



Councillor Keith Mans
Leader, Hampshire County Council
The Castle
Winchester
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By Email: keith.mans@hants.gov.uk

9 August 2021

Dear Councillor Mans,

Consultation on proposed cuts to public health provision in Hampshire

As organisations that advocate for women's health and that of their children and families, we were shocked to hear about the proposals to cut the Public Health Nursing budget by £2.09 million per year. While we recognise the difficult decisions that Hampshire County Council (HCC) faces in terms of being able to balance the budget, we ask that you re-examine as a matter of urgency the impact that the proposed changes will have on women before, during and after pregnancy, and on their babies.

In our view, your proposals introduce unacceptable risks which will cause preventable harm and widen inequalities. Collectively we are deeply concerned about following proposals:

- Reducing the number of staff posts (health visitors, school nurses and community staff nurses) who are available to support families by 47 Full Time Equivalents (FTE). This will reduce the amount of time that health visitors have available to support women and their babies, driving an even higher threshold for support and reduce opportunities to identify need/vulnerability.
- Only one mandated Healthy Child Programme (HCP) review will be offered to all children 0-5. The remaining reviews will be 'risk assessed to decide whether they should be completed face to face, by video or by telephone'. The main purpose of these universal contacts is to complete the stated 'risk assessment' as part of a holistic assessment, recognising that needs change over time. By removing this crucial element of the Healthy Child Programme, services will be less able to respond to changing needs which is particularly important for both women and their babies who face heightened risks during the pre-and postnatal period.
- Non face-to-face methods for delivering the Healthy Child Programme are currently untested. We do not have enough evidence on their effectiveness as an alternative method of providing support and identifying risk and vulnerability. Preliminary findings from early studies suggest that they are much less effective than face-to-face contacts at eliciting need. We are concerned that this approach relies on the 'agency' of individuals to step forward and ask for support when they need it. However, there is strong evidence that families with

the greatest levels of vulnerability are the least likely to access support themselves. This approach will put vulnerable babies at risk as their needs are likely to remain unidentified; babies are largely invisible to other services and are reliant on the adults around them to act in their best interests.

The assessment of families using virtual platforms will exclude families who may be experiencing digital poverty. This will also disproportionately affect children who are 'clinically vulnerable' (1) because they cannot be clinically assessed via a digital platform. This includes babies and children who need to be weighed, measured, have their skin integrity reviewed for bruising or prolonged jaundice, or have their muscle tone assessed. This will risk increasing pressures on other services such as A&E which are already seeing a dramatic rise in the number of young children attending (2).

The attached appendix sets out in more detail the negative impact that the proposed cuts could have on services.

The HCC consultation asks what impact the proposed changes will have on organisations and people who are currently or may wish to use the PHN services in the future.

As collaborative organisations with a shared aim to ensure the best outcomes for mothers and babies, we are extremely worried that service cuts in one part of the health care system will inevitably have a significant knock-on impact on other parts of the system, including maternity services which cannot be ignored.

The National Maternity Review (Better Births 2016) outlines a clear vision for maternity services across England to become safer, more personalised, kinder, professional and more family friendly with improved transition of care from midwifery to health visiting (3). A reduction in the number of health visitors will hamper our collective efforts to achieve this vision and our ability to address the key public health priorities set out in the Maternity Transformation Programme (4).

Health visitors do not work in isolation and are an essential part of a much wider system of professionals working at the level of individuals, families, and communities to improve public health outcomes for children and families. We are deeply concerned about what is happening in Hampshire. Your proposals represent a test of the acceptable limits of local flex which will lead to significant unwarranted variation in the amount and quality of support that families can expect to receive from the Healthy Child Programme. If passed, the Hampshire model will set a dangerous precedent for other councils facing similar budget challenges.

We have outlined below some alarming statistics in relation to the health and wellbeing of women and their children in England. This evidence highlights the importance of coordinated approaches across health visiting, maternity, and other children's services to identify need and improve outcomes. To achieve the Government's plans to reduce inequalities, midwives and health visitors are required to play their fullest part by working together as universal services reaching all families, through prevention, safer care, support and 'early intervention' in order to improve individual life chances which will also translate into wider economic benefits (5).

Statistics regarding the health and wellbeing of women and children in England:

- Women living in the most deprived areas are at an 80% higher risk of stillbirth and neonatal death compared to women living in the least deprived areas (6). However, relatively more vulnerable families live outside the postcodes with the highest indices of deprivation supporting an approach based on proportionate universalism rather than a 'targeted only' response.

- Young parents are a third less likely to breastfeed, three times more likely to smoke and are three times as likely to have poor mental health (7).
- Parental mental illness can affect bonding between a parent and their baby, which impacts on the baby's ability to form a secure attachment which is important for future emotional wellbeing and development (8).
- It is estimated that 2.3 million children are living with risk because of a vulnerable family background with a third of these children being 'invisible' to services and therefore not receiving the vital support they need (9).
- The UK under-5 mortality rate is the second highest in Western Europe; the highest rate of homicide for any age group is in babies under the age of 1 (10).
- The COVID-19 pandemic has impacted on a range of factors that significantly affect child development such as maternal mental health, parental conflict, domestic abuse, alcohol misuse, the wider impacts of poverty and access to early intervention leading to a backlog of unmet need and increasing service demand (11).

