HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Blackburn with Darwen Healthy Child Programme Steering Group
DATE:	21st June 2016

SUBJECT: Blackburn with Darwen Healthy Child Programme (HCP) Transformation Programme

1. PURPOSE

This document sets out the opportunity to develop an integrated model to improve health and wellbeing outcomes for children and young people and to reduce inequalities, through the Healthy Child Programme.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

That the board:

- Note the contents of this paper
- Note the planned Children's Public Health Services procurement plan for new services in place 1st April 2017
- Agree to receive updates on this transformation programme as appropriate progression takes place

3. BACKGROUND

The importance of prevention, taking a holistic approach to reducing inequalities and improving outcomes, was clearly and comprehensively set out within the Chief Medical Officers (CMO) annual report (2012) and builds upon the Marmot Report.

There is strong economical evidence in relation to investment in early years and throughout childhood and into adulthood and the impact positive health makes on other aspects of life is well evidenced, including relationships, educational attainment, employment and engagement in society. The health and wellbeing of children and young people is a complicated mixture of genetics, sociology and psychology. By acknowledging this complexity and ensuring Marmot's principles are implemented, there is a need to consider improved delivery of universal, targeted and specialist services under the Healthy Child Programme (HCP).

4. RATIONALE

Healthy Child Programme

HCP is an evidence based prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity, ensuring that children have the best start in life, underpinned by public health nurses (namely health visitors and school nurses), drawing on the wider HCP team. Improving the lives of all with proportionate universalism identifies a combination of approaches. For HCP this is through universal which is most upstream, i.e. primary prevention by encouraging adoption of healthy lifestyles and reducing risks such as vaccination programmes as well as through targeted approaches, which can be preventative e.g. seeking to reduce risk, i.e. Vitamin D supplement to specific high risk groups or secondary prevention, also known as early intervention, seeking to act once early signs are seen, i.e. speech and language interventions.

Public Health Nursing

Public Health nurses have a significant role in leading and coordinating delivery of the HCP to address individual and population needs and the HCP but can only be fully achieved with improved integrated and delivery across many professionals and opportunities.

- The Health Visiting Service workforce consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children and families and leads on the Starting Well Component (pregnancy, birth and first 5 years).

- School nurses are qualified nurses who hold an additional specialist public health qualification, which is recordable with the Nursing and Midwifery Council, ensuring they are have specific knowledge and skills to enable them to lead coordinate, and deliver clinical element of the Developing Well component (5-19 years).

Demographics

Much mortality and morbidity in young people remain preventable, for example, mortality among 10-19 year olds is the highest in childhood excluding the new-born period. Yet the majority of young people's deaths are from external causes that may be preventable, such as road traffic accidents. Anxiety disorders are among the most prevalent mental ill health problems affecting adolescents.

We have poorer outcomes for young people than other areas, for example the proportion of children in the UK drinking alcohol remains well above the European average. The UK has one of the highest alcohol abuse rates in 11-15 year olds despite the recent downward trends and, for Blackburn with Darwen, we have significantly higher alcohol related hospital admissions compared with national averages.

Poor outcomes are more common among the poorest young people and inequalities persist. For example, young people in the poorest households are three times more likely to have poor mental health than those in wealthier homes and again, Blackburn with Darwen has significantly higher rates of hospital admissions for self harm compared with national averages. It is well documented the significant poorer outcomes for both health and social outcomes in adulthood for those children who have experienced adversity. It is therefore important to prevent childhood adversity and, the consequences of adversity.

Consequences of poor health in adolescence lasts a lifetime and costs us all in the long run, with only 14% of boys and 8% of girls aged 13-15 meeting recommended physical activity levels. Almost two-thirds of adult smokers begin before they are 18. Social and medical costs of smoking combined are estimated to be £13.7bn a year. Overall, one in seven young people have chronic long-term health conditions including asthma and diabetes and, 10% of school pupils (5-16 years) suffer from a diagnosable mental health disorder; approximately three children in every class. Further, half of all mental illness (excluding dementia) start by the age of 14 years; three quarters by age 24. Many young people will go on to become parents. Breaking the cycle of adverse childhood experiences is an important opportunity for public health.

