

0-19 Healthy Child Programme

**Summary of feedback from final
consultation on Proposal and
Integrated Impact Assessment
July 2016**



INTRODUCTION

This document provides a summary of the main themes raised as part of the final consultation on the Council's proposed commissioning plans for an integrated 0-19 Healthy Child Programme.

Consultation on our proposed commissioning plans has now closed.

However, to ensure that we have accurately recorded all feedback received, we would ask all stakeholders who participated in the consultation process to review the feedback set out in this document. Please contact Heather Davidson at heather.davidson@newcastle.gov.uk by Tuesday 9 August with any amendments or feedback which you feel hasn't been reflected in this summary.

BACKGROUND

During May and June 2016, the Council undertook a review of current 0-19 Healthy Child Programme provision which included:

- **A full health needs assessment** which:
 - summarises national guidance and best practice relating to the 0-19 healthy child programme;
 - provides an overview of socio-demographics and population of Newcastle.
 - describes the current provision of 0-19 health services, assessing service performance and service delivery, identifying any gaps between 0-19 health needs and service provision.

A copy of the health needs assessment is attached alongside this document.

- **Initial consultation** with a range of stakeholders which ran from 23 May to 17 June 2016 on current provision and opportunities for the delivery of an integrated 0-19 Healthy Child Programme service, which included:
 - a consultation page on Let's Talk with questionnaires for professionals (34), parents/carers (226), and children and young people (226). The project team worked closely with colleagues in Education, to promote the consultation through schools, the Youth Council to promote the consultation with young people, and Early Years and Family Support Services to promote the consultation to parents and carers.
 - 3 workshops for practitioners and professionals (145)
 - 1 workshop for parents, carers and professionals (18)
 - 1 workshop for children and young people (15).

Over 650 service users, parents/carers and professionals engaged with us as part of the review, conducted face to face and through surveys during May and June 2016.

A copy of the feedback from this initial consultation is attached alongside this document.

FINAL CONSULTATION

Following completion of the needs assessment and initial consultation, in July 2016 the Council published its final proposed commissioning intentions (“Proposal and Integrated Impact Assessment”) for an integrated 0-19 healthy child programme.

The “Proposal and Integrated Impact Assessment” was published for consultation on 14 July 2016 and consultation closed on 28 July 2016.

A copy of the “Proposal and Integrated Impact Assessment” document is attached alongside this document.

The Council also made available a summary of the feedback from the initial consultation and the final health needs assessment during this period.

All of the documents were published on the Let’s Talk Website and comments were also invited from anyone who had previously registered an interest or who had contributed to the initial consultation stage. Comment was also requested via email.

Feedback Event

During the final consultation period, a feedback drop in event took place on 22 July 2016. This provided an opportunity for a wide range of providers and stakeholders to come along and look at the proposals and give their views and feedback. Attendees were also asked to think about how Social Value could be incorporated into the model.

The event included opportunities for discussion and attendees were also encouraged to record their comments on table top sheets which were collected at the end of the day.

A copy of the presentation delivered at the event is attached alongside this document.

In total **25 people** attended this event. This included staff from the main Provider of the current clinical service, along with representatives from Voluntary and Community Sector organisations.

In addition to feedback received on the day, the Council received written feedback from 4 stakeholders via email.

SUMMARY OF FEEDBACK FROM THE FINAL CONSULTATION

Feedback received as part of the final consultation is presented below, along with additional clarification from the Council where appropriate.

The feedback centred around 6 key areas:

Proposed structure of the 0-19 Health Child Programme service

- Further information would be welcomed on the detailed requirements for the 0-19 Healthy Child Programme service – what it would look like and who would be responsible for delivering specific elements.

Council response: We will use the feedback received from the consultation (along with the health needs assessment, national and local evidence, best practice and mandatory requirements) to inform the development of a detailed service specification for the integrated service. This will be published as part of any future competitive tender process.

- Particular interest was raised over what the management and staffing structure for the integrated service would be.

Council response: We are looking at how the service may be structured as part of the final specification development. As part of the Evaluation process we will be looking at how providers can demonstrate how they can fulfil our requirements regarding structure.

