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| <b>6<sup>th</sup> July 2016</b>   |                                 | <b>ITEM: 7<br/>Supplement</b> |
| <b>Children's Services Overview and Scrutiny Committee</b>  |                                 |                               |
| <b>0-19 Wellbeing Model</b>   |                                 |                               |
| <b>Wards and communities affected:</b><br>All.  | <b>Key Decision:</b><br>Non-Key |                               |
| <b>Report of:</b> Beth Capps, Senior Public Health Manager  |                                 |                               |
| <b>Accountable Head of Service/Strategic Lead :</b> Roger Edwardson, Interim Strategic Lead for School Improvement and Tim Elwell-Sutton, Consultant in Public Health |                                 |                               |
| <b>Accountable Director:</b> Ian Wake, Director of Public Health & Rory Patterson, Director of Children's services.   |                                 |                               |
| <b>This report is</b> Public  |                                 |                               |

## **Executive Summary**

This paper discusses the creation of an integrated model for 0-19 wellbeing through further integration of the Healthy Child Programme with other services such as Children's Centres and Early Offer of Help.

The aim of the 0-19 Wellbeing Model is to reduce duplication, make services easier to access for families and achieve better value for money. A successful model will contribute to a range of improvements in population health and wellbeing and reduce inequalities. This report would benefit from being considered alongside the Children's Centres Review report of the same date as the two reports detail the proposed joint collaborative model.

### **1. Recommendation(s)**

- 1.1 That overview and scrutiny support the proposed model that integrates delivery of a range of services to support the wellbeing of children and families (0-19 Wellbeing Model)**
- 1.2 Overview and Scrutiny Committee agrees that Officers proceed with the further development of the proposed integrated model for a range of services to support the wellbeing of children and families (0-19 Wellbeing Model) as set out in this report.**
- 1.3 Overview and Scrutiny Committee notes that further reports on the model will be brought to the September meeting and in December to Cabinet on the formal procurement proposals for agreement.**

## **2. Introduction and Background**

- 2.1 The Healthy Child Programme (HCP) is a public health programme for children, young people and families, which focusses on early intervention and prevention. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. Although the programme is universal in reach the HCP also aims to identify families who need additional support or are at particular risk of poor health outcomes and assessed to be referred to targeted or specialist services.
- 2.2 Children's Health and Wellbeing Services are commissioned by different parts of the Council namely Public Health and Children's services as well as the Clinical Commissioning Group (CCG). Partners are in agreement that services can be improved for children and young people by looking at an integrated model of delivery.
- 2.3 Local Authorities became responsible for commissioning the Healthy Child Programme for 5 to 19 year olds (School Nursing) from April 2013 with the transfer of Public Health. Services have been funded through the ring-fenced public health grant allocation to the Council.
- 2.4 Responsibility for commissioning the 0 – 5 Healthy Child Programme, including Health Visiting and Family Nurse Partnership, transferred from NHS England to local authorities on 1 October 2015. This represented the final phase of the transfer of public health responsibilities from the NHS as set out in the Health and Social Care Act, 2012.
- 2.5 The transfer of 0 – 5 Healthy Child Programme services to the local authority, which commissions a range of other children's services, provides a significant opportunity to reduce duplication, make services easier to access and achieve better value for money.
- 2.6 Following the transfer as outlined within the Cabinet paper 'Transfer of Commissioning Responsibility for 0-5 Healthy Child Programme from NHS England to Local Authority 1 October 2015'<sup>1</sup>, a working group was convened with representatives from Children's Services, Public Health and the Clinical Commissioning Group (CCG) to look at further integration of the HCP with other services such as Children's Centres and Early Offer of Help.

## **3. Issues, Options and Analysis of Options**

- 3.1 The vision for the 0-19 Wellbeing Model is to protect and promote the wellbeing of all children, young people and their families, to reduce inequalities, and to improve a range of population health and wellbeing

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<http://democracy.thurrock.gov.uk/documents/s5273/Transfer%20of%20Commissioning%20Responsibility%20for%200-5%20Healthy%20Child%20Programme%20from%20NHS%20England%20to%20Local%20A.pdf>

outcomes. Part of the 0-19 Wellbeing Model will be the Healthy Families Programme which will be procured as a single contract or provided as a single service.

