

# **WIRRAL COUNCIL**

## **CABINET**

**10 OCTOBER 2013**

<b>SUBJECT:</b>	<b>DELIVERING THE HEALTHY CHILD PROGRAMME FOR 5-19 YEAR OLDS</b>
<b>WARD/S AFFECTED:</b>	<b>ALL</b>
<b>REPORT OF:</b>	<b>FIONA JOHNSTONE HEAD OF POLICY PERFORMANCE / DIRECTOR OF PUBLIC HEALTH</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>COUNCILLOR CHRIS MEADEN</b>
<b>KEY DECISION?</b>	<b>YES</b>

### **1. EXECUTIVE SUMMARY**

Giving every child the best start in life is important to reducing inequalities through the rest of their life course. This means supporting the child and family to have early positive health experiences but also in their journey through the educational system. Investing in early years is crucial to breaking the cycle of inequalities and reducing the gap between the least and most advantaged.

An effective healthy child programme is one way of ensuring that children and their families get the right support at the right time. The responsibility for the commissioning of the healthy child programme for 5-19 year olds now lies with the Council, following the transfer of the public health function.

The purpose of this report is to highlight current provision for the delivery of the Healthy Child programme for 5-19 year olds in Wirral and present a rationale to develop and commission an integrated service model.

The aim of the re-commissioned model would be to ensure that commissioned services are intervening as early as possible to prevent problems developing and escalating. There is also the opportunity to reflect the new approach developing in the Children and Young Peoples team in the service model to ensure services are fit for purpose and providing the best outcomes for local children and young people.

There is also the opportunity to undertake a joint procurement process with NHS England who are re-commissioning the Healthy Child Programme for 0-5 year olds to deliver economies of scale and integrated services.

The report provides an overview of proposed areas to be included in the new model, finer details of these will be specified following extensive consultation with key stakeholders, including young people and their families.

The report concludes with a recommendation that officers be authorised to commence a re-commissioning of the Healthy Child Programme for 5-19 year olds.

### **2. BACKGROUND AND KEY ISSUES**

#### **2.1 What does the Joint Strategic Needs Assessment tell us about the health of our children and young people?**

- 2.1.1 We have nearly 55,000 children and young people living on Wirral (n=54,700, 2011 ONS estimate) and in 2011 we had 3,802 births. Overall, most of these children and young people will fulfil their aspirations and be healthy, safe and well educated; have easy access to

recreation, sport and leisure; be able to make a positive contribution to our society; and be well prepared for their working lives.

2.1.2 However, whilst overall Wirral is a positive place for children and young people to grow up, some do not fulfil their potential. There are great disparities in Wirral, not least in wealth. Some areas, mostly in the west of the peninsula, are very affluent; whilst on the east of the peninsula there are high levels of poverty and deprivation which has an impact upon children's lives and development. The challenge is to eliminate disparities in outcomes and ensure that all young people have the best possible start in life. We particularly need a focus on work to promote wellbeing in childhood and adolescence, reduce the high levels of obesity and tooth decay we see in our children and build on the good work that has seen a reduction in our teenage pregnancy rates.

2.1.3 Key statistics:

- The rate of child poverty in Wirral is significantly above the national average of 20.6% and stands at 24.4% or 17,155 children. There is significant variation across the borough with rates ranging from one in two children living in poverty in Bidston and St James to one in twenty in Heswall.
- Wirral has a higher rate of emergency admissions for unintentional and deliberate injuries in those aged 0-17, compared to the regional and national average
- Alcohol is a significant problem for children and young people in Wirral. This can cause a wide range of associated problems including injuries and accidents, risk taking behaviour, cognitive problems and long term risks to health.
- The number of children who are obese and overweight in Reception and Year 6 in Wirral is higher than the North West and England average (Data from 2011-12).
- Data shows that dental decay amongst Wirral five year olds is a considerable problem in some of the more deprived areas of Wirral.
- In Wirral, child behaviour, health issues, parenting and school behaviour were the predominant reasons for multi-agency early intervention using the Common Assessment Framework (CAF) during 2011-12.
- In 2012, Wirral had a higher proportion of children assessed as being in need (4%) than the national average (3.6%). Family dysfunction (38.4%) followed by abuse or neglect (34.4%) was the highest recorded category of need at initial assessment.
- Wirral's teenage conception rate in 2010 (47.3 per 1,000) was higher than both the North West average (40.7 per 1,000) and England (35.4 per 1,000). Rates for 2011 are currently only available for Wirral (England and the North-West not yet available) and show a marked decrease in Wirral, to 36.9 per 1,000

## **2.2 The Healthy Child Programme for 5 to 19 year olds**

2.2.1 The National Healthy Child Programme for 5 to 19 year olds sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing – the diagram in an appendix one illustrates how the programme is designed to be delivered.

