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# Consultation on proposed changes to Hampshire Public Health Services

## Introduction

Hampshire County Council is seeking residents' and stakeholders' views on proposals to make changes to some Public Health Services.

**The consultation is open from midday Monday 14 June 2021 and closes at 11:59pm on 9 August 2021.**

## Background

The County Council's Public Health Service works with a range of partners to improve the health and wellbeing of everyone in Hampshire. This includes commissioning services<sup>1</sup> that support the public health of residents of all ages from birth and throughout adulthood. These services enable behaviour change and provide interventions to support residents to live safer, longer and healthier lives. This in turn may reduce the need for health and social care services as they are able to live more years in good health.

All public health programmes are driven by population need and evidence of what works. The team works on programmes and plans to improve the health of the population and includes the following areas: mental wellbeing, healthy weight, NHS Health Checks (a heart health check), drug, alcohol and addiction treatment, stop smoking and tobacco control programmes, sexual health, domestic abuse and violence reduction, and health visiting and school nursing. The team also provides public health leadership to NHS commissioners and works to protect residents from infections, outbreaks, and other hazards such as chemicals.

When public health responsibilities were transferred from the NHS to local authorities in 2013, an opportunity to provide leadership and influence across all County Council services was created. In turn this provided a broader platform from which to improve the overall health and wellbeing of Hampshire's residents, working across the local authority and with local partners, to shape the environment in which people live and work. It also provides an opportunity to challenge and tackle inequality and deprivation to improve health outcomes.

Against the backdrop of reducing County Council budgets and increasing service demand, the Hampshire Public Health Service is looking to re-focus its ring-fenced budgets to take account of the County Council's portfolio of programmes that improve the health of the population, the provision of mandated services and the need to support the delivery of Public Health objectives across the authority. Public Health has worked with the organisations which

<sup>1</sup> A commissioned service is one which is arranged and paid for by the County Council for the population. This includes NHS providers, voluntary services and primary care services.

are contracted to deliver services on its behalf to identify potential new ways of working. This includes making the most of the opportunities that are presented by new technologies and the internet and continuing adaptations that were successfully introduced during the COVID-19 pandemic. This work has identified that savings could be made by developing a blended model of delivery, which allows face-to-face and group work and also virtual services (internet, video conferencing and phone calls) and in some cases, stopping or reducing services.

## Consultation scope

This consultation outlines proposals that could enable Hampshire Public Health Service to re-focus its ring-fenced budget and deliver savings in the following four service areas:

- Substance misuse treatment;
- Stop smoking (known as Smokefree Hampshire);
- Sexual health;
- 0-19 Public Health Nursing, which includes health visiting and school nursing.

It also seeks to understand the potential impacts of the proposed options and invites other suggestions on how savings could be made, to help inform its final approach.

## Serving Hampshire Balancing the Budget

The options within this consultation are proposed within the context of the County Council's financial strategy to 2021. The County Council consulted the public on this financial strategy in the 2019 Balancing the Budget Consultation. Details can be found at:

[hants.gov.uk/aboutthecouncil/haveyoursay/consultations/balancing-the-budget2019](https://hants.gov.uk/aboutthecouncil/haveyoursay/consultations/balancing-the-budget2019)

The County Council is required by law to deliver a balanced budget, and therefore cannot plan to spend more than is available. In the context of ongoing reductions in Government funding, increasing demand for services, rising costs and inflation this has involved targeting resources on those who need them most (i.e. vulnerable children and adults), population benefit, planning ahead and securing savings early, which has helped the County Council to invest in new, more efficient ways of working. Each of the County Council's departments have been required to reduce spending by the same proportion (i.e. find the same percentage spending reduction). For over a decade, each has focused on transforming delivery of its services by improving internal efficiencies, developing new ways of working, and, more recently, working within the parameters of its statutory duties.

## Public Health funding

Where possible, to manage the reduction in Government grant between 2015 and 2021, Public Health services have focussed on reducing costs by improving efficiency and early intervention and prevention, thereby limiting the impact of the savings programme on front line service delivery. However, further pressures mean that the service needs to save an additional £6.8 million, from a total budget of £52.9 million in 2021/22<sup>2</sup>, to help the County Council to balance its budget.

The Public Health Service is funded through a ring-fenced Government grant that must be used to deliver its responsibilities and improve the health and wellbeing of Hampshire residents. As part of this there are six functions that must be provided:

- National Child Measurement Programme which is provided by school nurses;
- Health protection such as protecting residents from outbreaks;
- NHS Health Checks;
- Sexual health – contraception and sexually transmitted infections;
- Five mandated checks of the healthy child programme which are provided by health visitors;
- Substance misuse treatment services.

Other services are required as part of the duty to improve the health of the population. These include mental wellbeing, weight management, stop smoking and tobacco control, Public Health nursing, sexual health, domestic abuse, public health leadership to NHS commissioners.

The savings made from the ring-fenced grant would be used to fund a broader approach to Public Health across the County Council including:

- wellbeing centres to support mental health through promotion of healthier lifestyles;
- substance misuse residential rehabilitation;
- support for those affected by sexual violence;
- services to help children and their parents in relation to emotional health wellbeing and mental health, domestic abuse and substance misuse;
- support for people who are sleeping rough or at high risk of sleeping rough.

<sup>2</sup> These savings were due to be made by April 2021, but careful use of reserves has allowed time for the savings proposals to be well developed and validated.

# Responding to this consultation

## Hampshire County Council's consultation policy

The County Council is committed to five principles of consultation:

- To consult on key issues and proposals.
- To consult in good time.
- To be inclusive but with clear and appropriate limits.
- To consult using clear, simple information.
- To ensure that responses are taken into account when decisions are made.

## Why your views are important

It is important to the County Council that the views of people who may be affected by the proposals, are carefully considered; as well as feedback from Hampshire residents and other interested stakeholders, so that the service meets the needs of its users.

The findings from this consultation will be published and presented to the Executive Lead Member for Adult Services and Public Health in late 2021.

Feedback will help to inform any decision by the County Council on the proposed changes to Public Health services.

## How to have your say

You are invited to give your views on the proposed changes to the Public Health services outlined as part of an open public consultation. You can do this by using the online Response Form at: [hants.gov.uk/public-health-consultation](https://hants.gov.uk/public-health-consultation)

If you require a paper copy of the Information Pack or the Response Form or need these documents in another language or format such as Easy Read, large print, audio or Braille please email Hampshire County Council at: [AS.Consultation@hants.gov.uk](mailto:AS.Consultation@hants.gov.uk), or call: **0370 779 8102\***

You can also email your response directly to Hampshire County Council using the email address [AS.Consultation@hants.gov.uk](mailto:AS.Consultation@hants.gov.uk)

**The consultation is open from midday 14 June 2021 and closes 11.59pm 9 August 2021.**

Please note that responses received after this date will not be included in the findings report.

If you have any queries about the consultation, please contact [AS.Consultation@hants.gov.uk](mailto:AS.Consultation@hants.gov.uk) or call: **0370 779 8102\***

Public engagement sessions will be held during the consultation period. At these sessions you will be able to find out more about the proposals and talk to Hampshire County Council staff. Details will be published on the webpage: [hants.gov.uk/public-health-consultation](https://hants.gov.uk/public-health-consultation)

*\*03 calls are usually included in most landline and mobile call packages and if not, are charged at no more than calls to normal home or business landlines.*

# Consultation one: Substance misuse treatment service

## About the Hampshire substance misuse treatment service

Hampshire County Council's substance misuse service delivers treatment and support to adults, children and young people who are misusing drugs and alcohol to enable them to live a life free of substance abuse.

There are three elements to the service:

- an adult substance misuse treatment service;
- a children and young people's substance misuse service (for people up to the age of 25 years);
- a pharmacy drug-treatment service.

