

## SCRUTINY PANEL

April 28 2016

### 0-19 HEALTHY CHILD PROGRAMME REVIEW AND RE-PROCUREMENT

Report of the Director for People and Director of Public Health

Strategic Aim:	'Meeting the health & wellbeing needs of the community' 'Creating a brighter future for all'	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr R Foster – Portfolio Holder for Safeguarding Children and Young People  Mr R Clifton – Portfolio Holder for Health and Adult Social Care	
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<b>DECISION RECOMMENDATIONS</b>		
<p>That the Panel:</p> <ol style="list-style-type: none"> <li>Approves the proposal for a joint 0-19 Healthy Child Programme Service and to undertake a joint procurement exercise with Leicestershire County Council.</li> <li>Endorses the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service (Health Visiting and School Nursing) for Rutland from April 2017.</li> </ol>		

#### 1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to inform Scrutiny Panel of the 0 - 19 health needs assessment and gain its endorsement for the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service (Health Visiting and School Nursing) for Rutland.

## **2 BACKGROUND AND MAIN CONSIDERATIONS**

2.1 Rutland County Council have undertaken 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. (Please see Appendices for descriptions of what the Healthy Child Programme will cover).

### **What will be different?**

2.1.1 The new service has been designed to address Rutland's specific identified needs and priorities and will have a separate Rutland specification with a clearly identified Rutland service.

2.1.2 The service will combine health visiting and school nursing teams into an integrated service of public health nurses providing greater flexibility and resilience.

2.1.3 The service will work in close collaboration, including co-location where feasible, with other Rutland services for children and young people, for example with early help and the children's centre programme, Rutland Changing Lives programme and community support services, such as Community Agents.

2.1.4 There will be clearer pathways of services and care across a complex landscape of service provision and commissioning, including:

- Mental health and emotional resilience including mainstreaming the primary mental health pilot for Rutland County College
- Continence (e.g. bed-wetting) services,
- Perinatal maternal mental health,
- Ante-natal and parent craft,
- Breast feeding peer support,
- Sexual health,
- Substance misuse

2.1.5 The service will prioritise vulnerable groups and develop integrated services for example for:

- Looked after children
- Child with special educational needs and/or disabilities
- Travelling families
- Service families
- Children and young people at risk of Child Sexual Exploitation

## What difference will it make?

2.1.6 This service will make a major contribution towards improved health and wellbeing of children and young people across Rutland. There will be a clear focus on achieving key outcomes, aligned to the new Rutland Children's Trust 'Children, Young People and Families Plan 2015-2019'. The outcomes relate to the 13 high impact areas stated in paragraphs 2.5 and 2.6 as follows:

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

## How will we know if it's working?

2.1.7 A robust performance management framework and quality schedule is being developed which will capture outputs and outcomes for each of the high impact areas. Evidence will be based on the LSCB approach which uses a quadrant of qualitative, quantitative, voice of patients/public and voice of professionals.

<b>Quantitative Data</b>	<b>Qualitative evidence</b>
<b>Engagement with service users</b>	<b>Engagement with from line staff</b>

2.1.8 A 0-19 Assurance Board will meet quarterly to oversee the performance of the service (one Board for Leicestershire and Rutland) and there will be bi-monthly performance contract meetings with the provider.

## **Service Review**

2.2 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 Rutland People's Directorate wish to build upon and a number of opportunities for improvement that we are including in the new service specification.

Strengths included:

- Achieving UNICEF Baby Friendly Initiative Stage 3 and achieving 6-8 week breast feeding targets at the highest rate for 5 years
- Innovative digital offer including 'Chat Health' texting service, skype based virtual clinics, and two age specific websites for advice, information and online discussion fora.
- A comprehensive Standard Operating Guidance including clear pathways for perinatal mental health and ante-natal support.
- Effective systems and policies in place for safeguarding practices.

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

## **The Proposed Model**

2.3. The proposed model for the 0-19 Healthy Children Programme will have the child and their family at its centre with a strong public health focus, underpinned by a robust evidence base. All Department of Health 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 Rutland and the impact 0-19 Health Children Programme is having on the lives of children and their families.