Alignment with Community Family Hub geographies and co-location

- A number of comments were received which supported alignment with the Community Family Hub geographies, and also support for exploration of co-location opportunities with the Community Family Hub delivery partners, and other partners.
- In considering co-location opportunities, some specific comments were received in relation to:
 - confidentiality, clinical governance arrangements and also potential confusion over roles and responsibilities between staff delivering the 0-19 Healthy Child Programme and partner staff.
 - the nature and type of services that the 0-19 Healthy Child Programme service may be co-located with, and specifically, any issues or barriers which could potentially deter people from accessing the service.

- Co-location may lead to increased travel time across the city which would be to the detriment of the service.

Council response: We will be looking for a commitment to build on the existing co-location arrangements and explore further opportunities to enhance delivery where appropriate. We will take on board the concerns raised around confidentiality and governance and raising barriers to accessing services.

Staff training

- Mental health training needed to be addressed within the service specification as there was currently a gap in this area.
- It was also highlighted that the necessary skills for the differing posts within the 0-19 service (Health Visitor & School Nurse) were different. A specific comment was received as to whether there would be additional training available to address this.
- The roles of CPT (Community Practice Teacher) were specifically raised and the question asked if whether this role should be standardised across the service to equip all CPTs to be more adaptable. Links with the NMC/Revalidation Structure for appraisals and supervision were also raised.

Council Response: We will address the issue of training through the service specification and will work with the successful provider to ensure that all staff receive the appropriate training and support

Concept of an integrated service & service delivery

- Comments received about what the term “integrated service” actually meant for service delivery and how this would be received in the community. It was acknowledged that there was a high degree of community confidence and understanding of Health Visiting and had there been any thought to how a different “brand” would be communicated.

Council response: Within the integrated service the roles of the specialist public health nurses (health visitor and school nurse) will continue. However it will be important that the successful provider works with us to ensure that roles and responsibilities are clearly communicated and that for families the service is viewed as one and not as separate services.

- Comments were received as to what the working day would look like and if there would be changes to service “Opening Hours” and if there would be a Saturday morning option which it was felt that parents would welcome.
- Comments were expressed over any plans to remove the 3-4 month developmental assessment as this was considered very valuable in relation to post-natal depression and breastfeeding.

Council response: The option of flexible working hours to meet the needs of children and families will be included within the service specification. This will be negotiated with the provider and will be dependent on need.

It is our intention to maintain the 3 to 4 month contact and we will incorporate this into the service specification and work with the successful provider on how to ensure delivery of this contact.

- Concern that Families with children with additional needs are not being recognised as high impact area and also whether any of the Specialist Health Visitor roles would still be included in the service. Further comments highlighted that the roles of Specialist Health Visitors were central in highlighting issues such as Domestic Violence.

Council response: It is intended to continue the roles of Specialist Health Visitor. This will be detailed in the Service Specification as part of the structure of the service.

In relation to the service offer to families with additional needs this will be included as part of the service delivery model for as it sits within the Health Child programme (Universal Partnership Plus) and will be a requirement within the service specification.

Timescales

- Comments were raised as to **Timescales** and if a timetable would be made available.

Council response: We anticipate publishing this tender opportunity in early September with a view to completing the process and having a contract start date of early 2017.

Family Nurse Partnership and Vulnerable Parent Pathway

- In relation to **Family Nurse Partnership** comments were expressed over who would deliver the vulnerable pathway.
- Comment was also expressed over the significant levels of investment in the FNP Nurses and whether their skills and knowledge would be lost.
- Comment was also expressed over the decision to decommission this service based on national research which was now considered outdated. It was also felt that the Newcastle FNP had not had adequate time to demonstrate its effectiveness and real value.
- An opportunity for joint working around this could come through the Early Help and Supporting Families offer from the Community Family Hub.

Council Response: Careful consideration has been given to Family Nurse Partnership and Vulnerable Parent Pathways in the development of the final proposal. The Family Nurse Partnership programme is currently subject to national review and the outcomes of this review will not be known within the timescales of our proposal. We will however closely monitor the national results.

Social Value

- In relation to social value it was felt that this opportunity could and should offer training and apprenticeship opportunities for residents of the City.
- It was also felt that where possible administration, could be conducted in a paperless way thus having a positive environmental impact.
- Planning visits in cars could also be done in a more environmentally friendly way.

Council Response : We will ensure that Social Value is a consideration as part of the tender process so that Providers will be able to demonstrate how they will achieve this