The service works with anyone who is affected by substance misuse, either as an individual misusing substances or a family member/carer. In 2019/20, the service supported over 3,000 adult clients in structured treatment with a further 2,800 adults receiving non-structured informal support.

The service for adults is delivered by Inclusion Hants, from nine permanent treatment centres across Hampshire including Winchester, New Milton, Eastleigh, Havant, Gosport, Fareham, Basingstoke, Andover and Aldershot. There are also nine smaller satellite clinics which operate across the county. The different treatment centres vary in size and the number of people accessing them. Table one shows the number of people accessing each centre over a six-month period.

Centre	Total number of people
Aldershot	424
Andover	215
Basingstoke	530
Eastleigh	317
Fareham / Gosport	572
Havant	487
New Forest	356
Winchester	276
<b>Total</b>	<b>3,177</b>

**Table one:** Number of service users resident in Hampshire accessing treatment centres (April to September 2019)  
**Source:** National Drug Treatment Management System. Adults Activity Report

There are also smaller satellite clinics which operate across the county. Satellite clinics are currently located in Hayling Island, Ringwood, Bordon, Yateley, Gosport, Totton, Alton and Petersfield. Satellite clinics are not permanent bases but are located in a range of settings such as community venues or NHS premises that are rented on a sessional basis.

The service web page can be found at:  
[Home – Inclusion Hants](#)

## How much does the service cost the County Council?

The budget for this service in 2021/22 is £7.1 million.

Previously there have been a number of initiatives to improve the efficiency and value for money of the service, including:

- changing the way prescription drugs are prescribed and the costs associated with this;
- ending sub-contracting arrangements for some parts of the service and bringing some services in house;
- reducing staff travel.

## Who uses or is eligible for the service?

The service is available to anyone who lives in Hampshire or who is registered with a Hampshire GP. In 2019/20, the service treated over 3,000 adult clients with a further 2,800 receiving non-structured informal support including brief interventions and needle exchange.

# Substance misuse treatment service proposal:

To close the Winchester treatment hub and provide services on an outreach basis

## Proposed changes to the Hampshire substance misuse treatment service

Hampshire County Council is proposing to make reductions of £120,000 from the budget for substance misuse services by reducing the number of premises from which the adult substance misuse treatment services are delivered.

These proposed changes would affect the following groups:

- Adults who use or need drug treatment services in Winchester

## What is the current situation?

The Winchester treatment hub was open six days per week. It hosts a range of services and support for clients with substance misuse or alcohol issues. These include:

- key worker and medical appointments;
- support groups;
- counselling;
- support to prevent relapse;
- a “drop-in” facility which allows users to visit treatment hubs without an appointment.

During COVID-19, all these services have continued but were largely delivered online or by phone. Face-to-face appointments were prioritised for high-risk individuals, although the “drop-in” facility was not available. Whilst this has been identified as a success for some, face-to-face treatment and support is still required to deliver a medical service and engage people in recovery.

## What is being proposed?

It is proposed that the Winchester substance misuse treatment hub would permanently close and alternative provision would be made available for local service users, including a smaller satellite clinic based in Winchester. A satellite clinic is a location where rooms would be rented on a sessional basis and therefore there would not be a permanent base for the service.

This closure would affect adults accessing the substance misuse treatment service in Winchester and any family/carer receiving support from the current treatment hub. The changes would not affect the delivery of the children and young people’s substance misuse service.

## Why is this being proposed?

- There is already a good range of services in place in the city to support vulnerable service users from which substance misuse services could be provided e.g. homeless services.
- Winchester is close to the treatment centre in Eastleigh (with good public transport links) which would remain open and available to provide services for people from Winchester.
- Winchester has the second lowest number of clients accessing treatment and support in comparison to other sites in Hampshire (**see table one**) so a more limited number of people would be affected.
- It is expensive to rent the building used for the Winchester treatment hub.

## How would this be implemented?

If this proposal is agreed, the value of the contract awarded to Inclusion Hants would be reduced and the service provider would prepare to close the Winchester treatment centre from April 2022.

From January 2022 there would be a review of all people who use the Winchester centre to determine the most suitable location for their treatment to continue (e.g. transferring to a neighbouring physical treatment hub; receiving virtual treatment/support; accessing treatment through a smaller satellite clinic in Winchester).

Service users would be advised of the changes and supported to find the best alternative provision to suit their circumstances. This could include providing details of the nearest alternatives and public transport routes and timetables.

Service users on benefits such as universal credit, who need to attend appointments at another centre would be reimbursed their travel costs. Clients who cannot access services online or by phone would be provided with IT equipment whilst accessing treatment.

## What would be the impact of this proposal?

Walk-in access to substance misuse services would stop in Winchester. Instead, people living in Winchester who need to access the substance misuse service would need to seek support via:

- a smaller satellite clinic in Winchester open at certain times during the week on a sessional basis, where one to one pre-booked appointments would be available;
- attending group work/recovery support activities available at local community venues;
- outreach support available at other services such as homeless support services;
- virtual support (via the telephone and/or online);
- the treatment hubs at other sites in Hampshire, the nearest being Eastleigh.

Service users who prefer to access face-to-face support may need to travel further to services using either private or public transport and may need to meet the cost of this themselves if they are not receiving benefits.

Groups and workshops which meet at the Winchester treatment centre would be able to meet online or service users could travel to another treatment centre if they require face-to-face group work. Limited groups would be run at a smaller Winchester satellite service or community venue.

## Options which are not being consulted on at this time

The County Council is **not** currently proposing to:

- consider staff reductions within the substance misuse service. The provider has been asked to retain enough staff posts to ensure that a high quality and safe service is available for those needing treatment and support with their substance misuse issues;
- reduce the availability of services. This is to ensure residents can access the substance misuse treatment that is needed. The current level of service would continue to be available to all Hampshire residents. Only the building at Winchester would close;
- close other treatment hubs instead of Winchester. Other sites were not considered given the higher number of service users accessing them (**see table one**), or the geographical location of the town and distance to travel between other treatment centres;
- close any of the nine smaller satellite treatment sites which operate across the county, as this would deliver few financial savings and affect larger numbers of people.

## Consultation two: Stop smoking service

### About the Stop Smoking Service, known as Smokefree Hampshire

Smoking is the main cause of preventable illness and death in England. The estimated annual cost to the economy is more than £11 billion. Smoking-related ill-health also increases costs for adult social care.

Local authorities are responsible for commissioning stop smoking services guided by the priorities identified and agreed in their needs-assessment and joint health and wellbeing strategy. The National Institute for Health and Care Excellence (NICE) provides guidance for local authorities on stop smoking interventions and services. This is available at:

[nice.org.uk/guidance/ng92/resources/stop-smoking-interventions-and-services-pdf-1837751801029](https://www.nice.org.uk/guidance/ng92/resources/stop-smoking-interventions-and-services-pdf-1837751801029)

Hampshire County Council commissions Solutions4Health<sup>3</sup> to provide free stop smoking support for local residents. This service, known as 'Smokefree Hampshire', offers one-to-one support from trained advisers to people who want to quit smoking, along with free nicotine replacement therapy (NRT), vaping kits, and medications that can make it easier to quit.

Support from this service is provided face-to-face in community venues, pharmacies, vape shops and by telephone and video call.

During the COVID-19 pandemic, the service has continued to operate using only video and telephone support. More residents accessed the service in the last year than in previous years and a greater proportion of these went on to successfully quit than before. This suggests that the absence of face-to-face support did not deter people from accessing the service or from quitting smoking.

### How much does the Service cost the County Council?

The budget for this service is £2.2 million in 2021/22.

### Who uses or is eligible for the service?

Anyone living in Hampshire who smokes can access the service for free.