2.4. 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.

2.5. For 0-5 years 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 our needs assessment has identified oral health as a clear priority for this age group.

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

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

2.8 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.
- HVs will be lead professionals within children's centres and in working on CAF assessments

- 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.
- Integrated health visiting and school nursing teams to allow greater flexibility and resilience
- Closer collaborative working including co-location with Early Help services and staff 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; continence; 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.
- A clear role in supporting the Changing Lives Programme
- The HCP offer will apply to all state funded schools and colleges including Rutland County College. Independent / private funded schools will be offered the opportunity to buy into the service at an appropriate level according to their needs.
- 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
- 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.

### **3. ORGANISATIONAL IMPLICATIONS**

#### **Joint Procurement**

- 3.1 It is proposed that Rutland Council undertakes a joint procurement process with Leicestershire County Council for the new 0-19 Healthy Child Programme service. The procurement would include a separate service specification for Rutland but the same service provider for both authorities.
- 3.2 The advantages of this approach are:
- Greater economies of scale in undertaking the procurement exercise which would be led by the Public Health department
  - Greater economies of scale for the service provision creating better value for money with regard to back office functions and professional support
  - Greater service resilience for example in dealing with staff sickness / absence, and fluctuations in service needs.

- 3.3. The disadvantage is the potential loss of a Rutland specific identity for the service, with the potential that it could be 'lost' among the larger contract with Leicestershire. However, this can be mitigated by having requirements in the service specification based on this proposed model which will directly address Rutland's needs, and by developing clear governance and reporting mechanisms that clearly demonstrate Rutland specific indicators and outcomes.

### **Social Value**

- 3.4 Potential providers will be expected to show how their proposed service creates the greatest economic, social and environmental value for local communities.

## **4 FINANCIAL IMPLICATIONS**

- 4.1 Total current contract per annum:

Health Visiting      £360,000

School Nursing      £142,000

Total                      £502,000

- 4.2 There are an additional 167 children expected to transfer onto the caseload for the Rutland health visiting service as a result of the change from registered to resident population service provision (nationally determined). Anticipated efficiency savings of £27,000 approximately offset the additional HV provision to allow for this increase making the new service cost neutral. The service will also be extended to provide services for Rutland County College.

## **5 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

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

### **Timetable for Decisions**

- 5.2 Following the consideration of this report by the Children's Scrutiny Panel, the final model and re-procurement plan will be presented to the Cabinet on 17th May 2016. This will ensure the timetable for the procurement is met and a new contract can be in place as required by 1<sup>st</sup> April 2017.

## **6 BACKGROUND PAPERS**

[http://www.rutland.gov.uk/health\\_and\\_social\\_care/rutlands\\_joint\\_strategic\\_need.aspx](http://www.rutland.gov.uk/health_and_social_care/rutlands_joint_strategic_need.aspx)  
<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>

## **7 APPENDICES**

- 7.1 Appendix A. Health Needs Assessment Summary and New Service Model – 0-19 Healthy Child Programme for Rutland.
- 7.2 Appendix B. A day in the life of a school nurse
- 7.3 Appendix C. Diagrammatic representation of 0-19 HCP offer

## **Appendix A: Health Needs Assessment and New Service Model – 0-19 Healthy Child Programme for Rutland.**

### **The Health Needs Assessment (HNA) Summary**

#### 1. The HNA identified:

- There are an estimated 8,660 children and young people aged up to 19 years in Rutland 1,779 of which are in the age range 0 to 4 years and 6,881 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 rise to 7,400. In 2014, there were 341 births in Rutland and the birth rate has remained stable for the previous 3 years.
- In 2015 there were 567 children of military personnel in Rutland schools and 267 under 5s living on the two army bases.
- 60 young people provide unpaid care to a family member
- Road traffic collisions are a major cause of deaths in children. 3 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.
- In 2012 40.3% of five-year-old children had experience of obvious dental decay (caries), having one or more teeth that were decayed, missing or filled.
- In 2014/15, over a fifth of Reception-age children (21.8%) in Rutland were classified as overweight or very overweight (nationally 21.9%).
- In year 6 children, nearly a quarter (24.6%) were overweight or very overweight (nationally 33.2%).
- In 2014/15, 8.2% of children aged 5-16 in Rutland estimated to have a mental health disorder.
- Throughout 2014-15, 431 children under the age of 18 in Rutland were classified as children in need. Domestic Abuse or Mental Health problems were identifiable factors at assessment in around a half of cases.
- On 31st March 2014, Rutland County Council (RCC) was responsible for 35 looked after children. Around 30% were looked after primarily because of abuse or neglect. National evidence shows that smoking, alcohol use, drug use and sexual activity was more common amongst looked after children aged 11 to 17 than amongst those not looked after.

A copy of the full HNA is available on request.

### **Healthy Child Programme New Service Model**

2. 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.
3. It 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 Rutland County Council. The 5-19 years element has been commissioned by Rutland County Council since 1st April 2013.

4. Rutland's HCP is commissioned by Rutland County Council from the ring-fenced public health grant. It is currently provided by Leicestershire Partnership NHS Trust (LPT) at a contract value of £502,000 per annum:
  - HCP 0-5 is delivered by the Health Visiting team.
  - HCP 5-19 is delivered by the School Nursing service and includes the National Child Measurement Programme
  
5. **Public Health Nurses (Health Visiting)** 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.
  
6. 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.
  
7. After a recent expansion of health visitor numbers nationally, there are 6 full-time equivalent staff (including community nursery nurses) working on the health visiting service in Rutland all are employed by Leicestershire Partnership NHS Trust
  
8. The estimated caseload for the Health Visiting service from 1<sup>st</sup> 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
<b>Rutland</b>	1685	167	48	9	167	1852

Families based on the two army bases receive the same levels of service as the rest of the Rutland population and their needs are reflected in the above table.

9. **Public Health Nurses (School Nursing)** lead the delivery the HCP 5-19, including the National Child Measurement Programme (NCMP) which is a statutory LA public health duty.
  
10. 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.

11. There are 3.5 whole full-time equivalent staff working for the school nursing service in Rutland employed by Leicestershire Partnership NHS Trust.

12. In Rutland, 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
Rutland	0	2,772	2,755	9	0	2,121	7,657

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
Rutland	0	17	3	1	0	5	26

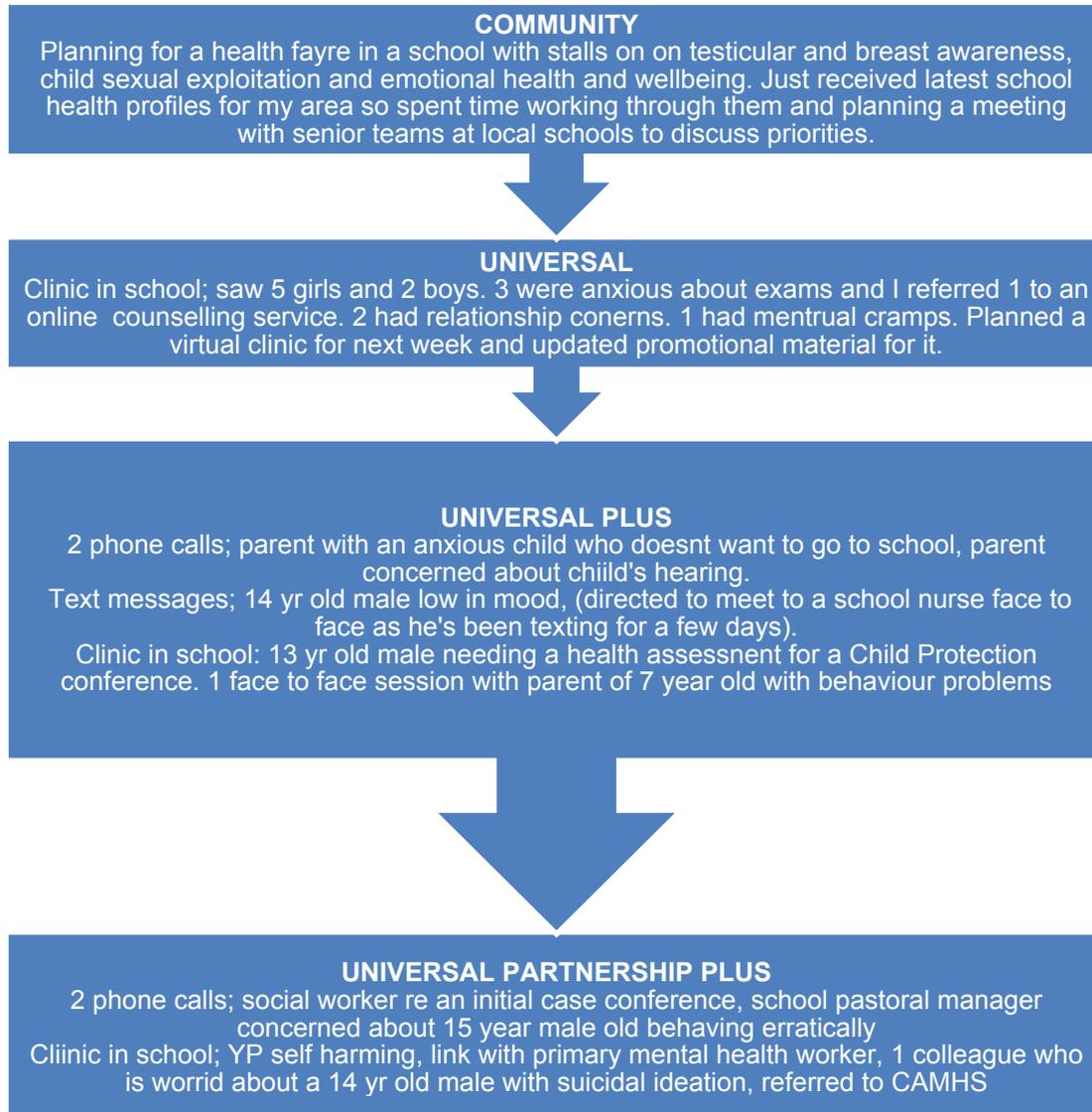
## **Consultation**

13. The Health Needs Assessment included extensive stakeholder engagement with wider professionals across Leicestershire and Rutland, including CCGs, GP and primary care organisations, community health service providers) current service staff, families and children. A total of 640 individual views were received 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.

## Appendix B: A day in the life of a school nurse

The following diagram is taken from a narrative document written by a specialist community public health school nurse.

The day described is no different from many other days.