The CMO identified how much physical exercise should be taken and shows that children and young people are failing to meet this guidance. Locally, we need to widen access to physical activity, through active recreation and sports facilities to children and young people, in particular working with schools. We need to source evidence and learn from good practice from elsewhere, for example, some local authorities have developed innovative partnerships to utilise sports facilities out of regular hours. Our focus on food and nutrition locally should be a cross cutting theme, including addressing food poverty, healthy weight, vitamin D and iron deficiency, attitudes and behaviours to food, across different each child development stages, in addition to pre-birth.

It is important than an asset-based approach is taken, which focuses on wellbeing and resilience and promotes a more effective, integrated response to need. The evidence for improving outcomes for young people aged 10-24 is compelling:

1. Mortality and morbidity for young people is largely preventable; rates vary widely across the country.
2. For young people, there is significant neural, emotional and physical development when change is possible.
3. Approximately 9.9 million young people in the UK have poorer health outcomes than those in many other undeveloped nations.
4. Inequality has a significant negative effect on health in adolescence.
5. Keeping young people safe from harm is an important priority for all of us.

6. The consequences of poor health in this age period lasts a lifetime.

5. KEY ISSUES

Improving children's health and wellbeing (pregnancy through to age five) – Starting Well
The aims of 'HCP - Starting Well' is to ensure a holistic service is providing, that focuses on improving health outcomes, preventing problems in child health and development and, contribute to a reduction in inequalities. It covers health and development reviews, health promotion, parenting support, available screening and immunisation programmes. There is a crucial role that can be played by the wider HCP team to deliver outcomes for this age group, led and coordinated by public health nurses (i.e. health visitors).

Public Health Nurses lead the delivery of HCP and work in partnership with maternity services, local authority, provided or commissioned early years services, voluntary, private and independent services, GPs and primary and secondary care, schools, health improvement teams and children's social care services. This multi-agency approach enables partners to work together to empower parents to make decisions that affect their family's health and wellbeing, as well as to support at the community, family and individual level (https://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf). Through Starting Well, the public health nurse takes a clinical and public health approach to working with all families through four tiers: community, universal, universal plus and universal partnership plus.

Figure 1 outlines Starting Well pathway, highlighting the partners involved, i.e. as maternity and education whereas Figure 2 outlines the '4,5,6' model of Health Visiting, where all universal health visitor reviews are mandated for the first 18months following transition of commissioning responsibility to local authority.

Figure 1. Healthy Child Programme 0-5: Pregnancy to the first five years

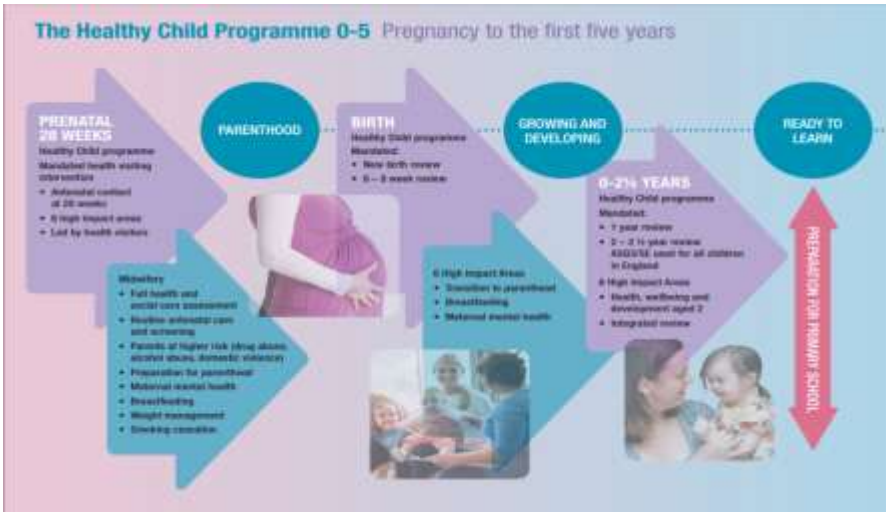
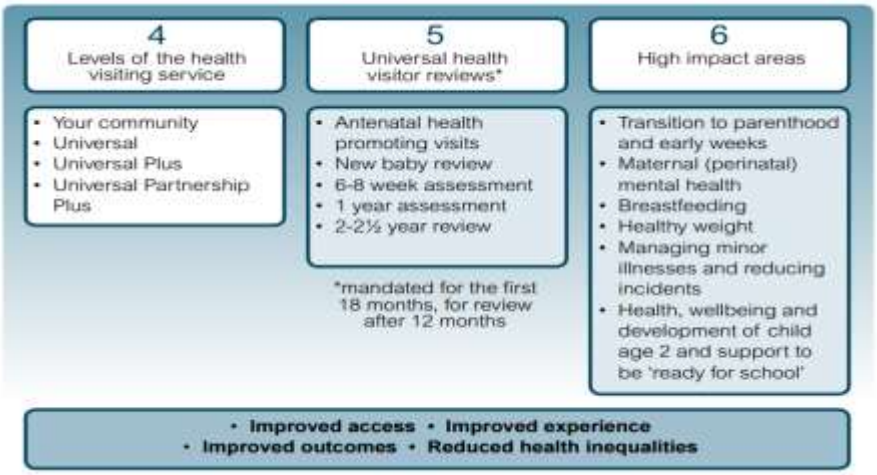


