

# Agenda Item 7

## EXECUTIVE DECISION

1 NOVEMBER 2016

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### REPORT: CHILDREN'S HEALTH SERVICES MODEL AND COMMISSIONING PLAN

#### SCRUTINY OPINION FROM THE CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE – 21 OCTOBER 2016

The Children and Young People Scrutiny Committee met on 21 October 2016 and considered a report concerning the Children's Health Services Model and Commissioning Plan.

The Committee unanimously supported the recommendations contained in the report.

In addition, the following comments were made:

- The Committee was informed that a letter from the Lincolnshire Medical Committee (LMC) had been received which highlighted a number of concerns about the proposed reduction in the role of the school nurses. These concerns were addressed by officers at the meeting. A letter from the Executive Director for Children's Services had been sent in response to the letter from the LMC.
- Concerns were raised about what support would be available for schools to help young people suffering from anxiety. It was reported that there would be an Emotional Wellbeing Service which would focus on upskilling and supporting schools to support pupils with emotional needs. In addition to the new service, there was already support around anxiety provided for schools through the CAMHS contract and there was also an advice line commissioned. CAMHS had been to every Headteacher briefing to clarify the offer around emotional wellbeing and all Headteachers had been given a toolkit around emotional wellbeing. Headteachers had been very positive about the support schools had received. There would also be more information available to young people online through apps.
- Concerns were raised that young people might not have private access to online services. It was reported that a huge number of young people access the online Kooth service, especially during lunch breaks at school. This included access by young people on free school meals as well as those who were not eligible. It was highlighted that young people wanted instant access to services and anecdotal evidence suggested that young people could feel a lack of privacy accessing school nurses in school.
- It was queried how many additional health visitors would be required and where would the school nurses be redeployed to. Officers reported that there would potentially be a need for an additional 20 health visitors as the engagement with professionals and service users indicated that there should be a greater focus on the early years. It was hoped that school nurses could be redeployed into other areas which were being commissioned if they had specialist skills or were willing to be retrained.
- The Committee recognised the fantastic opportunity of colocation but raised concerns about how staff felt about moving across to the Council as the

employer. It was reported that feedback had been received from the provider and staff felt that it was a massive change. It was highlighted that the Council valued this highly professional workforce and the Council did not want to lose staff from this workforce. It was noted that the Council intended to appoint a Chief Nurse and it was hoped that this single figurehead would demonstrate to the sector that the Council supported the health workforce and wanted to harness their professional skills.

- It was queried whether staff currently on permanent contracts would still have permanent contracts with the Council. Officers reported that anyone who was eligible for TUPE would transfer to the Council on their existing terms and conditions which would include their NHS pension scheme.
- There was support for the services being based around children's centres but concerns were raised about how to reach children who did not attend settings and whether any additional checks would be undertaken. It was highlighted that regular checks would be put in place which would highlight who needed additional support regardless of whether they were in a setting or not.
- Concerns were raised about how advice would be provided to young people around sexual health. It was noted that there was a need for some information online but schools still had a responsibility to deliver PSHE and sexual health advice. There would still be a county wide service provided which included intervention services in schools but it would no longer be provided by school nurses. Face to face advice would still be available to young people. This service would also be available to under 13's to cover prevention and delay messages and healthy relationships. There would be a universal element along with a specific intervention service for under 13's.
- Concerns were raised about the rationale for the changes being proposed given the savings being made, and whether the savings took into account the transitional costs. It was reported that the rationale was to modernise the service to better meet young people's needs. There would be efficiencies made through the new in house service with the revised service specification as per the report. The transitional costs and contingencies for setting up the new model had been taken into account and were not part of the savings. There would be a combined £1million saving between Public Health and Children's Services. Officers highlighted that there was the potential for further efficiency savings in years 3 to 5 of the new service through colocation of staff and streamlining management.
- It was queried whether the financial risks due to a rise in inflation and the fall in the pound along with the growing population and potential increase in refugee children coming into Lincolnshire had been into account. Officers highlighted that they recognised the growing population and the need to maintain the workforce but could only look at the medium term forecasts. If there was a huge increase, then there would be a need to relook at the budgets.
- Concerns were raised as to whether services could be reduced in future. It was reported that as this would not be a contracted service in future then the Council would not be locked into providing the service specification as outlined in the report. It would be for the Executive to propose any changes to the service specifications and any further reductions in future. However, assurances were given by officers that there were no planned cuts in service for the next two years and any savings made would be generated from efficiency savings, although decisions for further budget and service specification reductions could be made by the Executive.

- Concerns were raised about the loss of the Family Nurse Partnership (FNP) and how that service would be covered in the future. It was highlighted that the FNP had ceased recruiting new clients several months ago and current users were being transferred into the health visiting service. Most young people had now moved over to the health visiting service which was able to provide a wider range of support to young mothers.
- Committee members were pleased to see that ante natal classes would be reintroduced but highlighted that the report did not mention anything about the breastfeeding service. It was queried whether this would be reinstated in some form. Officers reported that breastfeeding was a fundamental part of the new service which should help to increase initiation and duration.
- Concerns were raised about the training of health visiting staff and whether they would have the capacity to cope with the workload, especially if some of the existing staff decided to leave instead of transferring over. It was felt that training for new health visitors needed to be more comprehensive.
- It was queried whether there were any alternative plans for staffing if there was a high number of staff who decided to leave such as through retirement. Officers reported that they were working with the current provider to understand the current workforce and how many might want to retire. For the longer term, there was a need to identify how many places were needed, how many staff might want to leave and then how many new health visitors needed to be trained by the University. In the short term, it was hoped that transferring staff over on existing terms and conditions with their NHS pension and appointing a Chief Nurse would help to encourage staff to stay. In addition officers would look at opportunities around upskilling other roles such as nursery nurses.
- Concerns were raised about the number of risks with the proposals, such as the changing model, demographics, financial risks, skills and staffing, and it was queried whether a risk assessment had been undertaken. It was highlighted that one had been undertaken and officers would share the risk assessment with the Committee if permissible.

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