<sup>3</sup> More information about Solutions4Health and Smokefree Hampshire can be found at [solutions4health.co.uk/news/smokefree-hampshire-welcome/](https://solutions4health.co.uk/news/smokefree-hampshire-welcome/)

## Proposed changes to the Smokefree Hampshire service

The County Council is proposing to reduce the budget for the Smokefree Hampshire service by £318,000 per year. This would involve the following changes:

- reducing the number of community venues from which face-to-face stop smoking services are provided. This would save £150,000;
- reducing unsupported prescribing (the number of prescriptions written by GPs for medication and NRT to aid stop smoking that are not accompanied by a referral to Smokefree Hampshire) This would save £168,000.

These proposed changes would affect the following groups:

- All residents who would like support to stop smoking.

These proposed options are described in more detail on the following pages.

## Stop smoking proposal A:

### Reducing the number of venues from which face-to-face stop smoking services are provided

#### What is the current situation?

The Smokefree Hampshire service is offered across Hampshire by Solutions4Health using a mix of online, telephone and face-to-face support at local venues, such as community centres. The service is designed to ensure greater service provision in geographical areas with the highest number of smokers, with service availability in locations and venues which target priority groups.

Currently, face-to-face support is offered at 33 venues in Hampshire, most of which are used for one day a week or less. In 2019/20, a total of 622 people used the service through these venues.

The number of venues and exact venue locations are not specified within the contract that the County Council has with Solutions4Health, and most are hired on short-term or casual arrangements. This allows for flexibility to respond to changes to venue costs and availability, staffing changes and local need.

Further support is available from trained members of staff at specific local pharmacies, GP practices and vape shops, which are not affected by these proposals.

#### What is being proposed?

The County Council is proposing to reduce the value of the contract with Solutions4Health by £318,000. Initial scoping with the provider has identified that this would result in a reduction in the number of local venues used to deliver the service face-to-face from 33 to 18, by ending hire arrangements in the 15 locations outlined in table two.

In 2019/20, 302 people used these 15 community venues.

**Table two: Venues affected by this proposal**

Name of venue	Postcode	Proposal	Local community
Vyne School	RG21 5NU	Withdraw service	Basingstoke
Shakespeare Health Centre	RG24 9DS	Withdraw service	Basingstoke
Westside Community Centre	RG22 6QB	Withdraw service	Basingstoke
Rooksdown Community Centre	RG24 9XA	Withdraw service	Basingstoke
Alton Rehab Clinic	GU34 1RQ	Withdraw service	Alton
Forest Surgery	GU35 0BP	Withdraw service	Bordon
Petersfield Hospital	GU32 3LB	Withdraw service	Petersfield
Hilldene Centre	SO30 3DU	Withdraw service	West End
Wallington Village Hall	PO16 8ST	Withdraw service	Fareham
Rowner Health Centre	PO13 9SP	Withdraw service	Gosport
Waterlooville Community Centre	PO7 7AY	Withdraw service	Waterlooville
Ringwood MC	BH24 1JY	Withdraw service	Ringwood
Princes Hall	GU11 1NX	Withdraw service	Aldershot
Adelaide Medical Centre	SP10 1HA	Withdraw service	Andover
St Paul's Surgery	SO22 5DD	Withdraw service	Winchester

Ending use of these venues would save £150,000, comprising £24,000 venue hire and £126,000 in staffing and staff travel expenses.

The service would still provide all the online support currently available and keep face-to-face support at the remaining community venues listed below. The arrangements that are in place with specific pharmacies, GP practices and vape shops would also continue.

Solutions4Health would also seek to train additional local pharmacy staff to deliver stop smoking support in those parts of the county where community venues are no longer hired.

**Table three: Venues not affected by this proposal (the provider would continue to offer stop smoking services from these venues)**

Name of venue	Postcode	Proposal	Local community
Overton Surgery	RG25 3DU	Keep	Overton, Basingstoke
St Andrews Centre	RG22 6ER	Keep	Basingstoke
Fleming Park Leisure Centre	SO50 9NL	Keep	Eastleigh
Pilands Wood Community Centre	SO31 8DT	Keep	Bursledon
Highlands Medical Centre	PO15 6JF	Keep	Fareham
One Community Shop	PO16 7DB	Keep	Fareham
The Whiteley Surgery	PO15 7LB	Keep	Whiteley
Yateley Medical Centre	GU46 7LS	Keep	Yateley
Homewell Curlew	PO9 2AQ	Keep	Havant
Leigh Park Library	PO9 5AB	Keep	Leigh Park
Waterside Medical Practice	PO11 9AP	Keep	Hayling Island
Arnewood	BH25 5JP	Keep	New Milton
Totton and Eling Community Centre	SO40 3AP	Keep	Totton
Blackfield Health Centre	SO45 1XA	Keep	Blackfield
Lymington Hospital	SO41 8QD	Keep	Lymington
Mayfield Surgery	GU14 8UE	Keep	Farnborough
Andover War Memorial Hospital	SP10 3LB	Keep	Andover
Shepherds Spring Medical Centre	SP10 5DE	Keep	Andover

## Why is this being proposed?

It is proposed to reduce the number of venues offering stop smoking services because during the COVID-19 pandemic services provided online, by telephone or by video call had similar or improved reach and outcomes for service users. Over the past 12 months, the number of residents who accessed the service increased, and a greater proportion of these went on to successfully quit than in the previous year.

It is proposed to continue to use community venues which have lower operating costs for the provider. Each of the venues affected by the proposals have higher costs attached to their use such as venue hire fees and travel costs for service staff, meaning that the savings opportunity is greater.

Therefore, it is anticipated that withdrawing the service at these venues would achieve £150,000 in savings, whilst maintaining the same level of support for residents.

## How would this be implemented?

If this proposal is agreed, then the contract value would be reduced and the service provider would commence the new arrangements from 1 October 2022. Clients with appointments in locations affected by the proposals at this time would be offered an alternative location for face-to-face appointments or telephone, video or online support.

Information on how to access the Smokefree Hampshire service is available from local GP practices. The list of pharmacies providing support to stop smoking would be updated to highlight the alternative options.

## What would be the impact of this proposal?

If the proposal is agreed, face-to-face support would no longer be available from the 15 venues listed above and some residents may need to travel further if they wish to access the service face-to-face. This may particularly impact on people who have limited access to transport, such as people living in rural areas or in deprivation.

Virtual (telephone, video and online) support is already widely used, but could be used as an alternative to face-to-face for a greater proportion of appointments. Stop smoking support is already provided by some community pharmacies, but more could be recruited to deliver this service in local areas affected by the proposal.

These proposals could affect venues, as the changes proposed here could result in loss of income if venue hire agreements are ended.

These proposals could also affect staff within the Smokefree Hampshire service, as changes to venue arrangements could affect the number of posts required by the service.

## Stop smoking proposal B:

Reducing unsupported prescribing  
(the number of prescriptions written by GPs for medication and nicotine replacement therapy (NRT) to aid stop smoking that are not accompanied by a referral to Smokefree Hampshire)

### What is the current situation?

At present, residents can access prescription medication and NRT that can help them quit smoking from either their GP or from the Smokefree Hampshire service. The costs of prescribing these medications and NRT are met by the Smokefree Hampshire service, regardless of whether the prescription is made by the GP or by the service.

Residents who access via Smokefree Hampshire receive medication and NRT alongside additional behavioural support such as regular one-to-one motivational appointments.

Whilst GPs are able to provide medication and NRT to help people stop smoking, they are unable to provide additional support. Receiving medication or NRT without a referral to a stop smoking service is known as “unsupported prescribing.”

### What is being proposed?

It is proposed to discourage GPs from prescribing medication and NRT, which help people to stop smoking. Instead, GPs would be asked to refer patients to the Smokefree Hampshire service to access medication or NRT alongside tailored support.

### Why is this being proposed?

This option is being proposed as it would increase the chances of successfully quitting smoking and provide a more cost-effective way of helping people to stop smoking.

Evidence shows that people’s best chances of quitting are using a licensed stop smoking medication and behavioural support at the same time<sup>4</sup>.

