

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
30 MARCH 2016

REPORT OF DIRECTOR OF PUBLIC HEALTH

0-19 HEALTHY CHILD PROGRAMME REVIEW AND RE-PROCUREMENT

Purpose of report

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the 0 - 19 health needs assessment and gain its views on the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service (Health Visiting and School Nursing) for Leicestershire.

Policy Framework and Previous Decisions

2. In February 2015 the Cabinet approved the transfer of commissioning responsibilities for 0-5 Public Health Services from October 1st 2015 in accordance with the financial offer made to the Authority by the Department of Health (DH) on 11th December 2014. The Cabinet further approved the direct award of a contract to Leicestershire Partnership NHS Trust (LPT) to provide 0-5 Children's Health Visiting Services from 1st October 2015 to 31st March 2017. In addition the Cabinet approved an exception to extend the current School Nursing Service up to 31st March 2017.
3. These approvals allowed the Public Health Department to undertake a full health needs assessment, evidence review, service reviews, stakeholder engagement, gaps analysis and the development of a service model and specification to deliver an integrated 0-19 Healthy Child Programme service.
4. The HCP contains two of the statutory public health functions delivered by local authorities, namely the national childhood measurement programme, and the 5 mandated universal health visiting contacts.

Background

5. There is compelling evidence that a child's experiences in the early years have a major impact on their health and life chances, as children and adults. The Chief Medical Officer's Annual Report published in 2013 'Our Children Deserve Better: Prevention Pays', strongly argues the economic case for focussing on children and young people by giving them the best start in life and building resilience. The report also builds on previous work by Prof. Michael Marmot by emphasising the need for proportionate universalism – i.e. improving the lives of all, with proportionately greater resources targeted at the more disadvantaged.
6. The 0 – 19 HCP is the national Department of Health universal programme for improving the health and well-being of children and young people. The majority of the programme is commissioned locally by local authorities with some elements, discussed

below, being mandatory. Guidance to support local authorities in designing their specifications was released by the Department of Health in January 2016.

7. The HCP is informed by National Institute for Health and Care Excellence (NICE) guidance and evidence-based approaches in key areas: parental mental health; smoking; alcohol / drug misuse; intimate partner violence; preparation and support for childbirth and the transition to parenthood; attachment; parenting support; unintentional injury in the home; safety from abuse and neglect; nutrition and obesity prevention; and speech, language and communication.
8. The HCP is presently delivered by two separate programmes. The 0-5 year's element was commissioned by NHS England until 1st October 2015, when responsibility moved to Leicestershire County Council. The 5-19 years element has been commissioned by Leicestershire County Council since 1st April 2013.
9. Leicestershire's HCP is commissioned by Leicestershire County Council from the ring-fenced public health grant. It is currently provided by Leicestershire Partnership NHS Trust (LPT) at a contract value of £9.0m per annum:
 - HCP 0-5 is delivered by the Health Visiting and Early Start team.
 - HCP 5-19 is delivered by the School Nursing service and includes the National Child Measurement Programme
10. **Public Health Nurses (Health Visiting and Early Start)** lead the delivery of the nationally mandated requirement to provide universal antenatal checks, new baby reviews and health and developmental checks at 6-8 weeks, 1 year and 2 years.
11. Health Visitors are public health nurses who lead and deliver the HCP for 0 to 5 year olds by:
 - Helping to support the health and wellbeing of the whole family, from antenatal visits until the child goes to school.
 - Providing advice on healthy choices e.g. breastfeeding, weaning and healthy eating.
 - Offering development reviews to identify whether a child needs additional support to reach their full potential.
 - Supporting parents to feel confident in their parenting skills and to provide the best opportunities for their baby.
 - Working in partnership with Early Help and specialist services to support families with additional needs.
 - Offering support and information to families experiencing specific difficulties such as postnatal depression, social isolation and domestic abuse.
12. Early Start is an early intervention programme aimed at first time parents with a number of vulnerabilities. It is an intensive voluntary service which provides support and education around pregnancy, parenting and relationships via home visiting and involvement in groups. The support begins in the ante-natal period and lasts until the baby's 2nd birthday. This programme is currently for parents living in Loughborough, Shepshed, South Charnwood villages (Birstall, Thurmaston and Syston) Coalville and

Hinckley (from April 2016). The Public Health Department is currently commissioning an external evaluation of the programme to inform its continuation and development.

