



CABINET - 26 OCTOBER 2021

**0-19 HEALTHY CHILD PROGRAMME –
PROCUREMENT OF NEW SERVICE MODEL**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the Report

1. The purpose of this report is to advise the Cabinet of the outcome of the consultation on the proposed new model for the 0-19 Healthy Child Programme and to seek approval of the final service model, appended to the report at Appendix A, so that procurement can commence.

Recommendations

2. It is recommended that;
 - a) The comments of the Health Overview and Scrutiny Committee, detailed in paragraphs 42-43 of the report, be noted;
 - b) The outcome of the consultation on the proposed model for the 0-19 Healthy Child Programme be noted;
 - c) The Healthy Child Programme Service model as detailed in paragraphs 41-47 of the report, and attached at Appendix A, be approved;
 - d) The Director of Public Health, in consultation with the Director of Corporate Resources, be authorised to commence the procurement process in order that contracts can be awarded with effect from 1 September 2022.

Reasons for Recommendation

3. 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.
4. The Government's review - 1001 Critical Days – conducted 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.
5. The current contract is due to expire on 31 August 2022 and cannot be extended.

6. The proposed service model will enable improvements to integrate universal health services with early years and other education and social care services to improve the health and wellbeing of children and young people through health and development reviews, health improvement and parenting support.
7. Covid-19 has exacerbated some of the issues with the current service offer and there is a need to review and improve the HCP preventative offer to address the increases in demand and ensure interventions are in place to ease demand on other services such as Emergency Departments and children's mental health services.

Timetable for Decisions (including Scrutiny)

8. A formal eight-week public consultation exercise to seek views on the proposed new delivery model commenced on 22 July until 20 September 2021. Further consultation continued until the end of September with schools to ascertain the views of children and young people in school settings.
9. The Health Overview and Scrutiny Committee considered the proposals at its meeting on 1 September 2021. The Chairman and Spokesmen of the Children and Families Overview and Scrutiny Committee were also invited to that meeting. The Committee supported the proposed new model and its comments, along with those of other consultees, are set out in Part B of the report.

Policy Framework and Previous Decisions

10. In May 2016, the 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 until 31 March 2022. Following internal processes, approval was sought in January 2021 from the Director of Corporate Resources and Director of Legal Services, to extend the contract until 31 August 2022 to ensure a reasonable timeframe to explore options and re-procure services to avoid any gaps in provision.
11. 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 the Communities Strategy to "improve health outcomes for the local population and manage future demand on service."
12. The service and wider children's public health offer also contributes to the preventive health element of the Leicestershire Children and Young People's Plan – Priority 5 – good physical and mental health.

13. The Healthy Child Programme (HCP), (Department of Health (DH 2009), the Rapid Review (2015) and the NHS Long Term Plan (2019) provides 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.
14. There is new national commissioning guidance “Healthy Child Programme 0 to 19: Health Visitor and School Nurse Commissioning” for those delivering maternal and children’s public health services from preconception onwards. The guidance has been refreshed and contains new evidence, policy and suggested additional material to support implementation. It focuses on the contribution of public health nursing services leading and co-ordinating the delivery of public health for children aged 0 to 19. The proposed service model reflects the changes to how services are commissioned and provided locally.
15. The Cabinet agreed to consult on the proposed service model at its meeting on 20 July 2021. The consultation exercise took place between 22 July and 20 September, the findings of which are summarised in paragraphs 35 to 39 of the report.

Resource Implications

16. The current budget for the 0-19 Healthy Child programme is £8.5m from the Public Health Grant. The budget has been considered based on current spend. Further consideration has been given to how this will be apportioned across the age groups-based on population size, which are 0-11 and 11-19 up to age 25 for children with special educational needs and disabilities (SEND), identified need, outcomes of the consultation and the mandatory elements of the 0-11 service. The budget will be apportioned on an 80-20 split for 0-11 and 11-19 years.
17. There are no cash savings identified for this contract, however, 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 the Commissioning Support Unit (CSU) 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.

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PART B

Background

20. The 0-19 HCP is the only universal health service provided to children of pre-school age aimed at early intervention and prevention which focuses on a preventative service for children and families. It offers key opportunities to assess the home environment, relationships between family members, parenting skills and development needs of the individual child and provides an invaluable opportunity to identify families that need additional support and children who are at risk of poor outcomes. This early contact informs the support offered to the family by the Public Health nursing team and can shape the offer to the family from other health, education and social care professionals. It also provides families with a programme of health and development reviews, supplemented by advice around health, wellbeing and parenting.
21. 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).
22. Engagement with partners and a public consultation was undertaken to inform the proposed service model, areas for improvement and development were identified. These improvements have been taken into account in the redesign and development of the proposed service model, to ensure HCP services continue to improve outcomes for children, young people and their families or carers.

