

<b>Mayor and Cabinet</b>		
<b>Title</b>	Comments of the Children and Young People Select Committee on Public Health Savings Report.	
<b>Contributor</b>	Children and Young People Select Committee	Item
<b>Class</b>	Part 1 (open)	28 September 2016

## 1. Summary

- 1.1 This report informs the Mayor and Cabinet of the comments and views of the Children and Young People Select Committee, arising from discussions held on the Public Health Savings report, considered at its meeting on 14 September 2016.

## 2. Recommendation

- 2.1 Mayor and Cabinet is recommended to note and respond to the views of the Children and Young People Select Committee as set out in this report.

## 3. Children and Young People Select Committee's views

- 3.1 On 14 September 2016, the Children and Young People Select Committee considered a report entitled Public Health Savings and discussed the proposals in relation to Health Visiting and School Aged Nursing.
- 3.2 The Committee resolved to recommend the following to the Mayor and Cabinet:
- **That additional information should be provided to demonstrate how any potential negative effects from changes to mandatory checks would be mitigated.**

### Response:

In Lewisham, Health visitors currently provide five mandatory health checks: in pregnancy; new birth visit, 6-8 weeks, 7-11 months; and 2-2½ years. These are carried out in the home as well as in health centres and children's centres.

The proposals maintain a universal service and all of these five mandatory checks. There are no proposals to change the way that these are delivered for vulnerable women who are on the health visitor targeted caseload. The way that women on the universal caseload access some of these checks may change.

The proposed changes are:

- *Pregnancy health check* – these will only be provided by health visitors for women identified as vulnerable by maternity services.

It is not anticipated that there will be any negative impact from this, currently only 13% of women in Lewisham have this check, all of whom are vulnerable women. Women who are identified as vulnerable by maternity services will

continue to be offered this check, and all other women will continue to have regular checks with midwifery and GPs.

- *Location of health checks* – for children identified as vulnerable, all of the health checks will continue to be delivered in the home. For children not identified as vulnerable, two of these checks – the 7-11 month review and the 2- 2½ years review - will be delivered in children’s centres and in groups. The new born visit and 6-8 weeks check will continue to be delivered in the home.

Feedback from parents through the consultation suggested that many parents, particularly those on the universal caseload, would welcome information and advice being offered in a different way, including group based settings as well as on-line and social media platforms.

Officers will continue to develop mitigation against any potential negative impact from the proposed changes to mandatory checks by:

- *Health visitor antenatal check*: we will agree a work plan with Lewisham’s maternity and health visiting services to develop a more integrated and collaborative approach to services, particularly around the antenatal pathway. Lewisham’s current maternity service has skilled midwives for dealing with vulnerable women and who coordinate with health visitors during the antenatal pathway. This pathway will be protected and improved.
- *Delivery of two of the five health checks in groups*: we will continue to work closely with health visitors, children’s centres and GPs on how this is developed, through the competitive dialogue process. We will continue to develop and refine the model for group settings – which will ensure there is access to privacy for individual discussions with Health Visitors and that there is a pathway for identifying children to a separate assessment and follow up with a health professional when this is required.
- Across all proposals, officers will continue their consultation and engagement of service users and staff, and across stakeholders including the CCG and providers, throughout the procurement process to understand the risks and mitigate them.
- **That additional information be provided to the Children and Young People Select Committee on the proposed role of the school health service and the development of the teenage health service, as the service is developed.**

### **Response:**

The current School Nursing service provides advice and support for school aged children. This includes support for children with chronic conditions and complex needs; safeguarding and immunisation. The service also delivers health screening for primary school children, including school entry health checks, vision and hearing screening and health and weight checks in reception and year 6.

The analysis also showed some gaps in service delivery and areas where performance needs to improve:

- Young people recently surveyed were not clear on the role of the school nurse, and did not rate it as an accessible service.
- No online access to information about the service or how to contact a school nurse for young people.
- No service outreach into other community settings e.g. community youth venues
- There was little capacity to deliver health promotion activities in class and assemblies

The proposals ensure that all the current functions continue to be delivered, and create a new teenage health service to meet the current gaps in delivery. These proposals aim to deliver a more effective and responsive service to young people, in a more efficient way and offering better value for money.

#### *School health service:*

The proposed model for a school health service retains the functions that currently exist, but reconfigures into a more efficient model, including:

- a dedicated safeguarding function to ensure that vulnerable children continue to be protected and dedicated support to schools
- alignment with the Special Needs Nursing Service in the delivery of support and care plans for children and young people with chronic conditions or complex needs
- a combined school health assessment for reception age children combining the school entry health check, vision and hearing screening and a national child measurement programme for Reception and Year 6
- an integrated national child measurement programme with a local weight management programme

#### *Teenage health service:*

The proposed model of a comprehensive holistic assessment and treatment service for young people is evidence-based and has been evaluated by the Social Science Research Unit and the Institute of Education, University of London (2008)<sup>1</sup>. Since then it has been rolled out across the country, including in Hackney and some other London boroughs. Lambeth and Southwark have also agreed to commission a similar service. In Lewisham we have consulted stakeholders, the public and young people on the proposed service, and have received overwhelming support – in our public consultation, over 63% strongly agreed/agreed with the proposal.

The service will offer a more comprehensive and multi-professional service to meet the holistic health and wellbeing needs of young people, including sexual health, substance misuse and mental health, with pathways to specialist services where needed. This will also allow a greater capacity to offer outreach to primary schools to support health and wellbeing through transition into secondary schools.

The Teenage health service will be accessible from a number of venues across the borough –including from schools, and will additionally offer an online service that will provide online access for advice/information/counselling/group and 1:1 support for those with additional needs.

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<sup>1</sup> Evaluation of the Teenage Health Demonstration Site Programme 1<sup>st</sup> Annual Report 2007

Progress on the development of the service will be taken back to the Children and Young People's Select Committee as proposals are finalised.

- **That the Mayor and Cabinet should receive a response from officers to the letter from the CCG dated 14<sup>th</sup> September and handed round at CYP Select Committee, prior to making their decision on the Public Health Savings Proposals.**

**Response:**

The CCG's letter of the 14<sup>th</sup> of September, along with the response from the Council's Director of Public Health Dr. Danny Ruta, is appended to the Public Health Savings report for Mayor & Cabinet on the 28<sup>th</sup> of September.

**4. Financial implications**

- 4.1 There are no financial implications arising out of this report per se; but there may be financial implications arising from carrying out the action proposed by the Committee.

**5. Legal implications**

- 5.1 The Council's Constitution provides for Select Committees to have access to the Executives Key Decision Plan. Even where an item has not been the subject of a detailed review by the relevant Select Committee it may have views which it wishes to express on an up and coming matter. Where this is the case a copy of those views can be given to the proper officer at least 10 days before the Executive is due to make a decision on the matter in question. Those views are brought to the attention of the decision maker before the decision is made. In this case, the Executive Director has provided a response to the issues raised by this Select Committee to assist the Executive.

The record of the decision of Mayor and Cabinet needs to specifically deal with the comments of the Select Committee and the Mayor and Cabinet's response to the same.

**6. Further implications**

- 6.1 At this stage there are no specific environmental, equalities or crime and disorder implications to consider. However, there may be implications arising from the implementation of the Committee's recommendations.

**Background papers**

Report to Children and Young People Select Committee, 14 September 2016, [Item 4 Public Health Savings](#)

If you have any queries on this report, please contact Katie Wood, Scrutiny Manager (ext. 49446).