Figure 2. 4, 5, 6 Health Visiting Model



Appendix B outlines further detail in relation to the HCP (5-19/25 years) and the components for each tier.

Improving children and young people's health and wellbeing (five to 19/25)
The core principles developed by Public Health England, which are built from the evidence, cut across health topics to develop holistic approaches to meet needs and build on concepts of resilience, which are adopted by Blackburn with Darwen. Relationships can help make young people resilient, but it can also make them vulnerable. Recognising and supporting healthy relationship is central to improving young people's physical and mental health and wellbeing, and was highlighted as a priority within our local integrated strategic needs assessment (ISNA) for the emotional health and wellbeing of children and young people. Details behind each of these six core principles are expanded in the Public Health England document.

1. **Relationships** with friends and family, and a sense of belonging, are central to young people's health and wellbeing.
2. Accessing **young-people-friendly services.**
3. A positive focus on what makes young people feel **well and able to cope.**
4. **Reduce health inequalities** for those most in need by providing targeted services.
5. **Integrated services** that meet needs holistically and that are centred on young people.
6. Understanding young people's **changing health needs** as they develop.

If we treat different, specific health issues separately, then we will not tackle the overall wellbeing of young people. This is because young people's mental and physical health are intertwined and at the heart of health and wellbeing is their relationships with others. Young people want an integrated, youth friendly approach which recognises their particular needs, makes them feel supported, emphasises the positives and helps them to cope.

The government's pledge to improve children and young people's health outcomes identifies the importance of responding to their needs; Children, young people and their families will be at the heart of decision-making. The Department of Health has previously focused on this through the ***You're Welcome initiative***. This allows organisations to self-identify how young person centric they are, and there is a need to build on this work and **develop a 'health deal' for children and young people.** This would clearly identify what is expected of health organisations that serve them and how they can best engage with healthcare, which is crucial to re-engineer professional relationships that can address the challenge of the current burden of disease such as long-term conditions, and could be broadened out to other organisations.

There is an opportunity to develop the Personal, Social and Health Education (PSHE) curriculum, bringing together emotional health and wellbeing, sex and relationships education, alcohol and drug awareness, smoking, safety, nutrition and physical activity, delivered via a multiagency approach to maximise the local offer for education and youth settings, and is a crucial component of the HCP. Embedding a healthy settings approach and making every contact count across the four HCP levels are key principles to improve outcomes for all children and young people; the Youth Service has a key role to play in this. Other areas to integrate are self-harm, attendance at A& E (i.e. asthma admissions, alcohol/ drug misuse).

There must be strong links, embedding priorities, with children and young people with complex, special needs and disabilities. Also, impacts of wider determinants must be considered, such as living conditions (housing and neighborhoods); access to services, such as healthcare; availability of good food and green spaces; financial services, benefits and welfare advice, parenting and childcare services; quality education, training and employment opportunities; and access to travel and transport links. All of which will contribute to the delivery of the HCP.