Therefore, the reduction in unsupported prescribing proposed here would help to deliver £168,000 in savings, by reducing the likelihood of patients needing multiple repeat prescriptions for stop smoking medication or NRT (e.g. if they make multiple attempts to quit).

<sup>4</sup>. Hartmann-Boyce, J. and Livingstone-Banks, J. et al (2021) Behavioural interventions for smoking cessation: an overview and network meta analysis. Cochrane Database of Systematic Reviews. doi.org/10.1002/14651858.CD013229.pub2

Efficiencies as a result of reduced administration could also be achieved by Smokefree Hampshire providing medication and NRT directly to patients, rather than via GPs.

## How would this be implemented?

If this proposal is agreed, then the contract value would be reduced and the service provider would commence the new arrangements from 1 October 2022.

GPs would be asked not to prescribe stop smoking medication and NRT and instead be encouraged to refer their patients to the Smokefree Hampshire service. The benefits of doing so would be communicated to GPs and training and information would be provided to GP practices to support them to refer.

Residents would also be encouraged to self-refer to the service to enable faster access to stop smoking medication, NRT and one-to-one support.

## What would be the impact of this proposal?

Residents would need to access stop smoking medication or NRT via the Smokefree Hampshire service, instead of accessing these directly from their GP.

Residents who visit their GP to request stop smoking medication or NRT would be referred to the service, which could mean a slight delay in accessing the medications/NRT and one-to-one support.

Alternatively, if residents self-refer to the Smokefree Hampshire service, rather than making an appointment with their GP, there could be faster access to stop smoking medication, NRT and one-to-one support.

These proposals also mean that more residents would receive one-to-one support alongside stop smoking medication or NRT, which evidence suggests provides people with the best chance of quitting<sup>4</sup>.

## Options which are not being consulted on at this time

The County Council is not currently proposing to:

- reduce the number of people who could access the service per year. Smoking is the leading cause of premature death and ill-health so reducing the number of people quitting is not favourable;
- limit the number of people who have previously accessed the service. This would not be beneficial as the numbers of people who access the service multiple times over the course

of a year are relatively low and it is important that the service is able to help those who would like support to quit;

- reduce the number of people who receive intensive support (more frequent one-to-one sessions with an adviser). This was considered, but it was noted that a drop in the number of clients who receive intensive support is likely to reduce the number of people who successfully quit. This would not be good value for money.

# Consultation three: Sexual health services

## About Hampshire Public Health sexual health services

Hampshire County Council is required to provide sexual health services which must include the following statutory services:

- open access sexual health services for the prevention of, treatment, testing and caring for people with sexual transmitted infections;
- contraceptive services, including access to a broad range of contraceptives;
- providing advice on preventing unintended pregnancy.

These services are provided to everyone present in Hampshire who needs them, as well as to Hampshire residents.

The majority of these services are provided by Solent NHS Trust [letstalkaboutit.nhs.uk/](https://www.letstalkaboutit.nhs.uk/) on behalf of the County Council. The Solent NHS Trust Sexual Health Service is delivered from a number of sexual health clinics spread across Hampshire, as well as online, postal and outreach services in a range of places, including colleges.

Public Health also commissions:

- additional sexual health services, such as long-acting reversible contraception (e.g. coils and implants), from General Practices (GP surgeries);
- emergency hormonal contraception, often known as the 'morning after pill' from some commissioned local pharmacies;
- a provider of online HIV and syphilis self-sampling.

## How much does the County Council spend on sexual health services?

The County Council currently spends approximately £9 million on sexual health services for Hampshire residents each year.

## Who uses or is eligible for the sexual health services?

The Solent NHS Trust Sexual Health Service is available to any Hampshire resident who needs it. For people who live outside of Hampshire the service is available and charged back to the resident local authority. During 2019/20 approximately:

- 30,000 residents were seen by the service, which provided over 20,000 kits to allow people to self-test/test at home for sexually transmitted infections;
- 6,800 condoms by post orders were fulfilled;

- 12,250 coil and implant fittings and removals were undertaken through the commissioned long-acting contraception service provided by GPs;
- 6,700 emergency hormonal contraception service consultations were delivered by commissioned community pharmacies;
- 500 self-sampling kits were provided to Hampshire residents by the HIV and syphilis self-sampling service.

## Proposed changes

The County Council is proposing to reduce the budget for sexual health services by £521,000 per year by:

- reducing or stopping parts of the service that the County Council does not have a statutory duty to provide. This proposal would save £184,000 and includes:
  - reducing sexual health promotion and HIV prevention services. This would include only providing free condoms to 24 year olds and under and men who have sex with men as these groups are known to be at higher risk;
  - stopping counselling for people experiencing psychosexual problems;
  - stopping provision of free sexual health training for non-specialist sexual health staff.
- closing the smaller sexual health clinics in Alton, Hythe, New Milton, Ringwood and Romsey, saving £249,000;
- restricting access to free emergency hormonal contraception (sometimes known as the 'morning after pill') at community pharmacies to 24 year-olds and under, saving £80,000;
- removing the HIV and syphilis self-sampling service, saving £8,000.

These options are described in more detail on the following pages.

# Sexual health proposal A:

Saving £184,000 by reducing or stopping parts of the service that the County Council does not have a statutory duty to provide. This includes:

- reducing sexual health promotion and HIV prevention services. This would include only providing free condoms to 24 year olds and under and men who have sex with men as these are groups which are known to be at higher risk;
- stopping counselling for people experiencing psychosexual problems;
- stopping the provision of free sexual health training for non-specialist sexual health staff.

## What is the current situation?

The County Council's sexual health promotion and HIV prevention services are delivered by Solent NHS Sexual Health Service. They aim to enable those more likely to have poorer sexual health to have increased knowledge of contraception, safer sex and sexually transmitted infections including HIV. This includes targeted programmes for young people, men who have sex with men and people from certain Black and minority ethnic groups. They also provide free condoms to anyone who needs them via an online ordering service.

At present, people aged 16 and above who are experiencing sexual problems can seek a referral for psychosexual counselling from their GP. The service provides free short-term counselling and psychological-based sex therapy (up to six sessions) for individuals or couples experiencing a range of problems such as loss of interest in or painful sex and erectile dysfunction.

The County Council currently commissions the service to provide free sexual health training for non-specialist sexual health staff such as GPs and practice nurses, which ensures safe sexual health intervention by these professionals.

## What is being proposed?

It is proposed to:

- reduce the amount of sexual health promotion and HIV prevention services targeting those people at greater risk of poor sexual health and restrict free condoms to 24 year olds and under and men who have sex with men only as these are groups which are known to be at higher risk;
- stop providing counselling to people experiencing psychosexual problems;
- stop providing free sexual health training for professionals.

## Why is this being proposed?

Sexual health promotion, psychosexual counselling and sexual health training are not services that the County Council is mandated to provide.

With fewer resources available, the service would focus on vulnerable groups which are at greatest risk of poor sexual health including unplanned pregnancy and sexually transmitted infections.

If this proposal is agreed savings of £184,000 could be made to these parts of the budget.

## How would this be implemented?

If this proposal is agreed, then the value of the contract awarded to Solent NHS Sexual Health Service would be reduced and the service provider would begin to phase the changes in from April 2022 to allow time for staff consultation and contract notice periods.

The County Council would work with the service to inform stakeholders of changes and provide signposting to other sources of support.

## What would be the impact of this proposal?

If the changes are agreed, sexual health promotion services would be reduced and targeted at people at greater risk of poor sexual health including vulnerable young people and adults, men who have sex with men and people from certain Black and minority ethnic groups. People from other population groups would still be able to access sexual health promotion services and practitioners would still be able to refer vulnerable young people and adults to the sexual health promotion services for sexual health promotion support. However, there may be a longer waiting time to access these services.

Adults over 25 years old, excluding men who have sex with men, would need to purchase condoms. These are available from a range of shops, vending machines and online. Free condoms would continue to be available for people 24 year olds and under and men who have sex with men as these groups are at greater risk of sexually transmitted infections.