13. After a recent expansion of health visitor numbers nationally, there are 115 full-time equivalent staff (including community nursery nurses) working on the health visiting service in Leicestershire all are employed by Leicestershire Partnership NHS Trust
14. The estimated caseload for the Health Visiting service from 1st April 2017 divided into levels of need is as follows.

	Universal (0-school age)	Partnership (Targeted)	Partnership Plus (Vulnerable)	Safeguarding (Child Protection)	Net effect of Registered to Resident	Total caseload
Leicestershire	31690	2421	791	188	1130	32820

15. **Public Health Nurses (School Nursing)** lead the delivery of the HCP 5-19, including the National Child Measurement Program (NCMP) which is a statutory Local Authority public health duty.
16. School nurses provide advice and support on a range of health issues within schools, including developing health plans for children with specific needs (looked after children, young carers, children with special educational needs etc.), obesity and weight management in schools, mental health support and all other priority public health issues as well as child protection/ safeguarding. The National Child Measurement Programme is a nationally mandated programme to measure all children's height and weight when they start and finish primary school.
17. There are 55 whole full-time equivalent staff working for the school nursing service in Leicestershire employed by Leicestershire Partnership NHS Trust.
18. The number of pupils attending state-funded primary and secondary schools is equivalent. Over a quarter of all pupils attended an independent school in Rutland.

Number of Pupils by Type of School, January 2015

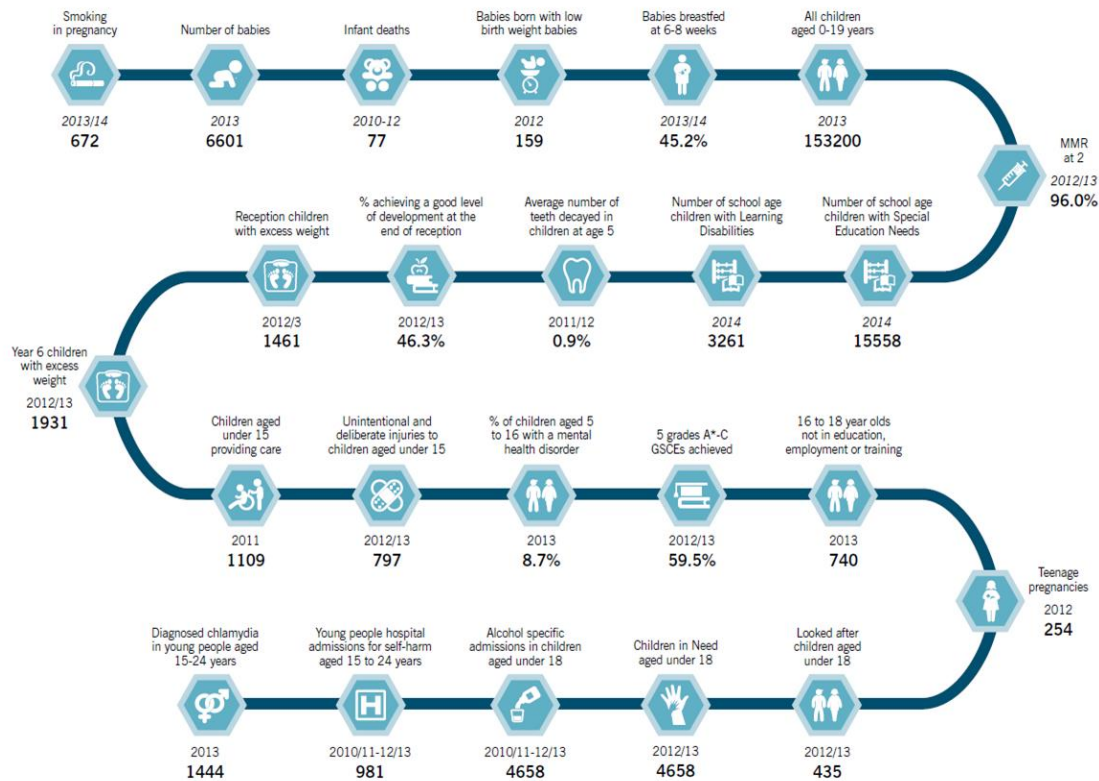
Area	Maintained Nursery	State-funded primary	State-funded secondary	State-funded special	Pupil referral units	Independent	All schools
Leic	51	50,527	42,753	1,019	6	6,399	100,755

Number of Schools by Type of School, January 2015

Area	Maintained Nursery	State-funded primary	State-funded secondary	State-funded special	Pupil referral units	Independent	All schools
Leic	1	223	56	6	1	24	311

19. The Health Needs Assessment identified:

- There are an estimated 153,581 children and young people aged up to 19 years in Leicestershire, 36,623 of which are in the age range 0 - 4 years, and 116,958 aged 5-19.
- Over the next 10 years the 0-4 population is projected to remain fairly stable but the 5-19 is expected to grow by 3.6% resulting result in demand for additional 4,000 school places across Leicestershire.
- In 2012 in Leicestershire, 10.9% of all dependent children under 20 lived in poverty, (England average of 18.6%). Despite comparing well nationally, this equates to 14,710 children.
- 3,981 young people provide unpaid care to a family member, (2.1% of young people).
- Road traffic collisions are a major cause of deaths in children. 29 children were killed or seriously injured by RTAs between 2011 and 2013. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle.
- 5.6% of all households were lone parent households (England average (7.1%).
- In 2014/15, 10.3% of babies were born to women who smoked in Leicestershire. (England percentage of 11.4%) and represented 704 women across the area.
- The 2014/15 breastfeeding initiation percentage in Leicestershire shows an increase compared to 2013/14, (74.4% previously 68.7% -England average 74.3%).
- In 2013 18.6% of three-year-old children had experience of obvious dental decay (caries), having one or more teeth that were decayed, extracted or filled because. This is a significantly higher percentage than England (12.0%) and the second highest percentage throughout the East Midlands behind Leicester City only.
- In 2014/15, a fifth of Reception-age children (20.2%) in Leicestershire were classified as overweight or very overweight (nationally 21.9%).
- In year 6 children, 29.9% were overweight or very overweight (nationally 33.2%).
- In 2014/15, 8.7% of children aged 5-16 in Leicestershire estimated to have a mental health disorder, and in 2013/14, 63 children in Leicestershire were admitted to hospital for mental health problems.
- Throughout 2014-15, 6,432 children under the age of 18 in Leicestershire were classified as children in need. Domestic Abuse or Mental Health problems were identifiable factors at assessment in around three quarters of cases.
- On 31st March 2014, Leicestershire County Council (LCC) was responsible for 456 looked after children. Over half (59%) were looked after primarily because of abuse or neglect and over a quarter (28.3%) due to family dysfunction or family in acute stress. National evidence shows that smoking, alcohol use, drug use and sexual activity were more common amongst looked after children aged 11 to 17 than amongst those not looked after.
- The literature review of evidence for the HCP found good evidence for interventions to support healthy weight, mental health and emotional well-being, oral health, and relationship and sex education.
- Additionally the needs for children and young people were highlighted by the refresh of the Leicestershire Joint Strategic Needs Assessment in 2015 (see below)



Proposals

20. **The full service review and extensive stakeholder engagement** undertaken as part of the health needs assessment identified the strengths of the current services that the Public Health Department wishes to build upon and a number of opportunities for improvement that is included in the new service specification.

21. Strengths included:

- The development and extension of Early Start, an evidence based targeted service for vulnerable families
- An aligned neighbourhood model, in the most part co-located with Local Authority services
- Achieving UNICEF Baby Friendly Initiative Stage 3 and achieving 6-8 week breast feeding targets at the highest rate for 5 years
- A comprehensive Standard Operating Guidance including clear pathways for perinatal mental health and ante-natal support.
- Innovative digital offer including 'Chat Health' texting service, skype based virtual clinics, and two age specific websites for advice, information and online discussion fora.
- Clear pathways for perinatal mental health and ante-natal support.
- Effective systems and policies in pace for safeguarding practices.

22. A range of opportunities were identified and have been used to develop the model below. These include:

- Greater emphasis on building resilient communities
- Improved data and intelligence gathering for performance monitoring and evaluation

- Greater flexibility across the 0-19 workforce to enable safer and effective transition from pre-school to school based services
- Closer collaborative working including co-location with Early Help services.
- Clearer pathways for disease conditions with multiple commissioning and provider arrangements
- Clarity and joined up commissioning and service provision for particular vulnerable groups such as travelling families, children in care and services for children with special educational needs and/or disabilities

23. **The proposed model** for the 0-19 Healthy Children Programme will have the child and its family at the centre with a strong public health focus, underpinned by a robust evidence base. All mandated requirements will be met; there will be safe clinical governance, and strong information governance. Safeguarding will be at the core of all work. There will be robust monitoring systems that evidence the scale of reach across Leicestershire and the impact 0-19 HCP is having on the lives of children and their families.

24. We are proposing an evidence based 4-5-6 model for both health visiting and school nursing, with additional emphasis on identified local needs. This is based on levels of service, contact points with children and young people, and high impact areas.

25. For 0-5 this is:

The 4 Levels of Service

These levels set out what all families can expect from their local health visitor service:

- Community: health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them.
- Universal (the 5 key visits): health visitor teams ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.
- Universal Plus: families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children.
- Universal Partnership Plus: health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.

The 5 universal health reviews

The 5 key visits are those that all families can expect under the universal level of service.

- Antenatal
- New baby
- 6 – 8 weeks
- 9 – 12 months
- 2 – 2 ½ years

The 6 high impact areas

The purpose of the High Impact Areas is to articulate the contribution of health visitors and describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities. These are as follows:

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight
- Managing minor illness and accident prevention
- Healthy 2 year olds & school readiness

In addition the health needs assessment has identified oral health as a clear priority for this age group.

26. For 5-19 this is:

The 4 Levels of Service

These levels set out what all families can expect from their local school nursing service:

- Community: school nurses have a broad knowledge of community needs and resources available
- Universal : all schools will have access to a named school nurse and use of texting, and virtual clinics will enable wide access to all areas of the County
- Universal Plus: children can access timely, expert advice from a school nurse when they need it on specific issues such as emotional health, sexual health and substance misuse
- Universal Partnership Plus: school nurses provide ongoing support, playing a key role in bringing together relevant local services, to help children and families with continuing complex needs, for example where a child has a long-term condition.

The 5 universal health reviews

The 5 key reviews are those that all children can expect under the universal level of service.

- 4-5 year old health needs assessment
- 10-11 year old health needs assessment
- 12 -13 year old health needs assessment
- School leavers post 16 via digital offer
- Transition to adult services via digital offer

The 6 high impact areas

The purpose of the High Impact Areas is to articulate areas where school nurses can have a significant impact on health and wellbeing and improving outcomes for children, families and communities. These are as follows:

- Building resilience and supporting emotional wellbeing
- Keeping safe – managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement

- Supporting additional health and wellbeing needs
- Seamless transition and preparing for adulthood

The health needs assessment has also identified oral health as a clear priority for this age group.

27. The proposed model is one of 'progressive universalism' i.e. some support is offered to all families, with more for those in greater need.

28. The local health assessment recognises the vital importance of relationships - with parents / carers, young people and partners. It also recognises the importance of building life skills and resilience alongside raising awareness of key issues such as sexual health, drugs and alcohol, positive mental health – and the importance of schools, colleges and other settings.

29. **Additional improvements.** There are a number of other changes and improvements that are proposed for the new service model. These include:

- A stronger focus on Public Health Nurses (Health Visitors and School Nurses) as leaders within their localities, with an understanding of local health needs and services, and supporting others to determine local priorities and joint working.
- An asset based community development based approach to identify the strengths within communities
- Stronger links to support for wider determinants of health e.g. housing, debt advice.
- Greater flexibility across the 0-19 workforce to enable safer and effective transition from pre-school to school based services
- Closer collaborative working including co-location with Early Help services and staff, district councils, and other NHS service providers, enabling risk and information sharing and reducing service duplication.
- More systematic support for early years and education services including the Integrated Health Review and promotion of Free Early Education Entitlement.
- Clearer pathways for health promotion and certain health conditions where there are multiple commissioning and provider arrangements. In particular for ante-natal support; breast feeding; mental health and emotional wellbeing; enuresis; sexual health; substance misuse; and weight management services.
- Clarity of service provision and joined up commissioning for particular vulnerable groups such as travelling families, children in care; children with special educational needs and/or disabilities and young carers.
- Improved data and intelligence gathering to allow robust performance monitoring and evaluation of services
- Having a named health visiting lead or school nursing lead for every setting to enable clearer partnerships e.g. with primary and secondary care, early years, childcare and educational settings (including Healthy Tots and Healthy Schools), district councils.
- Robust assurance process for identification and investigation of serious incidents.
- A continued emphasis on the development of innovative methods to engage children, young people and their families in accessing health advice, taking

control of their health, preparing them for adulthood and supporting them to make healthy choices for themselves.