3.2 Key outcomes for the 0-19 Wellbeing Model will include but not be limited to:

- Increasing the proportion of children who achieve a 'Good Level of Development'<sup>2</sup> and reducing the gap between the most and least deprived groups;
- Reversing the trend of rising obesity;
- Increasing rates of breastfeeding;
- Improving emotional health and wellbeing (including reducing postnatal depression);
- Effective safeguarding
- Increase positive parenting
- Reducing smoking in pregnancy and the number of young people who start to smoke
- Reduced teenage pregnancy
- Narrowing the gap and reducing inequality between the most and least deprived groups across all indicators

This is not an exhaustive list as the model is still being developed.

3.3 In order to improve these outcomes. It is proposed that a number of existing services will be included in the integrated 0-19 Wellbeing Model although not all would be part of the Healthy Families Programme. See the diagram in Appendix 1 for more detail.

3.3.1 These elements within the 'Healthy Families Programme' provision:

- 0 – 5 Healthy Child Programme (including health visiting)
- 5 – 19 Healthy Child Programme (including school nursing)
- Breastfeeding support
- Parenting support
- Targeted intensive support for teenage parents and vulnerable groups.
- Weight management services (Children and young people)

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<sup>2</sup> A 'Good Level of Development'- Children are defined as having reached a good level of development at the end of the Early Years Foundation Stage if they have achieved at least the expected level in:

- the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and;
- the early learning goals in the specific areas of mathematics and literacy.

- Oral health promotion
- Smoking prevention (ASSIST)
- Risk Avert<sup>3</sup> programme delivery

3.3.2 The following elements will be commissioned/ provided separately, although integrated as part of the 0-19 Wellbeing Model:

- Children's Centres
- An integrated data system for the 0-19 Wellbeing Model to enable seamless integration between Children's Centres and the Healthy Families Service.
- Sexual Health Services
- Young People's drug and alcohol services
- Early Offer of Help – A range of services commissioned and provided in house, aimed at providing support at an earlier stage to reduce risks of unidentified needs and needs escalating, and to improve outcomes for children in need of support. Services within this include:
  - Domestic abuse
  - Sexual violence
  - Parenting, intensive intervention.

3.4 The proposed model will deliver an improved, integrated offer by providing services centred around the family through the following:

- Improved access by creating a single point of access a single point of registration for families. It is anticipated that various sites will host the service including Community Hubs, Children's Centres and integrated Healthy Living Centres as examples. From the user's point of view this should be one seamless service despite the different commissioning/ management models.
- Integration of the local delivery offer to ensure there is co-ordination and improved access to a wider range of support for service users
- Shared branding for the '0-19 Wellbeing Model' (public brand name to be agreed); this can be achieved even with services operating through separate service specifications and contracts.
- Improved continuity by offering a lead professional for each family requiring support to coordinate care, and who has an overview of all the different services used.
- Information sharing between different parts of the service to avoid families being required to give their information more than once.

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<sup>3</sup> Risk Avert is a survey for year 8 pupils assessing risk taking behavior, a risk profile is generated for individuals and groups of individuals to allow tailored resources to be provided for lessons in schools aimed at reducing the risks for young people.

- Provide a strong platform for making every contact count (MECC) to be universally implemented at every opportunity;
- Reduced duplication and improved value for money whilst making the services easier to navigate for families.
- Opportunities for co-location to be explored and implemented where possible in order to make more efficient use of real estate and provide greater convenience for service users.
- The model will include strengthening training and development for the work force to enable children and young people with complex special educational needs and common childhood conditions such as Epilepsy and Diabetes to access universal services. The outcome will be to ensure children and young people with additional needs have the same opportunities as their peers and in a timely manner.

3.5 Although the details of the 0-19 Wellbeing Model are still being developed, the design is being guided by the above principles to ensure seamless integration from the users' perspective. The timeline for this is outlined below:

| <b>Element of transformation</b>  | <b>Planned Timescale</b> |
|---|--------------------------|
| 0-19 Wellbeing model and Healthy Families service specification development | May-Dec 2016             |
| Joint Consultation and engagement with stakeholders                         | Sept – Dec 2016          |
| Procurement process for Healthy Families elements (subject to agreement)    | Jan – Apr 2017           |
| Healthy Families Contract Award (subject to agreement)                      | April- May 2017          |
| Healthy Families contract commencement (subject to agreement)               | Sept 2017                |
| 0-19 Wellbeing Model implemented  | Sept 2017                |

3.6 It is proposed that a paper be brought to Cabinet in September 2016 with fuller details of the service model and again in December to request permission to proceed to tender or agreement for in house provision following stakeholder consultation and engagement.

3.7 It is proposed that the model develop in a phased approach with some services remaining outside of the Healthy Families Service but integrated under the same overarching integrated service model.