Free access to psychosexual counselling would no longer be available. Residents would be signposted to online self-help support and information and/or paid for services that are provided by the private and charity sector. This may have a negative impact on people on low incomes.

Professionals may need to pay a fee to attend sexual health training for non-specialist sexual health staff.

Staff working in this part of the service could be affected and may be required to work in a different part of the County or the service or be re-deployed or made redundant. This would be determined by the service provider, Solent NHS Trust.

# Sexual health proposal B:

## Saving £249,000 by closing smaller clinics that run in Alton, Hythe, New Milton, Ringwood and Romsey

### What is the current situation?

At present the Solent NHS Trust Sexual Health Service is contracted by Hampshire County Council, Southampton City Council and Portsmouth City Council to provide large sexual health clinics in Andover, Aldershot, Basingstoke, Winchester, Portsmouth and Southampton. These deliver the full range of sexual health services and are open for the majority of the working week and some evenings too.

The service also provides weekly sexual health clinics at another 10 locations which offer a smaller range of contraception and sexually transmitted infection services. These include clinics in Alton, Bordon, Fareham, Gosport, Havant, Hedge End, Hythe, New Milton, Ringwood and Romsey.

During the COVID-19 pandemic many of these smaller clinics offering a limited range of face-to-face services closed. Instead, services were provided by telephone and by post, ensuring that residents in these areas could continue to access contraception, and testing and treatments for sexually transmitted infections. Residents requiring face-to-face appointments continued to be offered appointments in the other larger clinic locations.

Many of these smaller clinics, including New Milton, have since reopened, but clinics in Alton, Hythe, Ringwood and Romsey have been closed since March 2020.

### What is being proposed?

It is proposed that the smaller clinics in Alton, Hythe, New Milton, Ringwood and Romsey be closed permanently from 1 April 2022.

The larger sexual health clinics and the smaller clinics in the other locations would continue to be provided in addition to the services that are now available online and by telephone consultation and by post.

### Why is this being proposed?

The clinics proposed for closure were not well attended before the COVID-19 pandemic, are costly to run and do not provide the full range of services that the larger clinics provide.

Some of the services offered by these clinics have been successfully provided using telephone, digital and postal services throughout the pandemic. This approach would continue to ensure residents can still access services.

A saving of £249,000 could be made by closing these clinics.

### How would this be implemented?

It is proposed to close these clinics from the 1 April 2022. Regular users of these services would be informed that these clinics are closing and would be signposted to alternative clinics and services.

### What would be the impact of this proposal?

Services would continue to be available at other clinics across Hampshire. There may be an increase in travel time to access these clinics<sup>5</sup>.

Residents could also access a range of contraception and sexually transmitted infection services at local GP practices and community pharmacies.

Telephone, on-line and postal services would also be available as an alternative to face-to-face support.

Staff working in this part of the service could be affected and may be required to work in a different part of the County or the service or be re-deployed or made redundant. This would be determined by the service provider, Solent NHS Trust.

<sup>5</sup>. A sexual health services clinic finder is available: [letstalkaboutit.nhs.uk/clinic-finder/](https://letstalkaboutit.nhs.uk/clinic-finder/)

## Sexual health proposal C:

Saving £80,000 by restricting access to free emergency hormonal contraception (often called the 'morning after pill') at community pharmacies to 24-year-olds and under

### What is the current situation?

The County Council currently commissions 167 community pharmacies in Hampshire to provide free emergency hormonal contraception (often referred to as the 'morning after pill').

Emergency hormonal contraception (EHC) is also provided free of charge in local GP practices and by the Solent NHS Trust Sexual Health Service and is available to buy in most community pharmacies.

### What is being proposed?

It is proposed that emergency hormonal contraception in community pharmacies is only provided free of charge to people aged 24 years and under.

### Why is this being proposed?

With limited resources available, it is important that the service focusses on young women who are most at risk of unintended pregnancy and young mothers and their babies, who are at increased risk of poorer outcomes. Over 50% of service users are 24 years old and under.

A saving of £80,000 could be made by restricting access to free emergency hormonal contraception (often called the 'morning after pill') at community pharmacies to 24 year olds and under.

### How would this be implemented?

If this proposal is agreed, community pharmacies would only provide free emergency hormonal contraception to those aged 24 years and under from 1 April 2022.

Women aged 25 and over who visit a community pharmacy for emergency contraception would be able to purchase it or they would be signposted to other available services.

### What would be the impact of this proposal?

If the proposal is agreed, women aged 25 and over would only be able to access free emergency hormonal contraception from their GP or from the Solent NHS Trust Sexual Health Service.

This would result in approximately 3,000 women having to purchase emergency hormonal contraception or access free emergency hormonal contraception from their GP or the Solent NHS Sexual Health Service each year. This equates to approximately 18 women in each of the commissioned community pharmacies a year. Alternatively, they could pay for EHC, at a cost of between £13.50 and £35.

## Sexual health proposal D:

Saving £8,000 by removing the HIV and syphilis self-sampling service

### What is the current situation?

Hampshire County Council currently commissions a national sexual health organisation called SH:24 to provide free HIV and syphilis self-sampling testing kits to Hampshire residents over the age of 16.

This service is provided in addition to the sexually transmitted infection self-sampling testing kits that are provided by the Solent NHS Trust Sexual Health Service.

### What is being proposed?

It is proposed to stop the service provided by SH:24.

### Why is this being proposed?

HIV and syphilis self-sampling testing kits are also available from the Solent NHS Trust Sexual Health Service which also provides a STI self-sampling service for a range of STIs. Ending the contract with SH:24 would remove service duplication and would save £8,000.

It is proposed that the Solent NHS Trust sexual health service is the one retained as it is better used and is easier to access.

### How would this be implemented?

If this proposal is agreed, then the County Council funded HIV and syphilis self-sampling service would stop on 31 March 2021. Residents who access the service with SH:24 would be directed to the Solent NHS Trust Sexual Health Service to order a self-sampling kit.

### What would be the impact of this proposal?

If the proposal is agreed, residents would need to access free HIV and syphilis self-sampling test kits through the Solent NHS Trust Sexual Health Service, or they could visit a sexual health clinic or get a test from their GP. Any increase in demand for this service would need to be absorbed by the Solent NHS Trust Sexual Health Service.

## Options which are not being consulted on at this time

The County Council is **not** currently proposing to:

1. Stop all sexual health promotion and HIV prevention services. Although it is not a statutory requirement there would be a negative impact on the sexual health of Hampshire residents, and this could lead to an increase in demand for more expensive services.
2. Reduce spending on the GP provided long-acting reversible contraception services, e.g. 'coils' and implants, as these are the most effective and the most cost-effective methods of contraception. Reducing access to this service could lead to an increase in demand for these methods of contraception at the Solent NHS Trust Sexual Health Service, as well as unintended pregnancies.

# Consultation four: 0-19 Public Health nursing service

## About the Hampshire 0-19 Public Health nursing service

The Hampshire 0-19 Public Health Nursing Service comprises two functions; health visiting and school nursing to deliver the Healthy Child Programme.

The **health visiting** part of the service is provided to children aged 0 to 7 years and their family. It supports parents to focus on the needs and priorities of their baby and family during pregnancy, the first years of life and beyond. This service is provided to everyone who lives in Hampshire with various levels of support:

- Community (supporting families to find help and support for things like introducing solid foods, toilet training, healthy lifestyles, including online access through the Hampshire Healthy Families website; workshops and support groups and child health clinics<sup>6</sup>);
- Universal (including five Government mandatory reviews – antenatal, new birth, 6 to 8 weeks, 9 to 12 months, and 2 to 2½ years);
- Universal Plus (additional support for specific issues, such as breastfeeding, sleep, smoking, low mood, usually short term);
- Universal Partnership Plus (working in partnership with the family to achieve their goals) which includes an enhanced offer for families who need more support (such as young parents and those with disabilities and those looked after by the County Council);
- Family Nurse Partnership (specialist intensive support for teenage mothers during pregnancy and the first two years).