Review of current service model

23. The current service includes the delivery of the healthy child 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.
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 four levels of service, five contact points with children and young people, and six high impact areas.

Four levels of service include:

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

Five mandated checks/contact points

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
26. Nationally the 4-5-6 model has been abandoned, as it has been recognised that health visitors do more than just the five mandated checks, and this has been reflected in the new proposed local service model.
27. Reviewing the performance of this current contract was difficult due to the impact of COVID-19, so performance was reviewed using performance data from 2019 and 2020. Areas identified for improvement were breastfeeding, the 12-month review and the 2 and half year checks. There was little performance data available for the 5-19 year elements of the service, so Health Needs Assessments and the public consultation has been used to inform areas of improvement.
28. There will not be significant changes for the 0-11 service age group because many services in this area are statutory. Instead, the Council intends to look for ways to achieve more consistent practice and an improved offer to families and professionals.

Health Needs Assessment

29. A Joint Strategic Needs Assessment (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 young people in the County. The summary of these health needs assessments was updated as part of the recommissioning process and outlined the differing needs of children 0-11 and those of older school aged children and young people. The JSNA highlighted the following key issues:
- i. significant numbers of children living in poverty, particularly in areas of deprivation.
 - ii. significant numbers of children at risk of homelessness.
 - iii. significant number of children exposed to the impacts of domestic violence.
 - iv. recommendations focusing on breastfeeding initiation, take up is low but improves relatively at 10 weeks.
 - v. recommendation to develop an agreed trauma informed approach to supporting children and young people who have experienced Adverse Childhood Experiences to build their resilience.
 - vi. significant improvement needed around perinatal mental health; on average teenage mothers are more at risk of developing postnatal depression.
 - vii. maternal obesity; overweight and obese BMI at the time of their booking slightly above national average.
 - viii. children in Leicestershire have better than average levels of obesity; although 11.6% of children aged 4-5 years and 30.6% of children aged 10-11 years are overweight or obese (excess weight). (Public Health Outcomes Framework 2019). Children underweight is increasing and relatively worse than national average.
30. Officers have also looked at what other Council areas are doing or have done, to innovate service and improve outcomes. A more detailed JSNA summary update is attached at Appendix B.

Engagement with Partner Agencies, Schools and General Public

31. Engagement was conducted with partner agencies prior to the formal consultation period through virtual workshops and focus groups looking at both the 0-11 and 11-19 service offers. This highlighted areas for service improvement and confirmed the areas of need identified for the 11-19 years' service as mental health and emotional wellbeing, namely body image and self-esteem, physical health and nutrition, building healthy relationships and preventing substance misuse (namely alcohol) as clear priorities for children and young people aged 11-19. Partner agencies included the Clinical Commissioning Group, Health providers and Children, Families and Wellbeing services, School Headteachers and pastoral care leads, Youth Justice and the Office of the Police and Crime Commissioner. Findings from the engagement exercise informed the proposed model and format of the consultation.

The Consultation Process

32. The formal consultation was conducted for eight weeks between 22 July and 20 September 2021, extended from 16 September.
33. The consultation was shared on the County Council's website, promoted by email to schools, with local communities through social media including Twitter and Facebook. The consultation consisted of a variety of questionnaires and surveys determined by the demographics of the consultation groups, workshops with professionals, staff and Head teachers and one-to-one interviews with parents. The consultation was also shared with voluntary and community groups through the Council's Communities teams and with Leicestershire Equalities Challenge group, chair of Leicestershire Parents SEND Hub and Leicestershire Adoption and Fostering group.
34. Feedback received from parents and carers, professionals working with children and families in Social Care, Education and Youth Justice was positive and contributed to the development of the service model. Service users were surveyed about their experience of the current service model and where improvements could be made.
35. Engagement events were held with partners such as Health (NHS) i.e. Maternity services, University Hospital Leicestershire (UHL) services, Clinical Commissioning group and via partnership working groups such as perinatal mental health; children's design groups such as Children and young people's mental health and emotional wellbeing group.
36. Additional consultation with schools and children and young people to ensure their views were included ran until 30 September 2021 to better understand how services could be accessed and to identify priorities. Focus groups were also held with County Council staff who had experience of maternity services.

