

## TRIGGER TEMPLATE – Children’s Public Health services Health Visiting and School Nursing

<b>NHS Trust or body &amp; lead officer contacts:</b>	<b>Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:</b>
<p><b>Guy’s and St Thomas’ NHS Foundation Trust</b></p> <p>Barbara Hills, General Manager, Community Children’s Services, Evelina London, GST NHS FT</p>	<p><b>Southwark Council and NHS Southwark Clinical Commissioning Group (CCG)</b> (contract through Section 75 Agreement with NHS Southwark CCG)</p> <p>Dick Frak Interim Director of Commissioning Children’s and Adults’ Services Southwark Council Commissioning lead for Southwark Council (lead funder).</p> <p>Dr Abdu Mohiddin and Dr Kirsten Watters Consultants in Public Health, Lambeth and Southwark Public Health Team Public Health analysis of impact.</p> <p>Caroline Gilmartin Director of Integrated Commissioning NHS Southwark CCG (Lead commissioner in partnership commissioning arrangements through Section 75 Agreement).</p>

Trigger	Please comment as applicable
<b>1 Reasons for the change &amp; scale of change</b>	
<p>What change is being proposed?</p>	<p>The change is proposed in the light of a reduction in the Public Health Grant. This reduces the funding available to deliver services at previous levels of activity. These services are mainly related Health Visiting and School Nursing Services for the Borough.</p> <p>Guy’s and St Thomas’s NHS FT (GSTT) are the provider of these services and will continue to deliver the core services. The delivery of the Universal Health Visiting service, the Core School Nursing offer and working with families who have higher needs or who are subject to a child protection plan will remain priorities.</p> <p>So that GSTT can continue to deliver the core service, they will manage the reduction in funding through: -Reconfiguration and redesign of some activities; -Reduction in the number of staff.</p> <p>Reduction in the staff establishment. This will require an increase to the caseloads of Health Visitors and School Nurses, which may have an impact on their contribution to</p>

	<p>the delivery of the Healthy Child Programme. This will be kept under review and taken into account through work on service redesign.</p> <p>GSTT advise that the reduction in funding will mean an average caseload of 6 Southwark schools for each School Nurse. An audit in 2015 showed a similar case load level.</p> <p>GSTT will continue to use the GP Index of Multiple Deprivation (IMD) as a guide to allocate caseloads for Health Visitors.</p>															
<p>Why is this being proposed?</p>	<p>A reduction in funding levels reflects the reduction in Public Health Grant to Southwark Council from central government.</p>															
<p>What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.</p>	<p><b>To 5 to 19 years School nursing service:</b></p> <p>The total change in investment in the service comparing full year 2015-16 to full year 2016-17 is <b>£117,683</b>.</p> <table border="1" data-bbox="810 853 1331 963"> <thead> <tr> <th>2015-16 funding</th> <th>2016-17 funding</th> </tr> </thead> <tbody> <tr> <td>£1,472,226</td> <td>£1,354,543</td> </tr> </tbody> </table> <p>In addition to 2016-17 funding shown in the table above, specific funding is being made available to the service to support the children's healthy weight care pathway. This funding will create a specialist practitioner post in the School Nursing Team.</p> <p><b>To 0 to 5 years Health Visiting and Family Nurse Partnership (FNP) services:</b></p> <p>The total change in investment in the service is £522,232 comparing full year 2015-16 to full year 2016-17.</p> <p>(i). Core funding for health visiting and family nurse partnership services:</p> <table border="1" data-bbox="798 1429 1347 1626"> <thead> <tr> <th>2015-16 funding</th> <th>2016-17 funding</th> </tr> </thead> <tbody> <tr> <td>LA core contract (1/2 year) £3,448,000</td> <td rowspan="2">£6,407,768</td> </tr> <tr> <td>NHSE core contract (1/2 year) £3,448,000</td> </tr> </tbody> </table> <p>(ii). One-off top up funding for Health Visiting and FNP:</p> <table border="1" data-bbox="783 1722 1358 1964"> <thead> <tr> <th>2015-16 funding</th> <th>2016-17 funding</th> </tr> </thead> <tbody> <tr> <td>CCG top up £102,000</td> <td>£102,000</td> </tr> <tr> <td>LA top up £34,000</td> <td>None</td> </tr> </tbody> </table> <p>GSTT have also advised Southwark Council concerning the loss of about £100,000 of non-recurrent funding from NHS</p>	2015-16 funding	2016-17 funding	£1,472,226	£1,354,543	2015-16 funding	2016-17 funding	LA core contract (1/2 year) £3,448,000	£6,407,768	NHSE core contract (1/2 year) £3,448,000	2015-16 funding	2016-17 funding	CCG top up £102,000	£102,000	LA top up £34,000	None
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	England that was available in 2015-16 for children's services. In addition, the Trust has to fund a 3% increase in salary costs due to National Insurance and pay awards.
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) .  If you have already carried out consultation please specify what you have done.	Southwark Council is currently consulting on these commissioning intentions using the <i>MySouthwark</i> website.  There is a parallel consultation in place with Lambeth Council.  GSTT will consult their service users if there is a significant change to either service.  Schools will be advised of the reconfiguration of case loads.  GPs will be advised that there will be reduced numbers of Health Visitors who will have an increased number of children on their caseloads. We will be discussing with them how changes are implemented.
<b>2 Are changes proposed to the accessibility to services? Briefly describe:</b>	
Changes in opening times for a service	None
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location.	None
Relocating an existing service.	None
Changing methods of accessing a service such as the appointment system etc.	None
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	Health Visitors will continue to work with all families, but a reduced workforce may impact on the time available to work with families with a range of vulnerabilities e.g. maternal mental health; parents with a learning disability; parents who need a level of support to prevent reaching the threshold for specialist intervention; parents who need help with signposting for benefits, housing advice; parents where domestic violence is an issue.  School Nurses will continue to provide their core service, but a reduced workforce may impact on the time available to provide secondary schools with regular confidential drop-in sessions which provide time for young people to discuss a range of health issues. Additionally, the time available for regular contact with vulnerable children out of school may be reduced.  A Joint Equality and Health Analysis has been completed for both services. This will be kept under review.
<b>3 What patients will be affected? (please provide numerical data) Briefly describe:</b>	
Changes that affect a local or the whole population, or a particular area in the borough.	The Health Visiting service is a Universal service providing advice and intervention to parents to prevent escalation of problems.