Each year the health visitor service supports about 14,500 newborn children and their families. About 25% of these families receive the Universal Partnership Plus or Family Nurse Partnership levels of service.

The **school nursing** part of the service is available for children, young people and their families aged 5-19 years, or aged up to 25 years if young people are leaving care at 18 or have special educational needs and disabilities (SEND).

The service is also offered through various levels of support (similar to the health visiting part of the service):

- Community (supporting families to find help and support, including online access through the Hampshire Healthy Families website);

- Universal which includes:
  - Encouraging families to inform the school of their child's health needs so suitable support can be identified and implemented;
  - Year R vision screening and if required, a referral to an eye specialist;
  - the mandated National Child Measurement Programme<sup>7</sup> (NCMP) in Year R and Year Six. These weight and height checks are a key part of the Government's work to tackle childhood obesity;
- Universal Plus (additional support with a specific issue such as sleep, continence, healthy weight, mental health, or children starting or changing schools (particularly if they have additional needs), usually short term);
- Universal Partnership Plus (working in partnership with the child, young person (and family where appropriate) to achieve their goals).

The school nursing part of the service also:

- supports families with the identification of special educational needs;
- supports primary and secondary schools in both their personal, social, and health education (PSHE) offer and providing links to wider health services such as continence services or the child and adolescent mental health service (CAMHS).

Both services signpost or refer to relevant wider support groups and services (such as early help, mental health, domestic abuse, sexual health, or substance misuse services). Underpinning these activities is the role to keep babies, children and young people and their families safe (safeguarding). Public Health nurses assess and identify safeguarding needs and work with the family to help them ensure that their child's needs can be met safely. Alongside other agencies, they contribute to safeguarding processes.

The Hampshire 0-19 Public Health Nursing Service is operated on behalf of Hampshire Public Health by Southern Health NHS Foundation Trust. The Community element of the service is delivered by Southern Health NHS Foundation Trust in partnership with Barnardo's called Hampshire Healthy Families.

Further detailed information about the Hampshire Public Health Nursing service can be viewed at [hampshirehealthyfamilies.org.uk/homepage](https://hampshirehealthyfamilies.org.uk/homepage)

## How much does the service cost the County Council?

The Public Health nursing service has a budget of £20.4 million per year.

<sup>6</sup> Child health clinics where families could bring their babies to be weighed or to have a conversation with a health visitor or connect with other parents (often held in community venues such as Children's Centres) were stopped during COVID-19, however appointments could be made for specific issues.

<sup>7</sup> Further information about the National Child Measurement Programme can be found at [gov.uk/government/collections/national-child-measurement-programme](https://gov.uk/government/collections/national-child-measurement-programme)

## Who uses or is eligible for the service?

The health visiting part of the service is available to all children and their families from pre-birth to 5 years (and up to 7 years for children with additional needs).

The school nursing part of the service is available to Hampshire children and young people aged 5 to 19 years if they:

- attend school in Hampshire;
- have additional needs and attend sixth forms within schools, colleges or training centres in Hampshire;
- are elected home educated or not in education, employment or training.

Children and young people attending independent and private schools and colleges are not covered by this service.

## Public Health nursing proposal

To reduce the 0-19 Public Health Nursing Service budget by £2.09 million per year by:

- reducing the number of staff posts (e.g. health visitors, school nurses and community staff nurses) available to support families by approximately 47 (12.5% of the current workforce);
- only providing school nurse support to children and young people over the age of 11 years through the digital offer.

## What is the current situation?

The Public Health nursing service has a workforce of approximately 375 staff posts that provide a range of clinical and non-clinical roles.

Clinical roles provide direct support to children, young people and families and are undertaken by qualified nurses. There are some activities (e.g. safeguarding) that can only be carried out by an appropriately experienced member of clinical specialist staff, whereas other activities (e.g. a support plan for sleep) can be carried out by other clinical roles.

Non-clinical roles include management and administrative support required to deliver the mandated reviews when they are due for each baby and child.

## How is the service delivered?

Public Health nursing services are delivered in different ways depending on the support or level of service required.

The Community element of both parts of the service is delivered through Hampshire Healthy Families ([hampshirehealthyfamilies.org.uk/](http://hampshirehealthyfamilies.org.uk/)) and includes:

- online information and advice for children, young people and families (e.g. safe sleep, smoke-free homes, speech and language, healthy growth, healthy relationships, and mental health);
- child health clinics;
- face-to-face support groups such as a social group to connect new mums;
- face-to-face workshops such as introduction to solids and healthy lifestyles;
- a range of digital support tools that children, young people and families can use such as the text messaging service ChatHealth, and relevant apps;
- signposting to wider resources Dad Pad (a free app for new dads in Hampshire).

The face-to-face activities in the Community level of service have been delivered virtually wherever possible during COVID-19.

## Health visiting

At a Universal level, the mandated new birth review is delivered face-to-face in the family's home to provide a key opportunity to assess and identify needs effectively.

All other mandatory and non-mandatory reviews at all levels are risk assessed to decide whether they should be completed face-to-face, by video or by telephone. Those babies, children, and families with the greatest needs (often those living in areas with greater levels of deprivation, those with safeguarding needs, and those receiving the higher levels of service (Universal Partnership Plus or the Family Nurse Partnership)) are given a face-to-face review, where prioritised.

During the pandemic a greater number of reviews have been completed using video or telephone to ensure compliance with COVID-19 secure guidelines.

There is a named health visitor for every child up to the age of one and for all children identified as having additional needs up to the age of seven years. Outside of the five mandatory reviews families can access the service in other ways such as by contacting their health visitor, texting ChatHealth or visiting the Hampshire Healthy Families website ([hampshirehealthyfamilies.org.uk/](http://hampshirehealthyfamilies.org.uk/)). Other professionals such as midwives, GPs, and nurseries can seek support from the health visitor service for a family around specific issues such as breastfeeding or behaviour.

In addition to the mandated reviews and families contacting the service themselves, the most vulnerable pregnant women, children and families can be identified through liaison with GP and maternity services, nurseries and preschools and providers in other areas where necessary.

## School nursing

At the Universal level, school nurses complete the vision screening for children in Year R and the weight and height measurements for children in Year R and Year Six (the mandated National Child Measurement Programme (NCMP) in schools. If results have indicated a particular concern, school nurses can contact the parents or carers to discuss this.

For wider support within the Universal Plus or Universal Partnership Plus levels of service, 'requests for support' can be submitted by parents, carers, schools or wider health and social care professionals (e.g. a GP). A school nurse will then:

- assess the child or young person's needs;
- identify any unmet health needs;
- provide short pieces of care (such as for mental health or healthy relationships);
- provide independent health advocacy;
- support them to access wider services (e.g. CAMHS).

Wherever possible, this support is delivered face-to-face but digital tools will be used where appropriate (e.g. a video appointment or signposting to digital resources).

## What is being proposed?

To reduce the Public Health Nursing Service budget by £2.09 million per year by:

- reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce);
- only providing school nurse support to children and young people over the age of 11 years through the digital offer.

## Why is this being proposed?

Approximately 85% of the current budget is spent on staffing. Therefore, it would be difficult to make the proposed level of saving without a reduction in the number of posts.

These proposals are intended to enable the maximum number of children, young people and families to access information, advice and support within a reduced budget and staffing level to achieve a saving of £2.09 million. Supporting as many children, young people and families as possible to find their own solutions would enable the remaining public health nurses to focus on those with the greatest level of need.