Since April 2013 local authorities have been responsible for commissioning public health services for school-aged children (5-19). This programme offers children and young people a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and tailored support for children and families, with additional support when they need it most.

'Developing Well' (5-19/25 years) provides a framework to support collaborative work and more integrated delivery. The programme aims to:

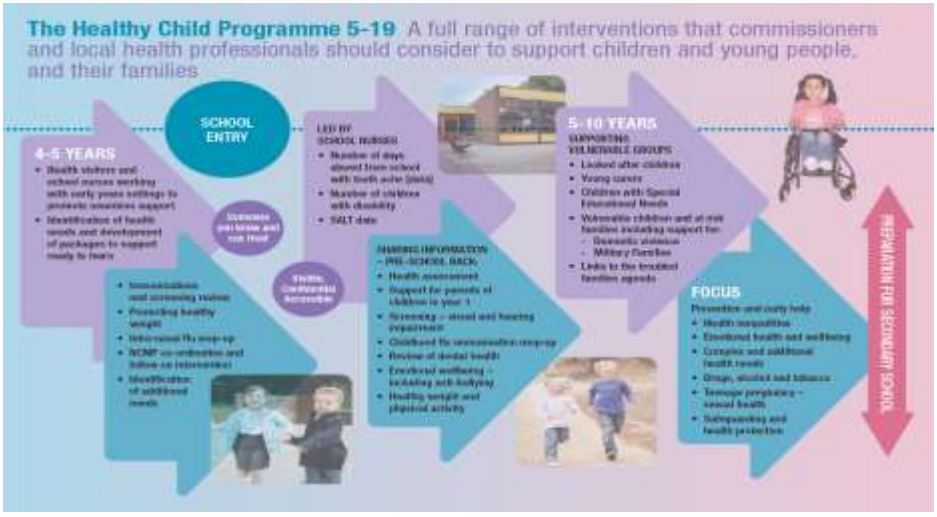
- Help parents develop and sustain a strong bond with children.
- Encourage care that keeps children healthy and safe.

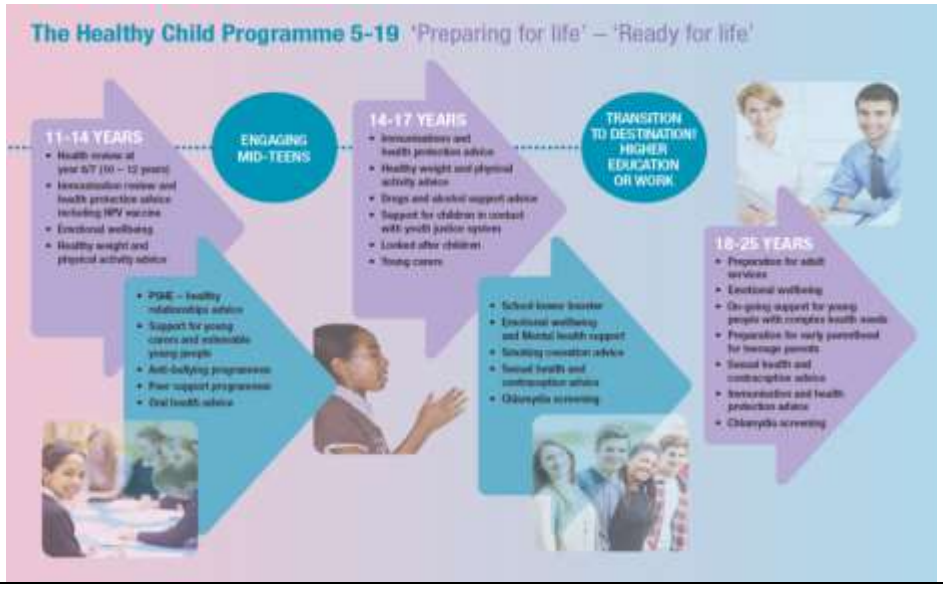
- Protect children from serious disease, through screening and immunisation.
- Reduce childhood obesity by promoting healthy eating and physical activity.
- Identify health issues early, so support can be provided in a timely manner.
- Make sure children are prepared for and supported in education settings.
- Identify and help children, young people and families with problems that might affect their chances later in life.