	The proposed changes may impact on those families who benefit from a proactive response when a family has an issue with a health or social problem and the Health Visitor is able to make time to support or signpost to other statutory and voluntary agencies and avoid an escalation of problems.
Changes that affect a group of patients accessing a specialised service	The Family Nurse Partnership service (targeted at young mothers) will continue at the same level of provision as 2015-16.
Changes that affect particular communities or groups	The Universal element of the Health Visiting service (which helps with the early identification of vulnerable families) is the area that may be impacted by the reduced funding.  GSTT is reconfiguring other aspects of their service to create more capacity for this area of the service, e.g., joint work with other disciplines, more effective use of clinic time.
<b>4 Are changes proposed to the methods of service delivery? Briefly describe:</b>	
Moving a service into a community setting rather than being hospital based or vice versa	None
Delivering care using new technology	The Trust will continue to review how services are delivered to meet needs and will be introducing a mobile working solution for clinicians in 2016-17 which is intended to improve working practices.
Reorganising services at a strategic level	None
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	No
<b>5 What impact is foreseeable on the wider community? Briefly describe:</b>	
Impact on other services (e.g. children's / adult social care)	While this is not a proposal to remove or substantially change a service, the increase in workloads may affect staff's ability to proactively work with parents and children. This may impact on other Southwark Council services, e.g. increased referral to Early Help services; potential increased number of Safeguarding referrals. The services will seek to rationalise some working processes to address this.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	Central government have applied further cuts to the Public Health Grant over the next 3 years. It will not be possible to absorb those cuts within the current service model and still provide an effective service. Work will start shortly to redesign and implement an integrated service to align the public health funded children's community health services currently supporting 0 to 19 year olds and provide a more streamlined and effective service pathway that supports the Council and CCG's strategic objectives.

<b>6 What are the planned timetables &amp; timescales and how far has the proposal progressed?</b>	<b>Briefly describe:</b>
What is the planned timetable for the decision making	<p>May 2016: Children's and Adults Board review and agreed proposals (agreed 11/5/16);</p> <p>June 2016: OSC review proposals;</p> <p>July 2016: implement budget reductions for 2016/17.</p>
What stage is the proposal at?	<p>The funding reductions to the Public Health Grant from Central Government have already reduced the funding available to the Council. These were absorbed by the Council during 2015/16 but it is not possible to do this again.</p> <p>The measures set out within this paper describe the provider and commissioner's proposals to limit the impact of these cuts, so that they do not adversely affect children and families. These proposals have yet to be adopted into the community contract for 2016/17 and funding in the first quarter of 2016-17 has remained at 2015-16 levels.</p>
What is the planned timescale for the changes	Providers and Commissioners are working together to implement changes from July 2016, following the appropriate governance and overview processes.
<b>7 Substantial variation/development</b>	<b>Briefly explain</b>
Do you consider the change a substantial variation/development?	No
Have you contacted any other local authority OSCs about this proposal?	Lambeth Council has also had reductions to its Public Health Grant (GSTT is the provider in Lambeth for the services covered in this report). Lambeth OSC considered their proposed changes on 12 May 2016.