Consultation Results

37. There was a total of 117 survey responses to the public consultation, 242 responses from schools and over 3200 responses from children and young people via the Health-related behaviour questionnaire. A summary report of the outcome of the consultation is attached at Appendix C. In summary, feedback showed that:
 - i. The 0-11 Service would benefit from:
 - the resumption of health visiting contacts following the pandemic,
 - joined up working for early year reviews
 - support with referrals for children with additional needs or complex needs
 - a named Health Visitor

- support for staff in schools who work with most vulnerable children
- support for women postnatally

ii. The 11+ service would benefit from:

- fostering emotional wellbeing and resilience for older children
- a named health lead with access to health records
- a telephone/online support to seek advice
- specialists to talk to for specific areas of concern such as mental health and emotional wellbeing
- contributions from Health (NHS) to Education and Health Care plans (EHCP)

38. To gain an understanding of the experience of children and young people using the service - a separate consultation for children and young people was conducted. This resulted in over 240 responses. A focus group was also held with children and young people involved with the youth justice service to understand their experiences from using the service. Key messages received were around access to the service and, that it was in an environment where young people felt comfortable, maintaining privacy and confidentiality e.g. a phone call could be heard by parents, so many teenagers prefer Apps or online for confidentiality purposes.

39. In addition, the Health-Related Behaviour Questionnaires have been completed by primary and secondary school pupils across the County. There have been over 3200 responses. The survey asked how they would like to access the service and the types of issues that concern them. This will inform future service specification and delivery. A summary of the findings is included at Appendix C. Key messages include;

- 25% of Year 6 pupils worried 'quite a lot' or 'a lot' about 'feeling sad or upset a lot of the time'; 31% of Year 8 pupils and 37% of Year 10 pupils reported the same
- 32% of Year 6 pupils worried 'quite a lot' or 'a lot' about 'the way they look'; 36% of Year 8 pupils and 42% of Year 10 pupils reported the same.
- 17% of pupils responded that they do not do as much exercise or sport as they want because they are shy in front of others, 15% said they were uncomfortable about their looks.
- When somebody wants them to do something they don't want to do, 51% of pupils said they could 'usually or always' say 'no'. 16% said they were 'rarely' or 'never' able to say 'no'.
- 2% of the Year 6 pupils reported having an alcoholic drink in the week before the survey. 12% of Year 8 pupils and 36% of Year 10 pupils said they had drunk alcohol in the week before the survey.
- 2% of Year 6 pupils, 10% of Year 8 pupils and 27% of Year 10 pupils reported that they had been offered drugs.
- 14% of pupils responded that they got less than 5 hours sleep the night before the survey. 28% of pupils worry about getting enough sleep.

40. In the current situation of a global pandemic it has not been possible to carry out face-to-face meetings. Engagement and consultations were managed through a range of media, both internally and externally and through virtual meetings. This included 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.
41. A Prior Information Notice (PIN) was issued in August to engage with potential providers to discuss services currently in the market and any options or considerations for the Council. There was a lot of interest suggesting there is a market for delivery of the 0-19 Healthy Child Programme. Providers included NHS Foundation Trusts, voluntary and community sector organisations and not-for-profit organisations. Consequently, it is considered in the public interest to go to the open market to demonstrate the Council's best value duty for these services.

Health Overview and Scrutiny Committee Comments and Officer Response.

42. The Health Overview and Scrutiny Committee considered a report at its meeting on 1 September 2021 as part of the consultation. The Committee welcomed the programme and raised concerns about the need for conversations to be held with headteachers in Leicestershire regarding the support that could be offered in relation to mental health and wellbeing in schools. They also sought reassurance that data confidentiality would be maintained by health visiting services and that tackling alcohol misuse in young people would also be included. Members were reassured that, in addition to the five universal checks, there were several other initiatives which addressed the welfare of children at an early age. The Committee was pleased that consideration would be given to the emotional impact of Covid-19 and that breastfeeding rates and childhood obesity was being addressed as a key priority across Leicestershire.
43. The comments raised by the Committee are being addressed as part of development of the 0-19 programme.

Proposed Service Model

44. Following review of the existing service provision and consultation feedback received, the County Council has a revised service model covering 0-11 aged children and their families and 11-19 (up to 25 for children with SEND) aged children and young people on the pathway to ensure improved health and wellbeing. It was recognised these services need to work together for the best interest of the family and ensure smooth transition from primary to secondary school.
45. The service model focuses on the statutory elements of the HCP and has targeted support to encompass a focus on a whole family approach to public health nursing. It was noted in the consultation and engagement feedback that a family's needs do not stop at age 5 and support given needs to consider the whole family unit.