The current digital offer within the service has developed gradually over the last four years to include:

- parent accounts including communication of NCMP results (currently in development);
- online logging of child health (local version of electronic Personal Child Health Record (Red Book));
- video and telephone as alternative contact methods;
- workshops, and group sessions on specific issues;
- online networking as well as face- to -face opportunities to connect such as 'Ready Steady Mums' walking group;
- signposting to services;
- access to apps (Channel Mum and Health for under 5's, kids and teens suite);
- signposting to other online resources (e.g. DadPad);
- general information and advice for all age groups and parents;
- ChatHealth texting service.

There is opportunity to raise awareness and increase use of this resource providing more choice and flexibility for families in how they access the support they need.

It is acknowledged that adolescence can be a vulnerable time in a child or young person's development with evidence suggesting that outcomes for children and adults are strongly affected by their experiences during this time, particularly as they take more control of their own decisions for their health and wellbeing. Older children are more able to access digital resources and have wider support available, for example from their school.

This proposal recognises that pregnancy and the first years of life are one of the most important stages in the life cycle. Supporting families and children from preconception through birth (in conjunction with maternity services) and the early years would give all children the best start in life and enable parents to teach their children the basics of how to look after their health and wellbeing<sup>8</sup>.

As babies and young children are completely reliant on their parents and carers there is a greater level of risk involved in reducing the support available to pregnant women, babies, and young children than reducing the service for children aged 12 years or over. Reducing the support available from preconception through the early years by a greater amount, could increase demand and costs for services if needs escalate.

## How would this be implemented?

A reduction in the number of staff posts would be enabled through encouraging a greater focus on using digital (online, video and telephone) channels wherever appropriate to allow staff to focus on those aged under 12 years with the greatest needs.

To increase use of the current digital offer, the service would promote and signpost more families to these resources wherever appropriate for their needs. A communications strategy would be implemented to ensure other services (such as GP and schools) are aware of the changes and could signpost families accordingly. Current planned developments (including secure parent and carer accounts and appointment booking systems) would continue to ensure the service continues to improve the offer for families.

### Health visiting

All pregnant women, and parents and carers of children aged under 5 years (or 7 years if they have additional needs), would continue to be able to access information and advice through digital tools (e.g. the Hampshire Healthy Families website and ChatHealth texting service) or by calling their health visitor. They could also still access support from their GP or local maternity services.

Child health clinics that were delivered before the COVID-19 pandemic, but have been paused, would not be restarted. Face-to-face appointments would remain available for specific issues (e.g. breastfeeding or healthy growth where babies need to be weighed).

Within the Public Health Nursing Service, fewer face-to-face appointments would be available, and these would be prioritised for those with the greatest needs (those living in areas of deprivation, with safeguarding needs, those accessing the higher levels of service (Universal Partnership Plus or Family Nurse Partnership) or where the support needed actually requires a face-to-face appointment (such as new birth visits or weighing a baby for a healthy growth check).

The reduction in the number of staff posts along with the increasing needs and complexities families are currently facing (e.g. as a result of COVID-19) could result in the thresholds for accessing each level of service being increased. This means that families that would have been eligible for higher levels of service would only be offered lower levels.

### School nursing: Children aged five to 11 years

For children aged between 5 and 11 years old, school nurses would still offer the vision screening (Year R) and weight and height measurements within the National Child Measurement Programme (Year R and Year Six), but there would be a reduced potential to re-visit schools to screen, weigh and measure children that were absent on the original visit date.

Nurseries, pre-schools and schools would still be able to submit a 'request for support' for children under the age of 12 years, but children may have to wait longer to receive that support.

Safeguarding support (incorporating identification of health need, assessment, independent health advocacy to represent the voice of the child (with other services) and contribution to safeguarding processes such as child protection conferences and the decision-making) would continue to be provided and prioritised for this age group.

### School nursing: Children aged 12 years and over

For children and young people aged 12 years and over, the school nursing service would only provide the digital offer described in 'why is this being proposed' **on page 37**. It would no longer deliver:

- safeguarding support including assessment of needs, the identification of unmet health needs, or independent health advocacy;
- health representation at child protection conferences including contribution to decision making within child protection plans;
- support for specific needs such as emotional wellbeing, mental health or healthy weight;
- support to primary and secondary schools around their personal, social, and health education (PSHE) offer;
- support to secondary schools in terms of links to wider health services such as Child and Adolescent Mental Health Services.

8. Giving every child the best start in life – Public health matters (blog.gov.uk)

Families, schools, GPs, or other professionals (such as social care) would not be able to submit a 'request for support' for these children and young people as the reduction in numbers of staff posts could mean there would be no staff able to respond to these. Children and young people could still be referred to early help services such as the Family Support Service and the Supporting Families Programme, or to emotional wellbeing and mental health support through the Child and Adolescent Mental Health Service or mental health support teams in schools (which are currently in development).

Children and young people would be able to access information and advice through the Hampshire Healthy Families website in the first instance and further support would be available from their GP who could then refer them on to other services as appropriate.

### Support to education settings

To provide additional support to educational settings, all nurseries, pre-schools, schools (including primary, secondary and special schools), further education colleges and sixth forms would also have access to information and advice through the Hampshire Health in Education website and new eLearning tools that are currently in development. Schools would be welcome to take part in the biennial school surveys<sup>9</sup> to help them understand the needs of their children and young people and the knowledge, skills and confidence of their staff.

### When would these proposed changes come into effect?

If agreed, the proposed changes would commence on 1 April 2022 with reductions being phased in to allow for staff consultation and notice periods.

## What would be the impact of this proposal?

The proposed changes would result in more children, young people and families using the Public Health Nursing service through a 'lighter touch' approach by being enabled to find information and advice through digital tools rather than accessing a public health nurse.

Some people may be unable to use digital tools either due to not having access to a laptop, desktop PC or tablet, not having access to the internet or not having learnt how to use these. To help these people Hampshire library service provide internet access in local libraries and may also be able to offer loan schemes for tablets with internet access to enable a family to access a particular workshop or session.

Where support is required from a public health nurse, there could be longer waits for

<sup>9</sup> The Hampshire school surveys ask children and young people in years 5, 7 and 10 to anonymously respond to age-appropriate questions relating to various public health topics such as healthy eating, emotional wellbeing and mental health, bullying, feeling safe, healthy relationships, smoking and vaping, and substance misuse. They also ask staff around their knowledge, skills and confidence for teaching about these topics and supporting children and young people as required.

appointments as the reduced number of staff posts would impact on the numbers that could be seen face-to-face. Video, telephone and online options could be offered as an alternative.

Where capacity thresholds for each level of service are reached, families could receive a lower level of service. For example: If there is no capacity available for pregnant young women within the Family Nurse Partnership, they would be prioritised for the Universal Partnership Plus level of service. Families impacted by this would be prioritised for the Universal Plus level of service and so on.

The changes proposed could also have a knock-on impact to other providers of care, with referrals being delayed at all stages due to increased complexity of identifying issues when assessing remotely.

Similarly, whilst the statutory process for Education, Health and Care Plan (EHCP) applications is not affected by this proposal, early signs of additional health needs may not have been identified at the point of application. The reduction in staff posts may also mean there is less early support available to people receiving EHCP Plans through the Public Health Nursing Service. This could result in later referrals to services such as Portage, the Primary Behaviour Service and Emotional Literacy Support Assistant (ELSA) support within schools. Referrals for other services may increase, particularly for children aged 12 years and over.

### Health visiting

Within the health visiting part of the service, these changes could mean that 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. Aspects that may be more difficult through telephone or video appointments include:

- identifying domestic abuse;
- supporting emergent breastfeeding issues;
- supporting safe sleep;
- assessing healthy growth and whether a child is of a healthy weight;
- speech and language development.

Where appropriate, and through existing partnerships, and monitoring undertaken by statutory arrangements, this would be kept under review in order to reduce the risks of poorer outcomes.

In some circumstances and particularly where a family no longer meets the threshold for higher level or more face-to-face support, this could lead to issues escalating, a requirement for support from a wider range of services and potentially poorer health outcomes for these groups.

