weeks	<p>The delivery of the 28 week review may be delivered differently, for example in a clinic rather than home, to women who have not been identified as requiring to be targeted.</p> <p>In mitigation pregnant women already identified by the midwife as having extra needs will be targeted by the health visiting service.</p>	
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Families, children and young people will continue to be targeted based on socio-economic needs e.g. deprivation, child poverty etc. This will mean that those most in need will receive a greater part of the service.	<p>The ability for health visitors, Children's Centres and school nurses to identify need based on social economic needs could be reduced due to capacity issues and mandated reviews being undertaken in a clinic situation rather than a home environment.</p> <p>Research shows that people</p>	

		<p>from deprived communities are less likely to access support due to a number of reasons including costs to do so and other issues taking priority.</p> <p>In mitigation health visitors and school nurses will target services based on a robust Family Health Needs Assessment that should be able to identify socio-economic issues, though these are only undertaken at the start of the service engagement and if it is known that circumstances have changed. Therefore for some families who do not seek out the service their needs might not be identified.</p>	
<p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p>	<p>Families, children and young people will continue to have their health needs met in a targeted approach meaning that those most in need will receive a greater part of the service.</p>	<p>The general health of the population of parents, children and young people could be affected by the reduced capacity of health visiting and school nursing not being able to identify those most in need and not being able to deliver health promotion interventions.</p> <p>In mitigation families, children and young people will be signposted to online support and advice.</p>	

14	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	The proposed reduction in youth services and other reductions in Children’s Services. The proposed reduction in sexual health services specifically aimed at young people, for example outreach team and young people clinics.
15	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing.