



HEALTH OVERVIEW AND SCRUTINY COMMITTEE

1st SEPTEMBER 2020

RECOMMISSIONING THE 0-19 HEALTHY CHILD PROGRAMME

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of the Report

1. The purpose of this report is to:
 - a. Inform the committee on the 0-19 consultation feedback and views obtained on the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service for Leicestershire;
 - b. Gather the views of the Health Overview and Scrutiny Committee and Children’s Overview and Scrutiny Committee members on the proposed model.

Policy Framework and Previous Decisions

2. 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.
3. 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.
4. The HCP Best Start in Life principles are key to embedding the vision of the Health and Wellbeing Strategy and Communities Strategy to “improve health outcomes for the local population and manage future demand on service.”
5. The HCP 0-19 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.

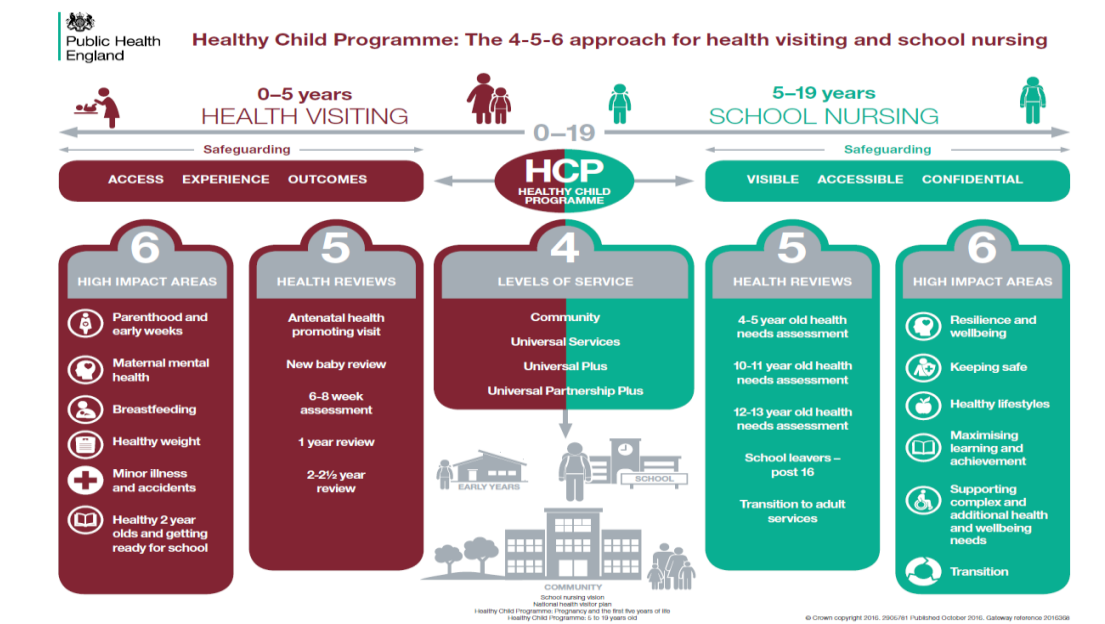
6. The HCP, Department of Health (DH 2009), the Rapid Review (2015), the NHS Long Term Plan (2019) and the recent review of the 1001 Critical Days provide a framework to support the delivery of cost effective early intervention and preventative public health services to improve outcomes for children and young people aged 0-19 years.
7. The National commissioning guidance for the 0-19 Healthy Child programme: delivering maternal and children's public health services from preconception onwards has been refreshed and contains new evidence and suggested additional material to support implementation. The proposed Leicestershire model reflects changes to how services are commissioned and provided locally.

Background

8. Every child deserves the best possible start in life and 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.
9. 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 need 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.
10. The HCP is a statutory responsibility of the local authority as part of the Public Health grant conditions. The 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).
11. The current service includes the delivery of the programme for children, young people and their families including a universal offer for children with additional needs.
12. 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 offer of the HCP provides an invaluable opportunity from early in a child's life to identify children who are at risk of poorer health outcomes and families that may need additional support to get the best start in life, enabling them to build resilience.

13. The early years of a child's life is very crucial. The 0-2 Pathway¹ was designed to focus on the '1001 Critical Days'². The pathway begins at the antenatal period and supports a family right up until their child's second birthday. The proposed model is looking to work more closely with Children's Centres and Family Hubs to ensure access to Start for Life services.
14. The current service is structured on an evidence-based model for both health visiting and school nursing (See Figure 1) 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.

Figure 1: 4-5-6 Model



¹ <https://medium.com/children-s-centre/childrens-centre-0-2-pathway-in-leicestershire-bfa18289994f>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

15. The 4-5-6 Model includes:

Five mandated checks

1. Antenatal review
2. New Birth Visit
3. 6-8 week check
4. 10-12 months check
5. 2 and 2 ½ year review

Six High Impact Areas for Maternity and Early Years:

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.

Six High impact Areas for school aged children

1. Supporting resilience and wellbeing
2. Improving health behaviours and reducing risk taking
3. Supporting healthy lifestyles
4. Supporting vulnerable young people and improving health inequalities
5. Supporting complex and additional health and wellbeing needs
6. Promoting self-care and improving health literacy prevention

16. These high impact areas listed above have been changed compared to figure 1 to reflect the recommendations from the national review. The service will focus in on the six 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.

