



**CABINET - 20<sup>TH</sup> JULY 2021**

**DEVELOPMENT OF THE 0-19 HEALTHY CHILD PROGRAMME -  
PROPOSED CONSULTATION**

**REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

**PART A**

**Purpose of the Report**

1. The purpose of this report is to seek the Cabinet's approval to commence a consultation exercise regarding the proposed service model for the Healthy Child Programme for 0-19-year olds which is commissioned by Public Health.
2. An engagement exercise to inform the proposed model and consultation was conducted in May and June 2021, the outcome of which is outlined in this report.

**Recommendations**

3. It is recommended that -
  - a) That the commencement of a consultation exercise on the proposed service model for the 0-19 Healthy Child Programme for a period of 8 weeks from 22 July to 16 September 2021, be approved;
  - b) That a further report regarding the outcome of the consultation and proposed service model be submitted to the Cabinet on 26 October 2021.

**Reasons for Recommendation**

4. The Healthy Child Programme (HCP) contains statutory functions that the Public Health grant has to commission or provide. This includes five universal health visiting checks for families and delivery of the national child measurement programme (NCMP) in schools.
5. The current contract is due to expire 31 August 2022 and cannot be extended.
6. The proposed service model will enable improvements to integrate universal health services to improve the health and wellbeing of children and young people through health and development reviews, health promotion and parenting support.
7. The 1001 Critical Days review in March 2021 recommended best practice across the health system to ensure babies, children and their parents get the

best possible start in life by adding two additional touch points (3-4 months contact and 3-3 ½ years review) for Health Visiting. This will need further engagement and consultation on how best to deliver these contacts.

8. Covid-19 has exacerbated some of the issues with the current service offer and a need to review and improve the HCP preventative offer and interventions to ease demand on services such as Emergency Departments and to improve mental health and wellbeing.

### **Timetable for Decisions (including Scrutiny)**

9. Subject to the Cabinet's approval, consultation will commence from 22 July for eight weeks, finishing on the 16 September 2021.
10. The consultation will include consideration by the Health Overview and Scrutiny Committee on 1 September 2021. The Chairman and Spokesmen of the Children and Families Overview Scrutiny Committee will be invited to that meeting.
11. It is intended that the outcome of the consultation together with the final service model will be presented to the Cabinet on 26 October 2021 for approval.

### **Policy Framework and Previous Decisions**

12. In May 2016 Cabinet authorised the Director of Public Health in consultation with the Director of Corporate Resources to award the contracts for the provision of a 0-19 Healthy Child Programme with effect from 1 April 2017.
13. The proposed HCP priorities align with the County Council's Strategic Plan 2018-22 which aims to be 'Working together for the benefit of everyone' and in particular, the wellbeing and opportunity objective which states that people need to be enabled to take control of their own health and wellbeing throughout their lives, and for the Council to support the population to stay well through prevention and early intervention. The HCP Best Start in Life principles are key to embedding the vision of Health and Wellbeing Strategy and Communities Strategy to "improve health outcomes for the local population and manage future demand on service."
14. The service and wider offer also contributes to a preventive health element of the Children and Young People's Plan – Priority 5 – good physical and mental health.
15. The Healthy Child Programme (HCP), (Department of Health (DH 2009), the Rapid Review (2015) and the NHS Long Term Plan (2019) provide a framework to support the delivery of cost effective early intervention and preventative public health services to improve outcomes for children and young people aged 0-19 years.
16. There is new commissioning guidance for those delivering maternal and children's public health services from preconception onwards. Guidance has

been refreshed and contains new evidence, policy and suggested additional material to support implementation. This revised model reflects changes to how services are commissioned and provided locally.

### **Resource Implications**

17. The current budget for the 0-19 Service is £8.5m from the Public Health Grant. The budget has been considered based on current spend. No cash savings have been identified for this contract but the new provider will be expected to manage predicted growth within the financial envelope. The Council is looking to potentially provide upfront costs to support with mobilisation of the programme but this will be reviewed as part of the procurement process and working closely with finance business partners and CSU (Commissioning Support Unit) colleagues to formulate this as part of the contract.
18. The Director of Corporate Resources has been consulted on the content of this report.

### **Circulation under the Local Issues Alert Procedure**

19. This report has been circulated to all members of the County Council.

### **Officers to Contact**

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## **PART B**

### **Background**

20. Every child deserves the best possible start in life and the support that enables them to fulfil their potential. The HCP was launched 11 years ago and is still the national evidence-based universal public health programme for children and young people aged 0-19 years, and up to 25 years who have special educational needs and disability (SEND) or who have left care at 18 years. The programme provides preventative health improvement, and early intervention programmes to support families.
21. The HCP is the early intervention and prevention public health programme which focuses on a universal preventative service for children and families. It provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. It provides families with a programme of health and development reviews, supplemented by advice around health, wellbeing and parenting.
22. The HCP is a statutory responsibility of the local authority. This current 0-19 HCP service has been commissioned from April 2017 to August 2022 and the current contract is held by the Leicestershire Partnership NHS Trust (LPT).
23. The current service includes the delivery of the programme for children, young people and their families. In addition to the provision for 0-19 year-olds, young people aged 19-25 years with SEND are provided with a digital offer. This digital offer ensures the Council's universal health service is inclusive.
24. Currently, the 0 to 5 years element of the HCP is led by health visiting services and the 5 to 19 years element is led by school nursing services. Together they provide place-based services and work in partnership with education and other providers where needed. The universal reach of the HCP provides an invaluable opportunity from early in a child's life to identify families that may need additional support and support children who are at risk of poor outcomes to get the best start in life and build resilience.
25. The current service is structured on an evidence-based model for both health visiting and school nursing (known as the 4-5-6 model), with additional emphasis on identified local needs. This is based on 4 levels of service, 5 contact points with children and young people, and 6 high impact areas.

Four levels of service include:

1. Community,
2. Universal,
3. Universal Plus
4. Universal Partnership Plus.

Six High Impact Areas:

1. Transition to parenthood
2. Maternal mental health

3. Breastfeeding
  4. Healthy weight
  5. Managing minor illness and accident prevention
  6. Healthy 2-year olds and school readiness.
26. These high impact areas will change in line with the review that has been undertaken nationally. The service will focus in on the 6 high impact areas of need and put in place support to enable children and young people to achieve their full potential and be physically and emotionally healthy which leads to a productive adulthood. Detail of this model is included at Appendix A.

### **National Reviews and Guidance**

27. The HCP is an evidenced-based universal public health service which benefited from a rapid review which included a systematic review level evidence published from 2008 to mid-2014.
28. There is a national commitment to modernise the programme over the next few years, to ensure the programme is both current in terms of evidence and context. The NHS Long Term Plan and the growing movement around place-based approaches provides impetus for the modernisation.
29. The current model, commissioning guidance and high impact areas have been updated with new evidence and emerging policy developments, based on feedback from service users, professionals working in this space, and commissioners. These revisions will form part of the new specification going forward.
30. The first 1000 days of life<sup>1</sup>, from conception to age 2, is a critical phase during which the foundations of a child's development are laid. The Early Years Healthy Development Review<sup>2</sup> is the start of work to transform how support is provided to families so they can give their baby the best start for life, whoever they are and regardless of ability or circumstance. The 1,001 days from pregnancy to the age of two are considered to set the foundations for an individual's cognitive, emotional and physical development. There is a well-established and growing international consensus on the importance of this age range; it is part of the World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health.<sup>3</sup>

### **Health Needs Assessment**

31. A Joint Strategic Needs Assessment (JSNA), Best Start in Life (0-5) and Children and Young People's Physical Health (5-19) was carried out in 2018 to determine health needs of young people in the County. A summary update has been appended to this report as Appendix B. The summary health needs

<sup>1</sup> <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/973085/Early\\_Years\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf)

<sup>3</sup> World Health Organisation. (2015) The Global Strategy for Women's, Children's, and, Adolescents' Health (2016-2030), online via <https://www.who.int/life-course/partners/global-strategy/global-strategy-2016-2030/en/>

assessment update outlined the differing needs of children 0-10 and those of older school aged children and young people. Key points being considered include what would be different with the new service, reflecting community needs, digital solutions, and virtual consultations. Officers have also looked at what other areas are doing or have done, to innovate service and improve outcomes.

32. The engagement with partner agencies in the workshops and focus groups has only further confirmed the areas of need and have identified mental health and emotional wellbeing, namely body image and self-esteem, physical health and nutrition, healthy relationships and substance misuse (namely alcohol) as a clear priority for children and young people aged 11-19.

### **Engagement with Partner Agencies, Schools and General Public**

33. Public Health undertook informal engagement between 10 May and 7 June 2021 to which 78 survey responses were received from parents and carers, professionals working with children and families, Health, including maternity services, and several workshops held with partner agencies such as the CCG, Health and Children, Families and Wellbeing services to gather views of the current service and understand where improvements could be made. Service users and service providers were questioned about their experience of the current service model and where improvements could be made.
34. In addition to the above, there is ongoing engagement with partners and children and young people across the County, for example the feedback already gathered by Children and Family Services as part of their “designing children’s services” transformation programme. Additionally, Health Related Behaviour Questionnaires are being completed by primary and secondary schools to inform future service delivery.
35. The engagement included presentations to the Joint Strategic Commissioning group which consists of partners such as the LLR CCG, Children’s and Families Services and Health services. Due to Covid-19, workshops were held online with Youth Justice, Children’s and Families Wellbeing Service, Leicestershire and Rutland Sport and partner agencies such as the Office of the Police Crime Commissioner. A County Council staff workshop was also held and there are plans to further engage with different departments such as Adults and Communities and with district and parish councils.
36. Opinions were sought from Leicestershire’s Schools via meetings with headteachers from both primary and secondary schools. A further engagement focus group with secondary school headteachers and pastoral leads was held in May to understand the current needs, issues and concerns experienced by older school aged children.
37. Children and young people across primary and secondary schools are engaged in completing a Health Related Behaviour Questionnaire (HRBQ) This included asking how they would like to access the service and the types

of issues that concern them. Further engagement is planned with vulnerable children such as young carers and children in care.

38. There is ongoing dialogue with partners following the engagement carried out in May and June this year to reach a wider group of people-through surveys, workshops and focus groups. The engagement already undertaken has informed the draft proposal appended to this report.
39. In the current situation of a global pandemic it has not been possible to carry out face to face meetings. The future engagement and consultation will be managed through a range of media, both internally and externally. This will include newsletters, social media and emails as well as information being posted on the Council's website with regular reminders to stakeholders, encouraging them to comment.

### **Summary of Engagement Feedback**

40. Feedback from the survey has found the needs of children and young people has increased especially with regard to mental health and emotional wellbeing. Some feedback called for a return to face to face contact, better communication between maternity services and social care.
41. The main themes arising from the public engagement responses focused on the resumption of health visiting contacts following the pandemic, joined-up working for early year reviews, and fostering emotional wellbeing and resilience for older children. A summary of the survey feedback is attached to this report as Appendix C.
42. Comments were a mix of positive and negative from the workshops and focus groups regarding the current service. Key issues raised included:
  - The need for a face to face low-level counselling service for children and young people.
  - That professionals across different services noted a gap in service and wanted the health offer to be tailored to groups such as the Traveller community.
  - The importance of school staff supervision and that staff wellbeing would mean better support and wellbeing of children in their care.
  - The importance of good mental health and wellbeing postnatally.
  - Greater visibility of breastfeeding support networks.
  - Work closely with Early Years settings.
  - Importance of speech, language and communication needs with additional focus on development delay post-covid.
  - Substance misuse/alcohol.

### **Proposals/Options for the Service Model**

43. Following review of the existing service provision and feedback received detailed above, the County Council intends to consult on a revised service model covering 0-10 and 11+ aged children and young people on the pathway to ensure improved health and wellbeing.

44. The key elements of the service model that the Council is mandated to deliver are detailed in Appendix D to this report. In summary, they comprise separating the mandated elements (0-10-year olds) of the service and the discretionary elements of the service 11+. Coupled with the JSNA summary and latest data available to officers, the consultation will also help identify local priorities.
45. A robust monitoring system is in place that provides evidence with regards to the scale of reach across Leicestershire and the impact that the 0-19 HCP is having on the lives of children and their families. A 0-19 (officer) Assurance Board meets quarterly to oversee the performance of the service and there will be bi-monthly performance contract meetings with the provider.
46. The current budget for the service is £8.5m. Further consideration will be given as to how this will be apportioned across the age groups based on identified need and outcomes of the consultation.

### **Conclusion**

47. The informal engagement demonstrated the need to adapt the current service offer to best meet the needs of children and young people in the County. Priorities were suggested in workshops with partners on how best to address the health needs of children and young people.
48. Following this engagement, consultation is needed on the proposed new service model. It will allow stakeholders to comment on how to better integrate with other relevant services, such as early years settings and Children's and Families Wellbeing Services, creating clearer pathways and effectively targeting and making services more accessible to meet the needs of children and young people.
49. It is intended that 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 service improvements and additional contact points, residents / service users should not notice any significant difference to the current health visiting service.
50. It is proposed that the service offer for secondary-aged children will be universal and build on the County Council Healthy Schools Programme. A more targeted offer will require further engagement with stakeholders, such as Youth Justice, Children and families Wellbeing Service, to ensure a service fit for purpose and will make a difference to the wellbeing of children.
51. The consultation will inform how the Authority prioritises transition into secondary school to ensure health needs are considered and how a digital offer could include to support transition into adult services as appropriate.



52. An ongoing service review and analysis of strengths and opportunities will enable the County Council to develop a model for the 0-19 Healthy Child Programme that will result in an improved service to improve children and young people's health.

### **Equality and Human Rights Implications**

53. The 0-19 Health Child Programme is a universal service and so will affect all children and the carers in Leicestershire. In addition, the service is already available to children up to the age of 25 who have SEND.
54. 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
55. In helping to ensure that diverse communities across the County were reached advice and support was sought from the Leicestershire Equalities Challenge Group.
56. Special schools have been included in the Health-Related Behaviour Questionnaire and engagement survey which will inform the service design. Additionally, engagement with SEND parents hub will also be included as part of the wider consultation with specific focus group discussions to help develop an HCP offer for children with SEND will be added to the Cabinet report in October.
57. The Equalities and Human Rights Impact Assessment (EHRIA) screening concludes:
- There is no evidence that the new service model could have a different affect or adverse impact on any section of the community.
  - There will be a positive impact on individuals or community groups who identify with any of the 'protected characteristics'.
  - There are likely to be positive effects for children from earlier identification of development needs, but the main benefits are likely to be over the lifetime of the child. Preventing and addressing problems in maternity and childhood lays the groundwork for a healthy and wellbeing and can help stop poor health being passed down generations, reduce inequalities and improve infant, maternal and child health.

There is therefore no requirement for a full EHRIA report.

### **Partnership Working and Associated Issues**

58. 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 delivered in close partnership with a wide range of organisations.

### **Risk Assessment**

59. The 0-19 Service aims to reduce a number of current risks identified within the wider health system, however, there remain some potential risks which could impact on the successful delivery of the HCP, for example recruitment and retention of health visitors is a national issue. Working closely with the universities to establish Specialist Community Public Health Nursing (SCPHN) courses to help address local training programme.
60. There are no cash savings identified for this contract, however, cost implications for additional check at 3-4 months (offered digitally) and a check at 3½ years; between 2-2 ½ assessment and starting school as recommended by the 1001 Critical Days review will need to be considered as a potential risk to the budget. Some monies have been set aside to support the mobilisation plan and could support embedding the programme at the start of the contract working closely with CSU and Finance business partners to formulate this as part of the contract.
61. A risk assessment has been undertaken as part of the transformation project and a risk log is kept and scrutinised by the 0-19 Public Health Transformation Delivery Group and the 0-19 Service Project Board.

### **Background Papers**

Leicestershire's Joint Strategic Needs Assessment - <http://www.lsr-online.org/jsna.html>

Healthy Child Programme: Pregnancy and the first five years - <https://bit.ly/3hgV5tt>

The Best Start in Life and Beyond - <https://bit.ly/3dJsGKb>

Rapid review to update evidence for Healthy Child Programme - <https://bit.ly/3hgJNFs>

### **Appendices**

Appendix A: Healthy Child Programme 4-5-6 Model

Appendix B: JSNA Summary Update

Appendix C: Summary Feedback (power-point)

Appendix D: Consultation paper on proposed service model