

Report to:	Cabinet	Date of Meeting:	5 September 2019
Subject:	0-19 Healthy Child Programme		
Report of:	Head of Health and Wellbeing	Wards Affected:	(All Wards);
Portfolio:	Cabinet Member - Health and Wellbeing		
Is this a Key Decision:	Yes	Included in Forward Plan:	Yes
Exempt / Confidential Report:	No		

Summary:

In September 2016, North West Boroughs Health Care Trust were awarded a contract to provide Integrated 0-19 Healthy Child Programme (HCP) Nursing Services with effect from 1st April 2017. The contract was awarded for three years with an option to extend for up to a further two years.

HCP is an early intervention and prevention public health programme based on a model of 'progressive universalism'. This means all families receive a number of standard services (universal). Additional services are available to those who need them or are identified as being at risk.

Consideration is now required on exercising continuation options as the main contract is due to expire on 1st April 2020.

Recommendation(s):

(1) Cabinet to grant authority to exercise the option to extend the current contract for a period of two years from the 1st April 2020

Reasons for the Recommendation(s):

The current contract is from 1st April 2017 to 31st March 2020, with the option to extend for a further 2 years. Approval is sought by Cabinet to extend the current commission of the HCP Service by an additional two years to March 2022.

This option would provide a longer period of service stability and reduce cost to the Council from engaging in a procurement exercise.

This would enable further review of the service and allow for development of a fully integrated 0-19 public health nursing service, which will influence whether the contract should be varied or recommissioned after this period.

Alternative Options Considered and Rejected: (including any Risk Implications)

The available options are:

- i) Exercise one year extension / continuation option. This option would provide a degree of continuity and stability. However, any continuity / stability derived from exercising this option would be limited to twelve months at which point the Council would still need to consider exercising the second extension / continuation option or re-tender the service.
- ii) Conducting a full procurement exercise would not bring about any significant benefits for Sefton Council or for users of the 0-19 service

What will it cost and how will it be financed?

(A) Revenue Costs

The current contract is funded from within the services base budget for which sufficient provision exists. The new contract will similarly be contained within this budget and includes nursery nursing, health visiting, school nursing and the enhanced public health nursing services.

The contract will include provision for variation and early termination by the Council for convenience in the event of further reduction in funding and the requirement for the Council to achieve an overall balanced budget

(B) Capital Costs

There are no capital costs for the Council associated with this Service.

Implications of the Proposals:

Resource Implications (Financial, IT, Staffing and Assets):
The proposals aim to offer maximum value for money while ensuring stability in the Healthy Child Programme. The cost of the service will be met within the existing Public Health budget allocation.
Legal Implications:
Equality Implications:
There are no equality implications.

Contribution to the Council's Core Purpose:

Protect the most vulnerable:
The HCP is based on a model of 'progressive universalism'. This means all families receive a number of standard services (universal). Additional services are available to those who need them or are identified as being at risk.
Facilitate confident and resilient communities:

The Integrated 0-19 HCP for Sefton continues to provide the opportunity to transform and integrate health services, education and children’s social care to improve quality health and well-being outcomes for our children and young people.

Opportunities include

- Co-production for children’s public health services, early help and wider family services
- Streamlining universal access to the HCP with early intervention and targeted programmes for families needing more help
- Better integration of services at the point of delivery with improved access and improved user experience helping to lead to improved outcomes for children, young people and families and reduced inequalities.

Commission, broker and provide core services:

Place – leadership and influencer:

Not applicable

Drivers of change and reform:

Not applicable

Facilitate sustainable economic prosperity:

Not applicable

Greater income for social investment:

Not applicable

Cleaner Greener

Not applicable

What consultations have taken place on the proposals and when?

(A) Internal Consultations

The Head of Corporate Resources (FD5741/19) and the Chief Legal and Democratic Officer (LD4865/19) have been consulted and any comments have been incorporated into the report.

(B) External Consultations

Not applicable

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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Appendices:

There are no appendices to this report

Background Papers:

There are no background papers available for inspection.

1. Introduction/Background

- 1.1 North West Boroughs Healthcare NHS Foundation Trust (NWBH) are the current providers of Sefton's commissioned 0-19 Public Health Nursing services. They succeeded the previous provider Liverpool Community Trust on the 1st April 2017. They were awarded a 3-year contract with the option of two 1 year extensions This paper provides an update on the progress made so far in developing the new integrated 0-19 model.
- 1.2 The responsibility for commissioning school nursing services transferred to the Local Authority in 2013, with responsibility for 0-5 (Health Visiting and Family Nurse Partnership) transferring in 2015. A decision was made to combine the services into an integrated 0-19 service to ensure a coordinated and clearly specified contribution to the national Healthy Child Programme (HCP).
- 1.3 HCP is an early intervention and prevention public health programme based on a model of 'progressive universalism'. This means all families receive a number of standard services (universal). Additional services are available to those who need them or are identified as being at risk.
- 1.4 Certain elements currently provided by health visitors are mandated: Antenatal health promoting visits, new baby review, 6-8-week assessment, 1 year assessment and 2-2½ year assessment.
- 1.5 Here the HCP aims to
 - Help parents develop a strong bond with children
 - Encourage care that keeps children healthy and safe
 - Protect children from serious disease, through screening and immunisation
 - Reduce childhood obesity by promoting healthy eating and physical activity
 - Encourage mothers to breastfeed
 - Identify problems in children's health and development so that they can get any help they need as early as possible.
 - Make sure children are prepared for school
- 1.6 Reviews provide key touch points for professional and support staff to engage with families. This is a non-stigmatising offer that establishes a health promoting public health approach. For all ages checks promote early help, identification of vulnerable families, referral to step up services and good health for all families. This approach fits well with the evidence based approach set out by Marmot to improve the health of all whilst narrowing the gap between the best and worst off.
- 1.7 School nursing service is for all 4-19 year olds attending schools in Sefton. The service focuses on the promotion of health and early interventions. Support is provided to individual children and families and to schools. Work delivered includes:

health assessments for all reception children, health and well-being assessment for children moving from year 6 to 7, National Child Measurement Programme for year R and 6, screening, immunisation programmes, drop in clinics covering health and lifestyle behaviour, support for vulnerable children including safeguarding, assisting schools with lesson planning in PHSE and supporting schools develop school health plans etc.