To reduce these risks, all new birth reviews (the mandated review given within 10 to 14 days of a baby's birth) would be delivered face-to-face in the family home. This would provide a key opportunity for the service to effectively assess the family's needs and guide the level of service

of service offered to the family going forward. The Public Health nursing service would then risk assess all other reviews.

Should families' needs change over time it would be up to the families to contact the service to seek additional support as there would be fewer opportunities for public health nurses to identify changing need. GPs or other professionals could still liaise with the service if a family's needs required reassessment.

### **School nursing: Children under the age of 12 years**

This proposal would mean that children between the ages of five and 11 years would continue to receive the school nursing service as described in 'how is the service delivered' **on page 35** and those with special education needs or disability (SEND) would still be prioritised for support.

A reduction in numbers of staff available to respond to a 'request for support' could mean there would be longer waiting times. Some children and young people may consequently be unable to access the service at a meaningful time for them. Over time, this could result in poorer outcomes and even adverse childhood experiences<sup>10</sup> as issues escalate.

Children and young people unable to access the service when they need would still have the option of seeking support from their GP or other services such as early help, the Family Support Service and the Supporting Families Programme.

There would be reduced opportunity for public health nurses to identify safeguarding issues through routine checks or a request for support not being appropriately stated and wrongly prioritised. The opportunity for identification by other professionals would remain.

If children are not in school for their vision screening (Year R) and weight and height measurements within the National Child Measurement Programme (Year R and Year Six), they may miss the opportunity to access these services via the school. If parents or carers are concerned, they can contact their school nurse for information and advice or visit their GP. In particular, parents and carers of children who have missed their vision screen would be advised to visit an optician to check for vision issues.

### **School nursing: Children over the age of 12 years**

Children and young people aged 12 years and over would only be able to access digital information and advice. There would be no face-to-face support provided for this age group, including children and young people who have additional needs, such as SEND or looked after children. This would affect about 2% (about 2,200) of children aged 12 years and over. Video

<sup>10</sup>. Adverse childhood experiences are events that can leave a negative impact on children and young people. They can be varied but they are strongly associated with poorer health outcomes such as increased incidence of problems such as poor mental health, self-harm, substance misuse, smoking, and domestic violence. They are also associated with increased incidence of cancer, heart disease, and diabetes.

and telephone support is not appropriate for this age group so this would not be available as an alternative.

This could disproportionately affect children and young people (and their parents or carers) who do not have access to digital devices or the internet (or the skills or confidence to use them). It is estimated that 9% of all families with children do not have access to a laptop, PC or tablet. To help these people Hampshire library service provide internet access in local libraries and may also be able to offer loan schemes for tablets with internet access to enable a family to access a particular workshop or session.

If a child over the age of 12 years needed additional support, they would need to speak to their GP who would be able to refer on to wider services if appropriate or ask their school for a referral into early help services including the Family Support Service and the Supporting Families Programme.

This proposal could also disproportionately affect children and young people with poor mental health as fewer would receive support early and could develop more serious mental health conditions. This could negatively impact on waiting lists for specialist services such as the local Child and Adolescent Mental Health Service (CAMHS). There are a number of alternative services available to support children and young people in Hampshire with their mental health through current, and planned school-based services. Some schools have their own emotional wellbeing and mental health support, some have bought into County Council services such as Education Psychology and others have Mental Health Support Teams (MHSTs). These MHSTs are being introduced to more schools throughout Hampshire over the next few years to 2024.

This proposal means that children and young people over the age of 12 years would not be supported for any safeguarding needs by school nurses. School nurses would no longer support them or assess and identify their health needs. There would be no school nurse support within the statutory child protection conferences for this age group. Health representation at safeguarding conferences is a statutory responsibility. The safeguarding partners (County Council Children's Services, NHS and police) are developing an alternative model of support for the child protection conferences for this age group.

### **Impact on the Public Health nursing service workforce**

Effort would always be made to reduce staffing levels in a planned and sensitive way by managing vacancies as they arise, to deliver savings through natural turnover and redeployment of staff; and exploring voluntary redundancy. Hampshire County Council and Southern Health NHS Foundation Trust (as the provider) would ensure consultation with staff and trade unions about workforce implications at the appropriate time and in accordance with its policies and procedures.

## Impact on education settings

The reduction in the number of school nurses would mean that support to nurseries, pre-schools and primary schools would be reduced.

Support to secondary schools would stop and all secondary schools would need to access the Hampshire Health in Education website for resources relating to health issues.

School staff may not feel confident in helping children, young people and their families to find the appropriate support for their health needs. New introductory e-learning would be provided to offer further guidance, to supplement existing information and advice available via the Hampshire Health in Education website.

Schools would also be able to signpost to GP services when needed.

## Impact on GPs

This proposal could mean more children, young people and families are signposted to their GP for advice and support. This would increase the workload of GPs and may result in longer waiting times for other patients.

To reduce the potential impact on GPs, children, young people and families would be signposted to the Hampshire Healthy Families website and other digital resources to ensure those that just need some information and advice can find what they need without needing to wait for and use a GP appointment.

GPs could also refer on to wider services for support.

## Options which are not being consulted on at this time

The County Council is **not** currently proposing to:

- Reduce the service to a 0-7 years' service instead of the proposed 0-11 years' service. This would not have supported the transition to secondary school, an important time of change, and would have meant safeguarding support only for families up to the age of 7 instead of 11 years. Retaining a 0-11 years' service also provides the opportunity to raise awareness of the Community and digital offer with children when they start secondary school.
- Provide a 'sold service' model whereby schools can purchase a package of Public Health support. This would create a number of risks including:
  - lack of staff capacity to deliver school requirements;
  - existing pressures on school budgets resulting in some schools not buying into this model which would further increase inequalities across the county.
- Include school nurse support within the Hampshire Children's Social Care multi-agency 'Intensive Support Model' for the most vulnerable children and young people. It was concluded that school nurses would not have a clear role within this model as they work predominantly in prevention and early intervention.
- Remove the Community level part of the service and maintaining face-to-face provision beyond 11 years. The proposals within this consultation are intended to enable the maximum number of children, young people and families to access information, advice and support so as to prevent further escalation of needs that require more specialist interventions.
- Changing the way health professionals provide safeguarding support and attendance at child protection conferences for children over the age of 11 years by creating a new separate safeguarding health model jointly funded by the Clinical Commissioning Group (CCG). This proposal would have required a greater level of saving from the service to contribute towards the new model and therefore, would have adversely impacted on a greater proportion of children, young people and families. In addition, the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group was unable to confirm if they would have the resources to develop this model.

# Conclusion

Thank you for reading through this Information pack.

You are invited to give your views on the proposed changes to the public health services outlined. These will be collated and analysed in order to inform potential changes to future services.

You can respond by using the online Response Form at:

**[hants.gov.uk/public-health-consultation](https://hants.gov.uk/public-health-consultation)**

If you require a paper copy of the Information Pack or the Response Form or need these documents in another language or format such as Easy Read, large print, audio or Braille please email Hampshire County Council at: **[AS.Consultation@hants.gov.uk](mailto:AS.Consultation@hants.gov.uk)**, or call **0370 779 8102\***

You can also email your response directly to Hampshire County Council using the email address **[AS.Consultation@hants.gov.uk](mailto:AS.Consultation@hants.gov.uk)**

The consultation is open from midday 14 June 2021 and closes 11.59pm 9 August 2021. Please note that responses received after this date will not be included in the findings report.

If you have any queries about the consultation, please contact

**[AS.Consultation@hants.gov.uk](mailto:AS.Consultation@hants.gov.uk)** or call **0370 779 8102\***

*\*03 calls are usually included in most landline and mobile call packages and if not, are charged at no more than calls to normal home or business landlines.*

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When you have finished with this document, please give it to someone else so they too can have their say.