Table 1 summarises the core elements of the HCP. Public Health nurses (school nurses) coordinate and deliver public health interventions for school-aged children and are key members of interdisciplinary teams alongside other members of school health and further education health teams, acute services, safeguarding, A&E admissions, community health services including GPs, drop-in centres etc., staff providing services for children with additional needs, e.g. looked after children, children in secure accommodation.

The nature of public health nursing requires clinical input and effective leadership, which qualified school nurses are equipped to provide. The skill mix within school nursing teams need to reflect local need and should be underpinned by a robust workforce plan which takes into account workload capacity and population health needs. Some elements of the HCP require clinical and specialist public health nursing, whilst other elements could be delivered by partners. It is important that the school nurses' and partners' contribution is clearly defined locally, with robust arrangements in place to support multi-agency working.

Figure 3: Healthy Child Programme (5-19/25 years)





The Healthy Child Programme Team (5-19/25) will:

- Utilise Specialist Public Health skills of qualified School Nurses to lead and co-ordinate local delivery of the HCP (5-19) requirements including a named school nurse for every education setting.
- Provide an integrated Public Health services linked to children's centres, general practice and education settings; having locality teams and nominated leads known to the stakeholders.
- Deliver the universal HCP based on local need including health promotion advice, screening and surveillance, engagement in health education programmes, involvement in key public health priority interventions and, interventions as specified within the HCP.
- Support interventions to school-aged children and young people and to keep children safe.
- Identify population health needs with school leaders and school improvement services.
- Work together to undertake joint visits in response to contact from families, where appropriate.
- Ensure there is a clear protocol of addressing the health needs of priority groups where the service will be maintained and preventing inconsistency.
- Co-produce the delivery of the HCP with families, carers and children.
- Champion and advocate culturally sensitive and non-discriminatory services which promote social inclusion, dignity and respect.
- Build on resilience, strengths and protective factors to improve autonomy and self- efficacy based on best evidence of child and adolescent development, recognizing the context of family life and how to influence the family to support the outcomes for children.
- Build personal and family responsibility, laying the foundation for an independent life.
- Ensure evidence is available to demonstrate improved outcomes.

Appendix B outlines further detail in relation to the HCP (5-19/25 years) and the components for each tier.

Public Health Outcomes

The HCP contributes towards a number of National and Local Outcome frameworks and is the overarching programme to have the greatest impact on the Child Health Profile. Appendix B provides the national Public Health Outcomes Framework (PHOF) whereas Appendix C provides the local outcomes for Blackburn with Darwen under the Child Health Profile (CHP). Locally, the Early Help Outcomes Framework includes national outcome measures, alongside locally recorded and monitored outcomes and outputs to ensure that early intervention and prevention measures meet the needs of local children and young people.

An integrated HCP model offers an opportunity to share intelligence and data in order to collaboratively target interventions to address specific health needs, and to provide robust outcomes intelligence to evaluate the impact of service delivery on these outcomes.

The HCP also contributes towards outcomes defined by Marmot, to address health equalities and the social wider determinants of health (http://www.instituteofhealthequity.org/).

Local Drivers

There are many national drivers, as outlined throughout. However, there are a range of local drivers too, which are as follows:

- Blackburn with Darwen Borough Council Corporate Plan
- Health and Wellbeing Strategy - Start Well 2015-16.
    - Early Help, strategy and outcomes framework.
    - Improving Parenting.
    - Improving Emotional Health and Wellbeing.
    - Reducing Adverse Childhood Experiences.

- SEND Reforms, health, education and care plans.
- CCG Plan, avoidable paediatric attendances and admissions.
- Future In Mind – and the local Transformational Plan.
- Locality working, four defined areas within the borough.
- Transforming Lives Principles.
- Digital First Strategy.
- Early Action.
- Multi agency life course prevention strategies:
    - Alcohol; Accidents; Sexual Health; Domestic Abuse; Tobacco; Suicide Prevention; Food, Physical Activity and Healthy Weight.