1.8 The new model includes a specific enhanced public health nursing service to vulnerable parents and children (this replaced the Family Nurse Partnership). The service has also evolved to account for developments in NHS England commissioned immunisation service and CCG commissioned safeguarding and Looked After Children provision.

2 Key service developments.

2.1 Geographically focused delivery

2.1.1 Where appropriate teams have co-located to provide greater professional support e.g. Immunisation Team (commissioned by NHS England), the Safeguarding Team (commissioned by CCG), and the Enhanced Team.

2.1.2 Work is ongoing with Sefton Council Locality Teams to identify opportunities for joint working and resource sharing, this includes, co-developing and delivering pathways. The Trust are actively involved in key partnership groups including:

- School Readiness
- Nutrition
- Maternal Mental Health
- Early Years and Parenthood
- Prevention and Treatment of Minor Illness and Injury
- Lancaster Model – Delivery in Schools
- Resilience and Wellbeing
- SEND
- Workforce and Training

2.2 The Sefton Enhanced 0-19 Children's Team is divided in to three key areas: Pre-school, School age and Emotional health and wellbeing.

2.2.1 Pre-school visiting begins in the antenatal period with the opportunity for families to remain with the enhanced team until the baby is 2 years old and beyond if needed. The visiting schedule is flexible; however, the core offer is up to 5 ante natal visits, weekly visits from birth for 4 weeks, fortnightly until 8 weeks, monthly until 12 months and bi-monthly until 2 years. This is reviewed at set intervals to ensure that the families who would still benefit from the support of the enhanced team remain whilst other families may be discharged and return to the generic health visiting team.

2.2.2 For school aged children and young people the service is offered to children and young people who are referred to the pupil referral unit for emotional and behavioural difficulties, children and young people who are receiving elective home education including the Gypsy/Traveller population, children and young

people without a school place and who have additional needs and identified young people aged 16-19 years who are not in education, employment or training and have not attended a school or college in Sefton.

2.2.3 The emotional health and wellbeing Service is provided to children, young people and families to provide emotional, mental health and behaviour advice and support. Key features of the service are early identification, early assessment and early intervention.

2.2.4 The specialist Nurse for emotional health and wellbeing provides a service that is accessible and adaptable to meet a child or young person's needs. Completion of interventions will result in discharge from the specialist nurse directly back to the named school nurse, or the named school nurse will be notified of any onward referrals. The specialist Nurse also provides training and consultation to the school nurses, and members of the Enhanced Team.

2.3 Looked After Children (LAC)

2.3.1 Two staff from school health have moved to the vulnerable young person's team (commissioned by CCG) with a dedicated looked after children caseload.

2.3.2 Public Health commissioners have worked closely with CCG commissioners to facilitate greater integration/closer working between the specialist LAC service and the universal 0-19 service, including support, training and supervision from the newly recruited named LAC nurse. Staff reporting and performance indicators suggest improved working relationships and better outcomes for children, as demonstrated by Social Workers supporting improved attendance at health assessments.

2.4 Infant Feeding

2.4.1 The Trust will be applying for UNICEF Baby Friendly (BFI) re-accreditation in early spring 2020 alongside the Family Wellbeing Centres and will align with the other NWBH 0-19 Services (St Helens and Knowsley). Note, Sefton remains accredited pending re-assessment and BFI baseline audits look promising with good practice embedded. Plans are in place to roll out training and audit within Family Wellbeing Centres.

2.4.2 Breast Feeding Sefton (peer support service) has been established, providing advice and practical support for women who choose to breastfeed.

2.5 The Lancaster Model (TLM).

2.5.1 TLM evidences the needs of children, young people and their families through an online health needs assessment, completed at Reception, year 6 and 9. The school nurse assigned to the child's school accesses the portal and reviews the completed questionnaires. They can see where support is needed on an individual basis along with key themes identified through analysis of the whole school data set. In conjunction with the Head teacher, the nurse can then devise a bespoke School Health Plan which will address the 3 key themes that emerge.

2.6 NHS England commissioned vaccination and immunisation programmes

2.6.1 NHS England commission NWBH to deliver school age vaccination and immunisation programmes. There are plans to roll out new programmes in the coming year, these include extensions in HPV and Flu offer.

2.7.2 The vaccination and immunisation contract was commissioned alongside the Council HCP. Local Authority and NHE England commissioners continue to work closely to ensure both services work closely together to provide mutual

2.7 Performance monitoring

2.7.1 A quarterly reporting schedule has been established with open and detailed discussions on performance against KPIs. This includes quantitative reporting, narrative, including deep dives into understanding behaviour around key contacts and case studies from across the service with growing evidence on early intervention and consideration of the voice of children and families.

2.7.2 An extensive engagement and consultation was started in July 2019 and has been extended with key stakeholders to inform the current service specification and delivery model. Stakeholders included provider staff, health partners, parents and young people. Young people from the Making a Difference group helped with the design of the online questionnaire and promotional video.