2.2.2 During 2011/12, The Childrens Trust undertook a review of the Healthy Child Programme. The purpose of the review was to ensure improved outcomes and a reduction in health inequalities for Wirral children and young people aged 5 -19 years. The review group was asked to consider the issues highlighted in the Joint Strategic Needs Assessment and review the performance of all services that contribute to the health of children within the universal and progressive framework of the Healthy Child Programme. Priority areas in the

programme include: emotional health and wellbeing; promoting healthy weight; teenage pregnancy, sexual health and drugs, alcohol and tobacco. Key providers were interviewed and young people were consulted as part of this process.

- 2.2.3 The review identified the need to develop a specification for the School Nursing Service and streamline the commissioning of services for children and young people to drive down transactional costs. The development of the specification for the school nursing service commenced in 2012/13 and takes into account the conclusions of the national review of school nursing, including the recommendation to offer a continuum of interventions along the same framework as that adopted for health visiting:
- Your Community – range of services for children, young people and families
  - Universal Services – to ensure healthy start for every child
  - Universal Plus – swift response from school nurse when specific expert help needed
  - Universal Partnership Plus – ongoing support from school nurse working with range of local services to deal with more complex issues
- 2.2.4 The Healthy Child Programme comprises more than the School Nursing Programme, table one below illustrates the range of services that currently contribute to the programme and which would be included in the redesigned service model.

### 3. CURRENT COMMISSIONED SERVICES AND EXPENDITURE

- 3.1 Table 1, below details commissioned services that contribute to the delivery of the Healthy Child Programme.

**Table 1: description of services that contribute to the Healthy Child Programme**

<b>Service</b>	<b>Description and comment</b>
School nurse service	The school nurse service has a long-standing relationship of trust in Wirral schools with both young people and professionals. They provide health information and advice, both on a one-to-one level and deliver lessons around specific health issues. They also deliver an immunisation programme.
Lifestyle and weight management programme	This service at present is predominantly focused on treating obese and overweight children and their families. It is intended to shift the focus to increase the emphasis to preventing children and young people developing weight problems.
Health Services in Schools	The Health Services in Schools programme is currently available in all secondary schools in Wirral with the exception of one and is undergoing evaluation. The aim of Health Services in Schools is to increase young people's knowledge and access to advice and support with regards to a wide-range of issues. It included the following components: sexual health, mental health, counselling and smoking cessation and there are a number of providers that currently deliver services, Health Services in Schools will increase young people's knowledge and access to advice and support with regards to a wide-range of issues

	The programme has been positively received by both the schools and the young people and is considered to have been a contributory factor in the recent reduction in teenage pregnancy rates.
National Child Measurement Programme (NCMP)  This is a nationally mandated commissioned service	This is currently delivered by the School Nurse Service in addition to their main contract. The service weighs and measure children at 4-5 years (reception) and 10-11 years (Year 6) and provides an enhanced service to support families following identification of overweight/obesity.

The following table, details current expenditure on the Healthy Child Programme for 5 to 19 year olds for those services proposed to be included in the re-commissioning process.

**Table two: Expenditure in 2013-14 on the Healthy Child Programme for 5 to 19 year olds**

Service provided	Provider(s)	Funding allocated (£)
National Child Measurement Programme	Wirral University Hospital Foundation Trust	42,091
Wirral School Nursing Service	Wirral University Hospital Foundation Trust	1,311,597
Health Services in Schools	Wirral School nursing, service, Action for Children, Wirral Council	584,815
Healthy Settings	Wirral Community Trust	194,357
Lifestyle and Weight Management services (adults and children)	Wirral Community Trust	100,000
Weight management for young people	MEND	184,300
<b>Total</b>		<b>£2,417,160</b>

#### **4. HEALTHY CHILD PROGRAMME FOR 0-5 YEAR OLDS**

- 4.1 The responsibility for commissioning children's public health services for pregnancy to five years lies with the NHS England Cheshire, Warrington & Wirral Area Team. The commissioning responsibility for some of the services is planned to transfer to local authorities in 2015 when the implementation of the National Health Visiting Development Plan is complete. Exceptions to this are the Antenatal and New-born Screening Programme, immunisation programmes and Child Health Information Systems.
- 4.2 The Health Visiting and Family Nurse Partnership programmes lead the delivery of the Healthy Child Programme for this age group. Both are commissioned to a standard national specification, which includes the number of qualified health visitors required to deliver the services, and the model of service to be delivered.
- 4.3 Since the current contract for these services end on 31<sup>st</sup> March 2014, if Cabinet approves the re-procurement of services for children 5-19 years, there is significant potential to achieve service integration and efficiencies by NHS England and Wirral Council entering into a shared procurement arrangement for delivery of the Healthy Child Programme for pregnancy to 19 years (including immunisation services for the 5-19 age group).
- 4.4 With Cabinet approval, it is proposed to investigate a joint procurement process with NHS England for services to cover both the 0 to 5 and 5 to 19 Healthy Child Programmes. The rationale for working together is to ensure economies of scale and integration of services. There is however uncertainty over the resources to be transferred to the Council in April 2015

to fund the 0 to 5 Healthy Child Programme, work is required to establish baseline funding to be transferred. A joint procurement process will only take place once agreement on funding has been reached