Commissioning Framework for Healthy Child Programme

It is important to begin with a commissioning framework on which we build the local model for delivery, which enables a shared understanding of commissioning HCP in Blackburn with Darwen. It aims to establish key principles and a consistent approach to promote fair, open and transparent commissioning practice. It is written for commissioners, providers and other stakeholders linked to the HCP, and will be developed with local children and young people.

Effective commissioning and procurement requires a good understanding of what the market can offer. We analyse and research supply markets to ensure we have a solid understanding of capability and capacity issues and we strive to maintain dialogue with potential providers. Intelligent commissioning also involves working with the market to help shape the market, so that it is best able to meet the needs of service users. Sometimes this means helping markets to 'tune in' to specific and diverse needs that are not so apparent.

The vision of the Healthy Child Programme should reflect the vision and ambitions of the Health and Wellbeing Strategy and, the Children's Partnership Trust. For the commissioning framework, there are two parallel and linked work streams:

i. Commissioning outcomes for the HCP Starting Well (pregnancy through to five).
ii. Commissioning outcomes for the HCP Developing Well (five to nineteen).

Both work streams will comply with the evidence based HCP, with clear and explicit benefits to having an integrated model across the Borough, including NHS, Local Authority and, the Voluntary, Community and Faith Sector, and most importantly, children and young people themselves.

Initial scoping regarding services which might be considered for the Healthy Child Programme collaborative delivery model is currently being carried out by an the Healthy Child Programme Steering Group. There are a range of services all of which complement the HCP pathway and it is important to ensure that we deliver value for money through an integrated and efficient service delivery model, which is co-produced with children and young people.

Involvement, Engagement and Participation

Good commissioning has the voice of service users and patients at its heart. They know what works well for them and their communities and, importantly, how it can be improved. In line with Article 12 of the United Nations Convention on the Rights of the Child, the Children Act 1989 and revised statutory guidance, we aim to actively involve children, young people and families, as well as other key stakeholders such as practitioners, during each stage of the commissioning cycle so that they become co-designers, developers, producers and evaluators of the positive outcomes which we want to achieve. Hart's Ladder of Participation (below) is a useful way of identifying how actively children, young people and families are being involved.

Involving children, young people and families in commissioning and service design, as well as providing feedback to services can help us identify gaps, improve services and evaluate change. In so doing, we aim to consider the diversity of the population we are responsible for; not simply cultural and ethnic diversity, but all factors which may influence the risk of developing poor health and wellbeing outcomes. We especially want to listen to those whose voices are not easily heard, so that their views can be included.

The way engagement improves quality and effectiveness of commissioning and service provision includes:

- Informing our needs assessment activity.

- Helping us to build up knowledge of local markets and choice.
- Providing insight into the uptake, accessibility and satisfaction levels of services.
- Feeding into our quality assurance and performance management processes.

It is imperative that our monitoring arrangements incorporate mechanisms for gathering the views of the people who use or benefit from our Healthy Child Programme services. We ask providers to ensure that perception data based on outcomes is collected and used effectively.

Examples of participation activities that we undertake with children, young people and families include interviews, focus groups, surveys and engagement with formal structures such as the The Youth Shadow Executive Board and Youth Voice groups. We always endeavour to feed back to those involved to inform them of decisions that have been made based on their input.

The process of participation clearly helps to achieve better outcomes, but also has less obvious benefits, such as raising the skills and confidence of the children and young people involved, building a shared understanding with communities, bringing a fresh perspective and new ideas about services, and developing a positive image of children and young people as citizens.

Collaborative Workforce
In order to develop an integrated strategy for a collaborative workforce, it is acknowledged that scoping will need to undertaken to understand current roles and responsibilities across the workforce. Some of this work has been initiated at the Initial Stakeholder Engagement Workshop held on 29th February, with attendance of over 60 professionals across a diverse range of Healthy Child Programme (0-19) services.

It is also acknowledged that there is an opportunity to learn from the experience of Integrated Locality Teams in Blackburn with Darwen including Transforming Lives, in developing the Start Well model.