There is indisputable evidence that the first years of a child's life are the most crucial period of human development, providing a foundation for health, wellbeing, educational and economic success across the life-course. Health visiting is a unique service which supports parents of children from pregnancy to school age, to lay foundations for life-long health and to fulfil their potential. Home visiting programmes can provide invaluable support to children and families, with the aim to prevent and reduce inequalities in early development (12).

The Consultation asks for alternative suggestions as to how HCC could achieve savings through changes to PHN services.

Collectively we would like to commend HCC on their transparency for speaking out about the realities and implications of managing public health budgets which have been reduced in real terms against a backdrop of reducing County Council budgets and increasing service demand. HCC is not alone in facing these very challenging decisions and considerations. A sustainable national solution is urgently needed to ensure that all babies, children, and families have access to an effective health visiting service as part of a fully funded national Healthy Child Programme, regardless of where they live – this is too important to be left to chance.

We have listed below our recommendations in response to the consultation proposals:

- For HCC to re-examine as a matter of urgency, the impact that the proposed changes will have on:
 - pregnant women, babies, children, and their families.
 - their duties to deliver an effective Healthy Child Programme.
 - their statutory safeguarding responsibilities.
 - the impact of the cuts on the wider health and social care system, including maternity services.
- For HCC to prioritise public health work with children and families. Adopting a public health-informed approach offers substantial opportunities to reduce inequalities and improve health and wellbeing outcomes for the most vulnerable women and children and reduces costs in the longer term.
- For HCC to ensure that all decisions are driven by best evidence of impact on outcomes for babies, women and families and reduce inequalities. The health visiting service in Hampshire is highly effective with good evidence of impact collated over many years, through parental

outcome measures and national data returns, demonstrating positive outcomes for thousands of families every year. This highly effective service needs to be protected and strengthened to address the increased demand and vulnerability due to the pandemic. There can be no doubt that these proposed cuts will make the service less effective.

- For HCC to advocate on behalf of all local authorities, drawing on others to join with them, in highlighting the root cause and impact of unworkable national funding formulas that are driving these decisions to dismantle their highly effective health visiting service. By advocating in this way, HCC can make the case with others for an urgent sustainable solution to support the delivery of an effective national Healthy Child Programme for all. To 'level up' society, health visiting requires investment not budget cuts.

We look forward to your response and we would welcome the opportunity to discuss this further with you.

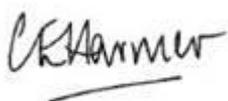
Yours sincerely,



Gill Walton, Chief Executive, Royal College of Midwives



Angela McConville, Chief Executive, National Childbirth Trust



Clea Harmer, Chief Executive, SANDS



Dr Edward Morris, President, Royal College of Obstetricians & Gynaecologists

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913974/Understanding_and_quantifying_vulnerability_in_childhood.pdf
2. https://www.rcem.ac.uk/RCEM/News/As_see_dramatic_rise_in_number_of_young_children_but_it_s_not_COVID.aspx

3. <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/care-continuity-between-midwifery-and-health-visiting-services-principles-for-practice>
4. <https://www.england.nhs.uk/mat-transformation/>
5. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/465344/2903819_PHE_Midwifery_accessible.pdf
6. https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/perinatal-surveillance-report-2018/MBRRACE-UK_Perinatal_Surveillance_Report_2018_-_final_v3.pdf
7. [file:///C:/Users/Georgina%20Mayes/Downloads/viv_bennett%20\(1\).pdf](file:///C:/Users/Georgina%20Mayes/Downloads/viv_bennett%20(1).pdf)
8. https://kclpure.kcl.ac.uk/portal/files/64678445/Prenatal_Parenting_GLOVER_Firstonline21February2017_GREEN_AAM.pdf
9. <https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/>
10. https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_2020210513.pdf
11. <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/07/210722-Letter-Sajid-Javid-FINAL.pdf>
12. <https://dl.orangedox.com/HEALTHVISITINGFOINEW>

Appendix: Impact of cuts to health visiting and school nursing services on women and families

- Having little recourse to consistent support contributes to children in need having poor educational outcomes and poor mental health experiences.
- Growing mental health issues for women and families have been exacerbated by reduced interaction with services during the COVID-19 pandemic. Women’s anxieties have increased, and with changes in hormone levels this can increase the likelihood of postnatal depression.
- Cuts will undermine the Healthy Child Programme
- Hampshire County Council has statutory obligations to safeguard children and young people as well as a duty to take appropriate steps to improve the health of their population. It is difficult to see how the Council will be able to meet these duties if it cuts services to the extent that is being proposed.
- The Council’s own consultation appears to accept that cutting the number of health visitors and school nurses will have very negative consequences for women and families, including:
 - Discontinuation of child health clinics that were paused before the COVID-19 pandemic
 - Longer waits for appointments and delays in referrals to other providers
 - Families receiving a lower level of service where capacity thresholds are reached, with the risk that this could lead to issues escalating, to a need for support from a wider range of services and to poorer health outcomes
 - “The health needs of pregnant women, babies, children and families may not be identified as early, and support and early intervention not provided at the optimal time”
 - Some aspects of care will be more difficult to provide through telephone or video appointments, including identifying domestic abuse; supporting emergency breastfeeding issues; supporting safe sleep; assessing healthy growth and whether a child is of a healthy weight; speech and language development.