## **5. RATIONALE FOR TENDER EXERCISE**

- 5.1 The need to develop an integrated approach between health and childrens services and schools to ensure children get the best start in life has been made locally and nationally via policy and need assessments.
- 5.2 If agreement was reached that the programme be re-commissioned it would enable an integrated specification to be developed which would incorporate appropriate young peoples services within one specification. This could include the mandatory National Child Measurement Programme, School Nurse Service, Children's Lifestyle and Weight Management Services, the current work of the Healthy Settings Team around health promotion work in young people's settings, and the Health Services in Schools project. This would enable a more integrated and seamless service to be developed, preventing potential duplication and silo working and providing a seamless service for young people and their families. Economies of scale would be possible through having fewer contracted organisations and therefore reducing overheads and management costs.

## **6. PROPOSED TIMETABLES**

- 6.1 It is proposed to commission the healthy child programme to be operationally live on the 1st of January 2015. To achieve this deadline the initial preparation, including comprehensive stakeholder consultation, needs assessment, and the scoping of new service specifications, needs to commence during October 2013.

## **7. RELEVANT RISKS**

- 7.1 Failure to integrate these services will result in maintenance of the status quo. The Council is required to maximise the value for money it achieves for all services. Best practice guidance suggests a need to market test for best value every 3-4 years. There has been interest locally as to whether or not the services outlined in this paper are to be re-commissioned by a number of interested parties. This raises some concerns about failure to undertake a re-commissioning exercise and whether or not these parties would challenge this decision.
- 7.2 The transfer of funding from NHS England to the Council for the commissioning of the 0 to 5 year is still to be agreed. A joint procurement process will only take place if agreement on the funding to be transferred can be reached.

## **8. OTHER OPTIONS CONSIDERED**

- 8.1 The option to continue with current provision was considered however, this would not support innovation and the potential to deliver a more cost effective service.

## **9. CONSULTATION**

- 9.1 Consultation and engagement with young people and key stakeholders is required to inform the development of the service specification. A provisional consultation programme has been developed which will enable completion within the required deadline to inform specification development and the tender exercise. There has been initial consultation across the Public Health Team, Children and Young Peoples Directorate and with the Childrens Trust
- 9.2 Consultation on the development of the service specification will take place with Stakeholders via an online questionnaire, focus groups and a workshop. The online questionnaire will target the views of children and young people and is being coordinated via the Children and Young

Peoples Directorate. Views from parents and schools will also be sought via an on line tool. Feedback will be incorporated into the service specification.

9.3 Provider development days will be held for those providers interested in tendering for the service facilitated by the procurement team. Feedback from the days will be incorporated into the service specification.

9.4 The consultation process will run from 12 weeks upon Cabinet approval.

## **10. IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

10.1 Organisations from the Voluntary, Community and Faith are currently involved with the delivery of elements of provision. The re-tender would present the opportunity for greater involvement.

## **11. RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

11.1 There is currently allocated funding for the services highlighted. The tender exercise would enable a more integrated and cost effective model to be developed. T.U.P.E. may be an issue that will need to be addressed.

## **12. LEGAL IMPLICATIONS**

12.1 Required Standing Financial Instructions will be followed. T.U.P.E. may be an issue that will need to be addressed.

## **13. EQUALITIES IMPLICATIONS**

13.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(a) Yes and impact review can be accessed at

<http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesion/equality-impact-assessments/eias-2010/public-health>

## **14. CARBON REDUCTION IMPLICATIONS**

14.1 There are no carbon reduction implications based on the content of this report.

## **15. PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

15.1 There are no planning or community safety implications based on the content of this report.

## **16. RECOMMENDATION/S**

16.1 The following recommendations are made:

- Cabinet authorises officers to commence the re-commissioning process to enable the development of an integrated healthy child programme for 5-19 year olds.
- Cabinet supports a joint procurement process with NHS England for the healthy child programme for 0-5 year olds.
- Cabinet to receive a report on the outcomes of the tendering exercise for final decision on the awarding of the contract(s) for the Healthy Child Programme for 5-19 year olds.

## 17. REASON/S FOR RECOMMENDATION/S

- 17.1 The main reason for the recommendation to commence a tender exercise is to enable an integrated service to be developed to deliver the Healthy Child Programme for 5-19 year olds. This is further supported by the need to comply with Standard Financial Instructions around procurement practice.

## 18. REPORT AUTHOR:

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## 19. APPENDICES

*(List and, if not attached, specify location – e.g. website and/or Group rooms.)*

## 20. REFERENCE MATERIAL

*(Include background information referred to or relied upon when drafting this report, together with details of where the information can be found. There is no need to refer to publicly available material: e.g. Acts of Parliament or Government guidance.)*

## 21. SUBJECT HISTORY (last 3 years)

Council Meeting	Date

**Diagram 1: Who will deliver the HCP?**