3.8 The Service provider would work collaboratively with other providers towards fuller integration each year of the contract. Children's centres and Early Offer

of Help services are currently delivered part in-house and part-commissioned. They are likely to need separate service specifications and contracts but there needs to be a clearly defined pathway to ensure seamless integration from the service user's point of view.

- 3.9 The longer term intention is to investigate opportunities to enhance the model with other children's commissioned services.
- 3.10 The governance for the process and model development will be through the Thurrock's Integrated Children's Commissioning Group, reporting to the Children and Young People's Partnership Board.

#### **4. Reasons for Recommendation**

- 4.1 The recommended course of action should improve service quality whilst increasing value for money. In particular it will improve access and make services easier to navigate for families. Integration of local delivery will ensure greater coordination of support for families. Improved information sharing and continuity whilst reducing duplication of services will ensure the vision of the Model is realised.
- 4.2 The financial challenges faced by the Council alongside a drive for efficiency and quality are supported by the development of the 0-19 Wellbeing Model to secure a high quality service and good outcomes for children and Young People.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 Consultation with Overview and Scrutiny Committees for Children's services is planned in July and HOSC in September before detailed proposals are taken to cabinet in September and permission requested to proceed to tender or proceed with an in house provision from Cabinet in December.
- 5.2 Public Consultation is planned with stakeholders during September-December 2016 to ensure influence and input to the model being developed. This is likely to involve a survey on the Council portal alongside some focus groups and public events to achieve a representative cross section of comments and input.

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The Corporate priorities adopted by the Council are:
- create a great place for learning and opportunity
  - encourage and promote job creation and economic prosperity
  - build pride, responsibility and respect
  - improve health and well-being
  - promote and protect our clean and green environment

6.2 The 0-19 Wellbeing Model will make a significant contribution to the Health and Wellbeing Strategy 2016-21 and the corporate priorities to improve Health and Wellbeing, as well as creating a great place for learning and opportunity. The draft outcomes being developed are aligned with the Health and Wellbeing outcomes framework.

## 7. **Implications**

### 7.1 **Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager, Corporate Finance.**

The proposed commissioning model will contribute to making savings towards both the Public Health budget, and support planned savings in Children's Services. The transfer of commissioning responsibility for 0-5 HCP to the local authority resulted in an increase to the Public Health Grant, however cuts by the Department of Health have resulted in significant reductions in Thurrock's Public Health grant overall putting significant pressure on the transferred contract. Elements of the HCP including developmental reviews and the National Childhood Measurement Programme are mandated. The integration of the HCP alongside other Council Services will support a streamlined service offering both value for money and financial savings.

### 7.2 **Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

The 'Healthy Child Programme' (HCP) is the main universal health service for improving the health and wellbeing of children, through:

- health and development reviews
- health promotion
- parenting support
- screening and immunisation programmes

Since the 1 October 2015, Local Authorities have been responsible for planning and paying for public health services for babies and children up to 5 years old following the transfer of the responsibilities from NHS England.

### 7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**

## **Community Development and Equality Manager.**

The Wellbeing Model will be accessible to all children and young people and their families in Thurrock and will include universal and targeted elements. The Healthy Child Programme is the universal public health programme for children, young people and families, which focusses on early intervention and prevention. This element of the model will be provided through the Healthy Families Programme.

The development of the model will include analysis of premises and look to ensure equity of provision and accessibility across Thurrock.

### **7.4 Other implications**

The 0-19 Wellbeing Model aims to produce improvements in the Health and Wellbeing of Children and Young People aged 0-19.

### **8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

#### **Transfer of Commissioning Responsibility for 0-5 Healthy Child Programme from NHS England to Local Authorities 1 October 2015**

<http://democracy.thurrock.gov.uk/documents/s5273/Transfer%20of%20Commissioning%20Responsibility%20for%2005%20Healthy%20Child%20Programme%20from%20NHS%20England%20to%20Local%20A.pdf>

### **9. Appendices to the report**

- 0-19 Wellbeing Model diagram

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Public Health



# Thurrock 0-19 Wellbeing Model

Shared premises and colocation wherever possible

Single point of access

Shared branding

Targeted

Early offer of  
Help  
Services

## Healthy Families Service

Integrating:

- 0-5 Health child Programme
- Intensive support for targeted groups  
e.g. teenage parents
- 5-19 Healthy Child Programme
- Breastfeeding support
- Parenting support
- Weight management services  
(Children and young people)
- Oral health promotion
- Smoking prevention (ASSIST)
- Risk Avert programme delivery

Young  
People's  
DAAT

Sexual Health  
Services

Children's  
Centres

Universal

Co-commissioned integrated data solution to link all elements of the model