Staff Development
Throughout this new integrated model for delivery of the HCP within localities requires staff (both employed and voluntary) to be competent, trained and, have prevention at their forefront. The integrated workforce strategy that brings about a universal prevention approach is to be developed, implemented and embedded alongside this new model.

Timescales and Project Plan
The new model will be in place ready for delivery by 1st April 2017. A staged implementation process will be considered, whereby different elements may join the model within timescales to meet their own service/portfolio requirements. It is important that the full procurement timelines are embedded in the project plan and key timescales. A project plan outlining key milestones for all partners is in development including key stakeholder and participation groups that need to be held, with clear timescales for procurement. Further, a full meeting plan will be developed that will incorporate all key meetings that any document and updates need to be discussed.

Within the project plan, there will be a risk register, which will be updated periodically.

A HCP transition steering group will oversee the HCP development, including the contracting and procurement components.

6. POLICY IMPLICATIONS

The Healthy Child Programme Transformation Programme for Blackburn with Darwen will be based upon nation and local policy, legislation, guidance and evidence base including:

- The Healthy Child Programme: Pregnancy and the first 5 years of life
- The Healthy Child Programme: from 5-19 years old
- Public Health England (2016). Best start in life and beyond: Improving public health outcomes for children, young people and families. Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services.

- The School Nursing 'Call to Action'
- The Health Visitor Implementation Plan
- Blackburn with Darwen Integrated Strategic Needs Assessment: Emotional Health and Wellbeing of Children and Young People
- Local Review of School Nursing Service
- Everybody Centre Review
- Health of Looked After Children in Blackburn with Darwen Research
- The Kings Fund (2015). Options for integrated commissioning.
- Nuffield Trust (2016) The future of child health services: new models of care.
- Kelly, A. (2015) Breaking the Lock: a new preventative model to improve the lives of vulnerable children and make families stronger.

7. FINANCIAL IMPLICATIONS

This programme of transformation work will involve tendering of children and young people's public health nursing services; the finances for this procurement will be subject to any future reductions of the Department of Health Public Health Grant.

Other Local Authority services aligned to the Healthy Child Programme will be subject to workforce review programme.

There are no plans at the current time to co-commission any services although this may offer future efficiencies across the health and social care system in the future.

8. LEGAL IMPLICATIONS

There are no known legal implications relating to this wider transformation programme.

9. RESOURCE IMPLICATIONS

A local authority and CCG Healthy Child Programme (HCP) Steering Group has been overseeing the development of this transformation programme.

Due to tender and procurement rules, three open access stakeholder engagement events have been held to ensure that local providers across the Healthy Child Programme have been able to shape the future model.

An confidential HCP public health tender expert reference group has been formed, to provide expertise and specialist knowledge to steer the development of the model to be tendered and tender requirements of bidders.

Once procurement processes are complete, the new provider(s) of services within the model will be invited to join the HCP Steering Group.

10. EQUALITY AND HEALTH IMPLICATIONS

An EIA and HIA have been completed for this overarching programme of work.

11. CONSULTATIONS

A range of consultative studies have been undertaken with Children, Young People, Parents, Teachers and Professional groups in Blackburn with Darwen in relation to Healthy Child programme and wider health services for children and young people over the last 24 months; insight from this engagement will be used to inform service specification. These consultations include:

- Blackburn with Darwen Integrated Strategic Needs Assessment: Emotional Health and Wellbeing of Children and Young People
- Blackburn with Darwen School Nursing Service Review 2014
- Healthwatch Blackburn with Darwen : Amplify Community Researchers Project 2015/16

A range of survey monkey questionnaires have been used by the Public Health department to consult on service delivery.

The Local Authority are currently awaiting national consultation on Children's Centre Services, due in the summer.

A series of three workshops have been held with a wide range of stakeholders to shape and influence the model that will be tendered.

National engagement on Healthy Child Programme Services including a review of the School Nursing Service by the British Youth Council will also be used to inform the Service Specification.

VERSION:	**V1_0**

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DATE:	31st May 2016
BACKGROUND PAPER:	Appendices attached START WELL_February 2016