National Reviews and Guidance

17. The HCP is an evidenced-based universal public health service which benefited from a rapid systematic review of the latest evidence published from 2008 to mid-2014. The outcome of this led to the current national model, commissioning guidance and high impact areas being updated with new evidence and emerging policy developments, based on feedback from service users, professionals working in these services, and commissioners. The revisions will form part of the new Leicestershire service specification going forward.
18. 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.
19. The Early Years Healthy Development Review³ 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

³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf

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, Children's and Adolescents' Health.⁴

Health Needs Assessment

20. The Joint Strategic Needs Assessments (JSNA), Best Start in Life (0-5) and Children and Young People's Physical Health (5-19) were carried out in 2018 to determine health needs of children and young people in the County. A summary update has been appended to this report as Appendix B.
21. The summary health needs assessment update outlined the differing needs of children under 10 and those of secondary school aged children and young people. Some of these priorities are not new but there will be an additional focus to embed practice and service improvement. Key points being considered include what would be different with the new service, reflecting community needs, digital solutions, and virtual consultations.
22. Officers have also looked at what other areas are doing or have done, to innovate the service and improve outcomes.
23. Engagement with partner agencies in the workshops and focus groups confirmed the areas of need for 11-19 year olds and 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 priorities for children and young people aged 11-19.

Engagement with Partner Agencies, Schools and General Public

24. Informal engagement undertaken between 10 May and 7 June 2021 resulted in 78 survey responses received from parents and carers, professionals working with children and families, Health colleagues, including maternity services. Several workshops were also held with partner agencies such as the Clinical Commissioning Groups, Children, Families and Wellbeing services and schools themselves 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.
25. In addition to the above, there is ongoing engagement with partners and children and young people across the County, for example the feedback

⁴ 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/>

already gathered by Children and Family Services as part of their children's services transformation programme.

26. The engagement included presentations to the LLR Children's Joint Strategic Commissioning group consisting of partners from the CCG, Children's and Families Services and Health such as Maternity 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.
27. 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 care leads were held in May to understand the current needs, issues and concerns experienced by secondary school aged children.
28. 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.

Proposals/Options

29. Following the review of the existing service provision and feedback received, as detailed above, the County Council is currently undertaking a consultation on a revised service model covering 0-10 and 11+ aged children and young people to ensure improved health and wellbeing.
30. The key elements of the proposed service model and how it differs from the current service offer are detailed in Appendix A 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 for secondary school aged children and young people to improve health outcomes.
31. Taking into consideration the JSNA summary and latest data available to officers, the consultation will also help identify local priorities.
32. There is little change expected in the 0-10 Service age group, with exception of identified areas for service improvement as many services in this area are statutory. Instead, the council intends to look for ways to achieve more consistent practice and the improved offer to families and professionals. The 1001 Critical Days review recommends there is an additional check between age 3-4 months (digitally) and at 3 ½ year

review to identify developmental needs before children start school – these are both included within the proposed model.

33. The secondary school age services will offer; support to children and young people to ensure appropriate support is available focusing on the six high impact areas; defined local priorities – inform by the consultation and transition into school. Services will have a universal offer for all children and young people, plus targeted offer to meet the needs and the early identification of additional and/or complex needs for children and young people. The proposed model is to prioritise the needs of children and young people of secondary school age at a population level; targeting services to those with emotional wellbeing needs - to build resilience; healthy lifestyles focussing on physical activity and nutrition; a greater focus on healthy relationships and substance misuse especially alcohol. Working closely with our other commissioned services to provide a connected universal prevention offer.
34. A robust monitoring system is in place providing evidence with regards to the scale of the 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 led assurance board meets quarterly to oversee the performance of the service and there will be monthly contract meetings with the provider looking at performance data, quality measures and service improvement.
35. 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 final outcomes of the consultation.

Conclusion

36. The consultation to date has indicated people agree with the 0-10 service proposal. The 3-4 months digital contact and 3 ½ year contact point to identify development delays and address needs before a child starts schools has been well received.
37. It is proposed the service offer for secondary-aged young people will be universal and build on the County Council Healthy Schools Programme. Better joined up working with Youth Justice, Children and Family Wellbeing Service, to ensure a service fit for purpose and will make a difference to the wellbeing of children. Upskilling the workforce to ensure concerns are identified earlier and referrals to the most appropriate services are made.
38. The consultation will inform how the Authority prioritises transition into secondary school to ensure health needs are considered and how a digital offer could support transition into adult services as appropriate. Feedback to date suggests a digital offer is a positive step.

Background Papers

39. 0-19 Healthy Child Programme
<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning#history>
- 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>

Circulation under the Local Issues Alert Procedure

40. None.

Officer to Contact

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List of Appendices

42. Appendix A: Proposed 0-19 HCP Pathway
 Appendix B: JSNA Summary Update
 Appendix C: Consultation Feedback on Proposed model (power-point)

Equalities and Human Rights Implications

43. 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.

44. 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
45. In helping to ensure that diverse communities across the County were reached advice and support was sought from the Leicestershire Equalities Challenge Group.
46. 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.
47. 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.

Risk Assessment

48. 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.
49. 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.

50. 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.