



Public Health Commissioning for Children 0-5 years in Wirral 2013/14

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Background

NHS England is responsible for improving health outcomes for young children and their families through the direct commissioning of public health services for children 0-5 years, specifically the Health Visiting (HV) service and Family Nurse Partnership (FNP) programmes.

This emphasis on effective programmes of prevention during a child's early years is based on evidence of the importance of brain and physical development during pregnancy and the first two years of life to a wide range of outcomes across the life course. The delivery of evidence based interventions both universally and through the targeting of groups at risk of poor outcomes (e.g. the children of teenage parents) can significantly improve outcomes and reduce costs to services across a wide range of domains in the medium to long term.

This may be achieved by delivering the Healthy Child Programme (HCP) (DH 2009) of screening, immunisation and health and development assessment/reviews from early in pregnancy until the child is 4 years old. Children identified as being at risk of poor outcomes by the screening/assessment process will receive additional packages of intervention individually tailored to meet their needs. Health Visitors and their teams will lead the delivery of the HCP, with other services (e.g. Midwives, GPs, Family Nurses) delivering elements of the programme as part of a seamless pathway.

The Family Nurse Partnership programme is a licensed intensive preventive programme with fidelity measures to ensure replication of original research (developed over 30 years in the US) starting early in pregnancy and continuing until child is aged 2 years. It benefits children and families who have the poorest outcomes i.e. mothers with low psychological resources

A structured, intensive home visiting programme delivered by Family Nurses with a high degree of intensity, depth and skill improves pregnancy outcomes, child health and development, future school readiness/achievement and parents' economic self-sufficiency. The target population is vulnerable first time teenage parents. The Family Nurses deliver the HCP to their clients until the child is 2 years old.

Both of these services have been identified as a high priority for politicians and DH since 2010; NHS England Area Teams are required to ensure the implementation of the National Health Visiting Development Plan 2013 -15 and to develop local Family Nurse Partnership Programmes where local population needs were identified:

“Develop effective health visiting services, with sufficient capacity to deliver the new service model set out in the ‘Health Visitor Implementation Plan 2011-2015 – A Call to Action’ to deliver the Healthy Child Programme, provide greater support to families and develop local community capacity in support of children and families, working closely with Sure Start Children’s Centres and other local services. The government is committed to developing an expanded and stronger health visiting service as a key element of improving support to children and families at the start of life. This will entail ending the decline in workforce numbers, beginning to increase posts, workforce numbers and training capacity in the short term, and increasing the overall numbers of health visitors by 4,200 by April 2015”
and

“Improve outcomes for the most vulnerable first time teenage mothers and their children by maintaining existing delivery Family Nurse Partnerships alongside planning for an expanded service in appropriate areas”

*NHS Operating Framework
2011/12*

Local targets for HV workforce expansion have been set for each area, and a nationally mandated service specification based on LA residency with detailed reporting requirements is being implemented by providers from April 2013.

The responsibility for commissioning both these programmes will be transferred to local authorities from April 2015.

Increasing the Numbers of Health Visitors and FNP Capacity

Health Visiting: local workforce expansion targets were set by NHS NW in 2010 using a baseline of the then current workforce levels and an analysis of population needs. These trajectories have been updated and revised using the latest demographic information, CWW targets are:

- 231 WTE qualified health visitors engaged in the delivery of the Healthy Child Programme in CWW in April 2013, (Wirral 76)
- 257 WTE by March 2014 (Wirral 79.5), and
- 274 WTE by March 2015 (Wirral 84.8).

There appear to be no concerns regarding the ability of Wirral Community Trust (Wirral’s provider) to recruit qualified health visitors; indeed it appears to be an employer of choice for newly qualified health visitors. Nationally, the FNP will expand to provide 16,000 places for young women and their families by 2015. Wirral currently provides 170 places. There is no separate or ring fenced budget for FNP. The relatively high costs of delivering the programme make an analysis of the

variation in efficiency of the individual programmes and consideration of the proportion of the overall budget targeted on a specific group a priority.

Transforming Local Service Delivery

Wirral Community NHS Trust delivers the health visiting and FNP services across the Wirral LA area.

The service has undergone a period of investment and transformation 2009 -13 including being a first wave 'Early Implementer' site for the HV Development Plan in 2011/12. This is reflected in the service development and improvement plan which indicates almost all components of the service model are being delivered, with the 'reach' of the service in delivering the universal offer consistently well over 90%.

Resources are aligned to population needs and integration/partnership working with the LA is good at an operational level; the service are currently reviewing their team structure and skill mix with a view to aligning with the new LA locality structure based on constituency boundaries, and moving to a service with a greater proportion of qualified health visitors in the teams.

Wirral has an FNP programme in place since 2009; the team has been expanded over time from 3.6 wte Family Nurses to 6.6 plus Supervisor. The programme has been consistently judged to be performing at a 'good' level by the National FNP team; despite a fall in teenage conception rates the team currently reach less than 30% of the eligible population.

Ensuring the Safe Delivery of Sustainable Services

In order to ensure the equitable funding of services across CWW and the delivery of a sustainable service to LA commissioning in 2015, a review of population size and need was undertaken using the model developed by Professor Sarah Cowley and Dr Christine Bidmead (2009) which is the tool used by NHS NW when carrying out the initial assessment of need for numbers of health visitors in 2010. This is based on an analysis of the time taken to deliver the Healthy Child Programme to specific population groups, resulting in recommendations as to optimum caseload size for health visitors for populations with differing levels of need. For Wirral this is a total (including FNP) of 30.95% of the total budget for CWW.

The Area Team are working with Wirral Community Trust to work towards an alignment of the service costs with the funding allocation.

**Health Visiting/FNP will contribute to improvements in the following
Public Health Outcomes**

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| Health Improvement | Breastfeeding initiation |
| | Babies being totally or partially breastfed at 6-8 weeks |
| Public health functions to be exercised by the NHS Commissioning Board | Child development at 2-2½ years |
| | Obesity prevalence in Reception year children |
| | Hospital admissions due to injury (0-4 years) |
| | Access to non-cancer screening programmes |
| Health Protection | MMR immunisation (by age 2 years) |
| Healthcare public health and preventing premature mortality | Infant mortality |
| | Mean dmft (decayed, missing or filled teeth) in 5 year old children |
| Improving the wider determinants of health | Children achieving a good level of development at Early Years Foundation Stage |
| Others from Health Outcomes framework | Smoking at time of delivery |
| | Children aged under 16 years living in poverty |
| | Teenage mothers (aged under 18 years) |
| | Teenage conceptions (aged under 18 years) |
| | Low birth weight in term babies |
| | Emergency hospital admissions for lower respiratory tract infections (0-4 years) |
| | Hospital admissions for gastroenteritis (0-4 years) |
| | Emergency hospital admissions for asthma (0-18 years) |
| | Emergency hospital admissions for diabetes (0-18 years) |
| | Emergency hospital admissions for epilepsy (0-18 years) |