Consultation

30. The Health Needs Assessment included extensive stakeholder engagement with wider professionals (other LCC departments, CCGs, GP and primary care organisations, community health service providers) current service staff, families and children. We received a total of 640 individual views using online surveys, attendance at large events, smaller meetings and one to one discussions. The views have been synthesised and used to develop the new service specification, alongside a full current service review, epidemiological assessment (review of health needs), and systematic evidence review to develop the new service model.
31. It is anticipated that, as well as creating efficiency savings, the new service will have better integration with other relevant services creating clearer pathways and effectively targeted and accessible services. However, the key elements of the service (including all the mandated universal contacts for health visiting and the statutory provision of the National Childhood Measurement Programme) will remain unchanged. Apart from some improvements, residents / service users will not notice any difference to the current service. Having sought corporate and legal advice, it is believed that a formal consultation is not necessary.

Resource Implications

32. The 0 – 19 Healthy Child Programme is a designated LCC Transformation Project. It is expected to achieve a contribution towards MTFs savings target of £500,000 per annum. The total remaining budget for the service is £8.599m per annum.

Timetable for Decisions

33. Following the consideration of this report by the Health and Overview Scrutiny Committee, the final model and re-procurement plan will be presented to the Cabinet of 9th May 2016. This will ensure the timetable for the procurement is met and a new contract can be in place as required by 1st April 2017.

Conclusions

34. This comprehensive needs assessment, evidence review, stakeholder engagement, service reviews and analysis of strengths and opportunities has enabled the Public Health Department to develop a proposed model for the 0-19 Healthy Child Programme that will result in an improved service with better value for money.

Background papers

<http://www.lsr-online.org/jsna.html>

<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

<http://www.kingsfund.org.uk/projects/improving-publics-health/best-start-life>

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

1. A day in the life of a school nurse
2. Survey questions – health visiting
3. Diagrammatic representation of service model

Relevant Impact Assessments

Equality and Human Rights Implications

35. The 0-19 Health Child Programme is a universal service and so will affect all children and the carers in Leicestershire. In addition the new service is to be extended to children up to the age of 25 who have Special Educational Needs and/or Disabilities (SEND).

The new service will meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects

- Eliminating unlawful discrimination, harassment and victimisation;
- advancing equality of opportunity between different groups; and
- fostering good relations between different groups

For the first time these will be explicitly written into the service specification as an active requirement.

The Health Needs Assessment included extensive stakeholder engagement with wider professionals, current service staff, families and children. We received a total of 640 individual views using online surveys, attendance at large events, smaller meetings and one to one discussions. Surveys were completed by special schools and parents with children with special educational needs and/or disabilities and these comments have been used to help design the new service.

Monitoring systems are in place to:

- monitor impact (positive and negative, intended and unintended) for different groups;
- enable open feedback and suggestions from different communities

In EHRIA screening concludes:

- There is no evidence that this policy could have a different affect or adverse impact on any section of the community;
- any section of the community may face barriers in benefiting from the proposal
- There will be a positive impact on individuals or community groups who identify with any of the 'protected characteristics'

There is therefore no requirement for a full EHRIA report.

Partnership Working and associated issues

36. The Healthy Child Programme operates within a complex landscape for both commissioners and service providers. It is essential therefore that the 0 -19 service is designed and deliver in close partnership with, amongst others, the following:

Commissioners:

- Leicestershire West Clinical Commissioning group
- Leicestershire East and Ritland Clinical Commissioning Group
- Children's Better Care Together Delivery group
- Women's Better Care Together Delivery group.
- Leicestershire County Council – Children and Family Services Department
- 7 District Councils
- Rutland Council

Provider Organisations

- UHL NHS Trust
- Leicestershire NHS Partnership Trust
- Primary and secondary schools
- Early Years settings including children's centres, child-minders, pre-school nurseries.
- Voluntary and community sector organisations
- Primary care organisations (e.g. GP practices and health centres)
- Sexual Health service providers (e.g. Staffordshire and Stoke on Trent Partnership NHS Trust)
- Substance Misuse service providers
- Stop smoking service providers

Risk Assessment

37. A risk assessment has been undertaken as part of the transformation project an a risk log is kept and scrutinised by the 0-19 Public Health Transformation Delivery Group and LCC Transformation Delivery Board.