46. Alongside the six high impact areas the priorities related to the 11-19 age group needed to be focused on areas that will prevent needs escalating to higher cost services and therefore reducing attendance at emergency departments. Further detail of the proposed service model is attached at Appendix A.
47. The key elements of the proposed service model comprise of separating the 0-11-year olds elements of the service as they are based on mandated checks and identified unmet need early. While the elements of the 11+ service still need to be preventative and working with the family, there are particular needs that have been identified that need to be focused on. The JSNA summary is the latest data available to officers and, along with the consultation findings, has identified the local priorities as:
- 0-11 priorities
- Emotional wellbeing; anxiety, low mood and self-esteem.
 - Healthy lifestyles: maintaining and achieving healthy weight as a family.
 - Delayed communication, i.e. speech and language development
 - Fine and gross motor skills
 - Oral Health
- 11+ priorities
- Mental Health and Emotional Wellbeing: anxiety, body image, self-esteem, and resilience
 - Healthy relationships (including consent, domestic violence, peer to peer violence norms)
 - Healthy Lifestyles: maintaining and achieving healthy weight
 - Substance Misuse: cannabis and alcohol abuse.
 - Sleep
48. The new service model will allow services to better integrate with Council's Children and Family Wellbeing services and with other relevant 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 Public Health nursing and the statutory provision of the National Childhood Measurement Programme will remain unchanged. However, service improvements will be built in with the additional contact points for the 0-11 service which are 3-4 months check which will be offered digitally and a 3 ½ year point check which will be offered face-to-face to pick up development delays in preparation for school.
50. Services for secondary-aged children will be a universal prevention offer and will build on the County Council's Healthy Schools Programme. Targeted support, in collaboration with the Children and Family Services Department such as Youth Justice, Children and Families Wellbeing Service, will ensure a service fit for purpose and will make a difference to the health and wellbeing of children and young people.

Procurement Timescales and Contract Management:

51. The current timescales for procurement are:
- i. End of October 2021 - invitation to tender documentation ready
 - ii. End of November/Early December 2021 - tender opportunity published.
 - iii. 1 September 2022 – contract awarded.
52. The length of the contract will be three years with an option to extend for a further three years.
53. 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. An Assurance Board will oversee the performance of the new service and there will be monthly performance contract meetings with the provider.

Conclusion

54. The public consultation demonstrated the need to adapt the current service offer to best meet the needs of children and young people in the County. Priorities were identified and confirmed through the surveys with children, young people, families and professionals who work with them. Schools were keen to highlight the mental health and emotional impact of the current climate which exacerbated the low mood and anxiety felt by children and young people. The new service model, in particular the 11-19 service, will prioritise mental health and emotional wellbeing alongside achieving and maintaining a healthy weight, building healthy relationships and preventing substance misuse. Coupled with identified areas for improvement in the 0-11 Public Health Nursing Service, the proposed service model will contribute to ensuring that Children and Young People growing up in Leicestershire get the best start for life and reach their full potential.

Equality and Human Rights Implications

55. The 0-19 Health Child Programme is a universal service and so will affect all children and young people growing up in Leicestershire. In addition, the service is already available to young people up to the age of 25 who have SEND.
56. An Equalities and Human Rights Impact Assessment (EHRIA) screening questionnaire was completed to ensure the model did not adversely affect any section of the community and that there would be a positive impact on individuals or community groups who identify with any of the 'protected characteristics'. Additionally, the Leicestershire Equalities Challenge Group was consulted to ensure that diverse communities across the County were reached.

The Screening document showed that there were no adverse impacts and so a full EHRIA was not therefore required.

Partnership Working and Associated Issues

57. 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

58. 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 courses to help address local training programme.
59. There are no cash savings identified for this contract, however, the 3-4 months is already offered digitally within the current funding, therefore, cost implications for additional 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 colleagues and finance business partners to formulate this as part of the contract.
60. 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 2018-2021 Joint Strategic Needs Assessment

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

Healthy Child Programme 0 to 19: Health Visitor and School Nurse Commissioning

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

Report to the Cabinet – 20 July 2021 – Development of the 0-19 Healthy Child Programme – Proposed Consultation

<http://cexmodgov1/ieListDocuments.aspx?CId=135&MID=6445#A168200>

Appendices

Appendix A: 0-19 Healthy Child Programme Proposed Service Model

Appendix B: JSNA Summary Update

Appendix C: Summary Engagement and Consultation Feedback