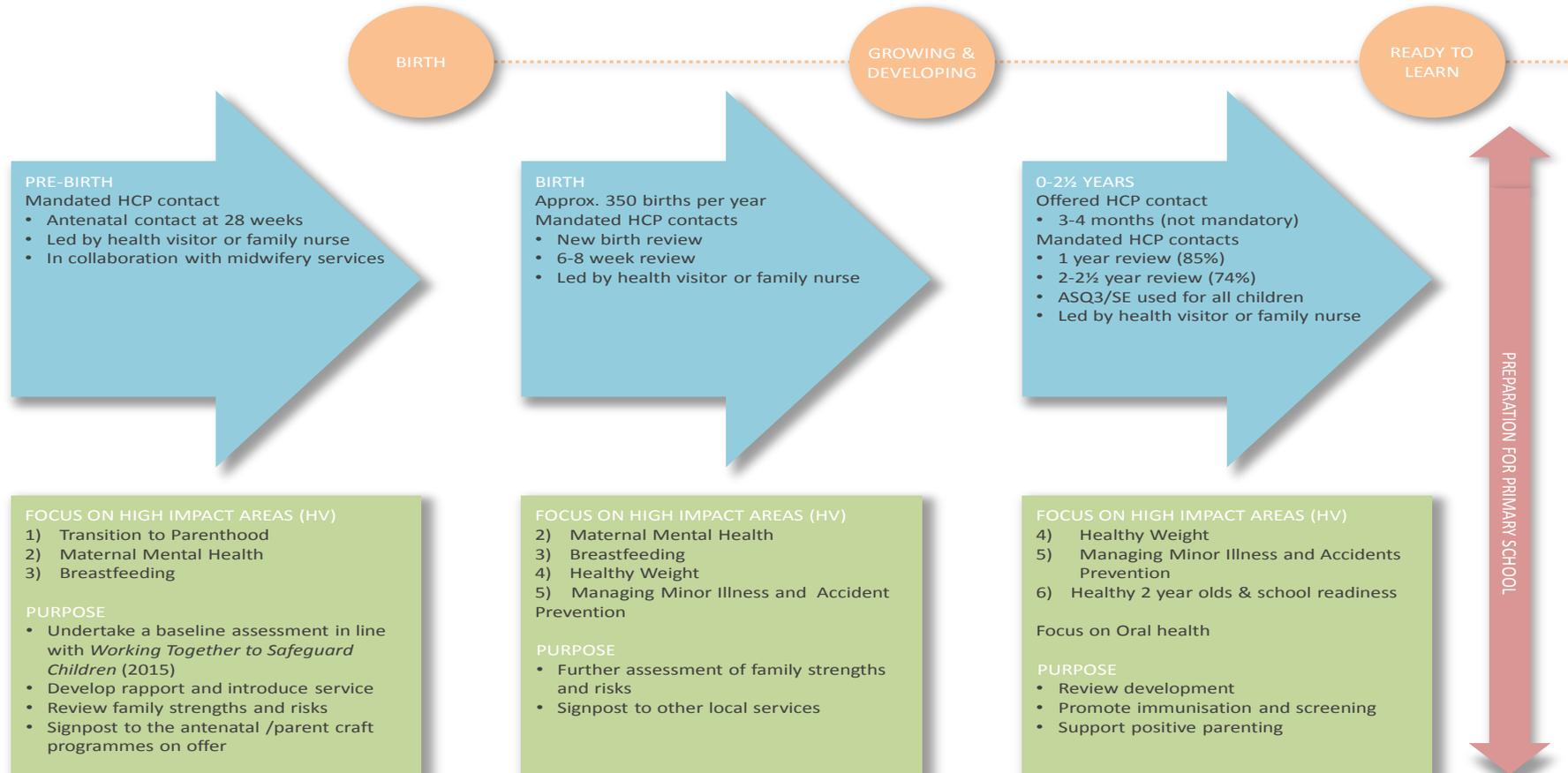
### Additional tasks

- Mentoring a junior nurse
- Pick up messages
- Attend a team meeting to delegate work
- Record contacts on SystemOne
- Write a case conference report and fax to case conference chair

