

## DRAFT - Supporting Information and Impact Assessment

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

Version:	1	Date:	October 2016	Author:	Sue Matthews/Jude Pinder
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### Section 1: Background Information

1.	<p><b>What is the proposal / issue?</b></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"> <li>• Reduction of 3 Health Visitor posts</li> <li>• Reduction of 1 school staff nurse post.</li> <li>• 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.</li> <li>• Reduction of the Healthy Learning budget by 50% - £15,000</li> <li>• Reduction in the Public Health contribution to Children's Centres by £45,000 out of a current funding of £85,000</li> </ul> <p><u>2018/19:</u></p> <ul style="list-style-type: none"> <li>• Reduction of 0.5 Health Visitor posts</li> <li>• Reduction of Healthy Learning budget by another £10,000</li> <li>• Reduction of Public Health contribution to Children's Centres by £40,000 reducing the total contribution from public health to nil.</li> </ul>
2.	<p><b>What is the current situation?</b></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> <p>Health Visitors support families immediately after the birth of a child up until the</p>

age of 5 years old.

There are currently 54.14 Whole Time Equivalents (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.**

**What options have been considered?**

The other options considered:

- 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><b>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</b></p> <p>This proposal supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> <li>• Use reducing resources to best effect.</li> </ul>
5.	<p><b>Who will be affected by this proposal and who do you need to consult with?</b></p> <p>There is the potential for the following to be affected by this proposal:</p> <ul style="list-style-type: none"> <li>• Pregnant mothers</li> <li>• Families with children 0-19</li> <li>• Children's services including social care</li> <li>• Children's Centres</li> <li>• Early years settings, schools and further education settings</li> <li>• GP's and primary care, acute health services, maternity services, Child Adolescent Mental Health Service (CAMHS), Clinical Commissioning Group, and substance misuse services</li> <li>•</li> </ul>
6.	<p><b>How will you propose to consult?</b></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"> <li>• Focus groups and</li> <li>• Online consultations</li> <li>• One-to-one surveys.</li> <li>• Discussions with partner organisations and other key stakeholders</li> </ul>
<p><b>Section 2: Expected Implications and Impact Assessment</b> (These sections will be updated and expanded following the consultation period.)</p>	
7.	<p><b>What are the <u>expected</u> financial and legal implications?</b></p> <p>There is the potential that the reduction in these services will lead to a greater 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>
8.	<p><b>What are the <u>expected</u> risks?</b></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</p>

visiting posts to community staff nurses could potentially the following impacts:

- 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.

It should be noted that those in most need or considered most vulnerable will continue to be prioritised.

#### School Nursing:

The reduction in school nurse service could potentially lead to:

- 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 primary schools leading to a potential increase in CAMHS / social care referrals / caseload.
- 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.

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

Healthy Learning:

- 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.

Children's Centres:

- 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.