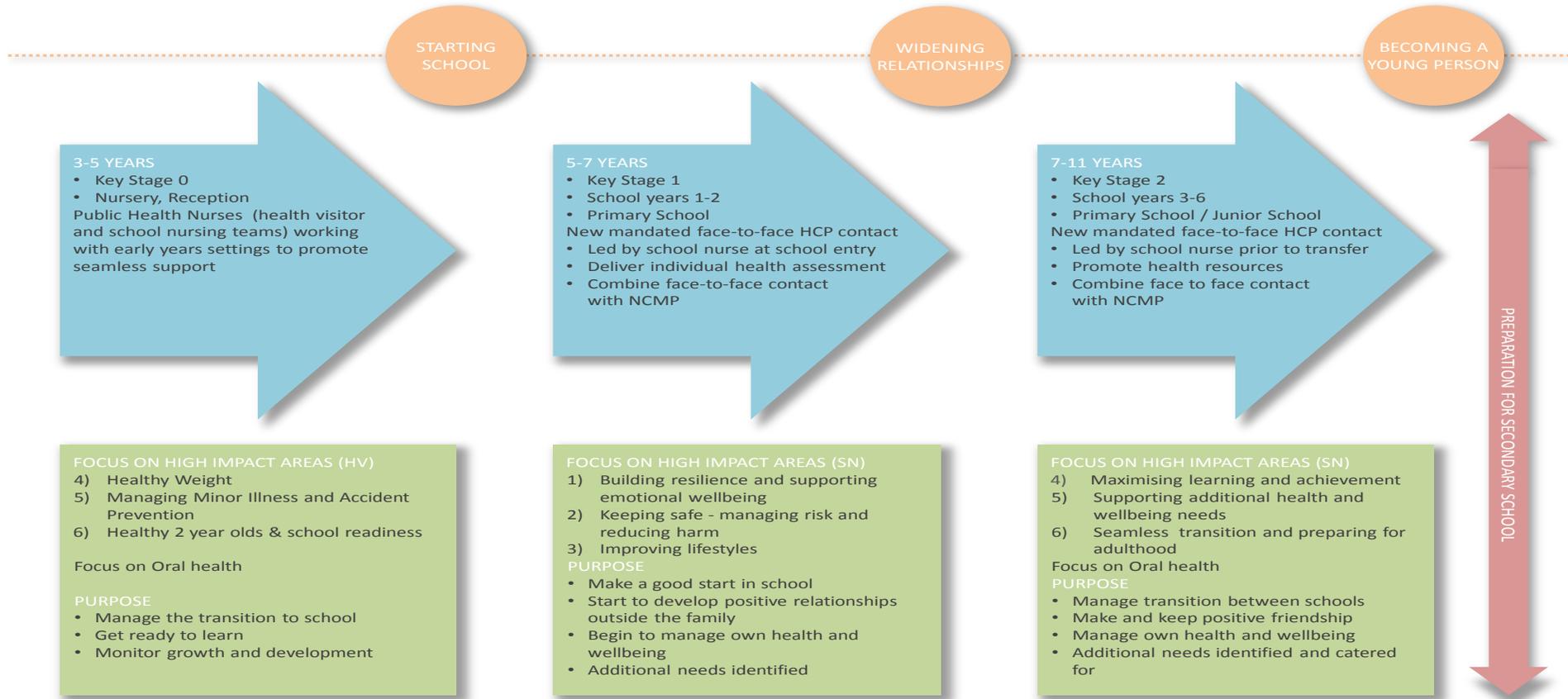


- Appendix C: Diagrammatic representation of new service model.

## The Healthy Child Programme 0-19 Early Years



# The Healthy Child Programme 0-19 Becoming Me



STARTING SCHOOL

**3-5 YEARS**

- Key Stage 0
- Nursery, Reception

Public Health Nurses (health visitor and school nursing teams) working with early years settings to promote seamless support

**FOCUS ON HIGH IMPACT AREAS (HV)**

- 4) Healthy Weight
- 5) Managing Minor Illness and Accident Prevention
- 6) Healthy 2 year olds & school readiness

Focus on Oral health

**PURPOSE**

- Manage the transition to school
- Get ready to learn
- Monitor growth and development

WIDENING RELATIONSHIPS

**5-7 YEARS**

- Key Stage 1
- School years 1-2
- Primary School

New mandated face-to-face HCP contact

- Led by school nurse at school entry
- Deliver individual health assessment
- Combine face-to-face contact with NCMP

**FOCUS ON HIGH IMPACT AREAS (SN)**

- 1) Building resilience and supporting emotional wellbeing
- 2) Keeping safe - managing risk and reducing harm
- 3) Improving lifestyles

**PURPOSE**

- Make a good start in school
- Start to develop positive relationships outside the family
- Begin to manage own health and wellbeing
- Additional needs identified

BECOMING A YOUNG PERSON

**7-11 YEARS**

- Key Stage 2
- School years 3-6
- Primary School / Junior School

New mandated face-to-face HCP contact

- Led by school nurse prior to transfer
- Promote health resources
- Combine face to face contact with NCMP

**FOCUS ON HIGH IMPACT AREAS (SN)**

- 4) Maximising learning and achievement
- 5) Supporting additional health and wellbeing needs
- 6) Seamless transition and preparing for adulthood

Focus on Oral health

**PURPOSE**

- Manage transition between schools
- Make and keep positive friendship
- Manage own health and wellbeing
- Additional needs identified and catered for

PREPARATION FOR SECONDARY SCHOOL

# The Healthy Child Programme 0-19 Ready for Life

