
**Update on Service Specification and Public
Consultation for the recommissioning Healthy
Together (0-19 Healthy Child Programme (0-19HCP)
using a Section 75 agreement**

For consideration by: Health Scrutiny Commission

Date of meeting: 16th March 2023

Lead director: Ivan Browne

Useful information

- Ward(s) affected: all
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- Report version number: 1

1. Summary

0-19 Healthy Child Programme (0-19HCP) is commissioned by LCC (Leicester City Council) and delivered by Leicestershire Partnership NHS Trust (LPT), and it is known locally as Healthy Together. Healthy Together is an integrated offer containing several Public Health elements:

- 0-5 years Healthy Child Programme (0-5HCP)
- Intensive support for vulnerable pregnant women (Early Start)
- Co-ordination and distribution of Healthy Start vitamins
- Infant Feeding support
- Oral Health promotion including the co-ordination and distribution of resources
- Development and co-ordination of Eat Better, Start Better voluntary food and drink accreditation scheme
- Child Weight Management Service
- 5-19 years Healthy Child Programme (5-19HCP)
- Co-ordination and administration for the National Child Measurement Programme (NCMP)

This paper contains an update on the services specification. It identifies:

- How the £200,000 budget cut will be managed
- Changes at a national level to the High Impact Areas
- Proposed changes to the service specification
- An update on the Public Consultation
- Gaps in service provision
- The elements of the service offer that remain the same

Supporting papers:

- Equality Impact Assessment (EIA) tool
- The full draft Service Specification is available upon request

2. Recommended actions/decision

Recommendation 1:

That the proposal for managing the £200,000 budget reduction is noted.

Recommendation 2:

That the changes at a national level to the High Impact Areas is noted.

Recommendation 3:

That the following proposed changes to service specification are noted:

- Addition of a 4-month face to face, group setting, contact to initially be targeted to families identified as benefitting from additional support
- Exploration of an addition of 3-3½ (pre-school) contact via a Digital Health Contact (DHC), with 'Red Flag' results being triaged by the Public Health Nurse (Health Visitor) (PHN(HV)) or Public Health Nurse (School Nurse) (PHN(SN)), or referred to supporting agencies e.g. Family Hubs
- Intensive support for vulnerable families to change from discreet Early Start service to become part of Universal Targeted "step up, step down" support provide by the PHN(HV) team
- The Digital Health Contact (DHC) at year 7,9,11 has been evaluated as a successful way of identifying un-met health needs in young people. DHC to become part of the core offer delivered within schools.
- Changes to commissioning arrangement for Oral Health resources so they are procured by LCC rather than LPT. There is no change at point of delivery with resources being distributed by LPT therefore not included in the Public Consultation).
- Changes in the commissioning arrangements so Lunch Box Audits that are currently delivered by LNDS via a contract with Food For Life will be commissioned as part of 0-19HCP. There is no change at the point of delivery with LNDS still leading the Lunch Box Audits, therefore not included in the Public Consultation).

Recommendation 4:

It is noted that the following gaps in provision exist, and that on-going work between LCC and LPT will consider how these may be addressed via 0-19HCP:

- Inequity in provision for children aged 16-19. Children attending schools with years 12 and 13 have access to the PHN(SN) within their school setting, and to the digital offer. Children attending colleges have access to the digital offer only.
- The 0-19HCP offer is extending to 25 for children with SEND (Special Educational Needs and Disabilities). LCC and LPT need to work with partners to consider what provision of offer for children aged 19-25 with SEND will look like, it will have a focus on transition to Adulthood.

These gaps exist due to budget constraints and workforce challenges.

Recommendation 5:

That the proposal to recommission via Section 75 is noted.

Recommendation 6:

To note that consultation is ongoing until 10th April, to participate in the consultation and encourage others to do the same.

Full consultation: <https://consultations.leicester.gov.uk/sec/0-19/>

Young peoples consultation: <https://consultations.leicester.gov.uk/sec/0-19-yp>

3. Scrutiny / stakeholder engagement

Scrutiny: This paper provides an update on the service

Stakeholder Engagement:

The recommissioning of 0-19 Healthy Child Programme via Section 75 is being progressed. There has been consultation with staff and service users in 2022. Details of this engagement can be found towards the end of section 5.

As part of the recommissioning process LCC will run a joint Public Consultation with LPT from 16th January 2023 to 10th April to enable stakeholder to consider proposed changes to the 0-19 Healthy Child Programme service specification. Some details are included at the end of Section 5, and further information and updates on the Public Consultation is available.

4. Background and options with supporting evidence

This paper provides an update on the recommissioning of Healthy Together via a Section 75 and the ongoing Public Consultation.

5. Detailed report

Contract details

Start date: 1st October 2023

End date: 30th September 2030 (7 years)

Contact value: £8,394,875 p/a.

- This is a £200,000 budget reduction, on top of the 20% budget reduction in 2016.
- This has a 12month notice period should there be a change to the budget.
- LPT have agreed to open book accounting with will enable LCC to see what the spend is and enable LPT and LCC to jointly decide where best any underspend should be used.

Timeline

- **Oct – Dec 2022:** Develop draft service specification in partnership with LPT
- **7th December:** Proposed Specification to be bought to LMB
- **Jan-March 2023:** Public Consultation
- **March – June 2023:** Final specification (during Pre-election Period) and signing of contract (post-Election)
- **July-Sept 2023:** Mobilisation
- **1st October 2023:** New contract begins

Safeguarding:

Safeguarding children is at the core of all work and is embedded through 0-19HCP as Public Health Nurses (Health Visitors and School Nurses) have a vital role in keeping children safe and supporting local safeguarding arrangements. Across 0-19HCP is a relentless focus on reducing harm, protecting, and safeguarding children and young people.

Levels of support and intervention:

Across all elements of 0-19HCP the following levels of support and intervention are used: Community, Universal, Targeted (previously Universal Plus), and Specialist (previously Universal partnership Plus).

All interventions are evidence based and address an identified Public Health need. Resources are targeted towards equity of outcome, not equality of input. Resources will be targeted to those that need them most.

The Budget Reduction
(Recommendation 1)

The budget is being reduced by £200,000 this is a significant reduction and will result in a change in the workforce delivering the 0-19HCP. To manage this reduction in finance the service specification has been thoroughly reviewed and considered to ensure that essential, universal, services can be safely provided. This has been achieved by:

- 1) Use of a skill mix model that is supported by the updated Healthy Child Programme (PHE, 2021)
- 2) Planned introduction of a central Helpline (due spring 2023) that will streamline booking and administrative processes and release staff to deliver frontline services.
- 3) Protection of the core service offer to ensure an equitable service is maintained.

LPT's capacity and demand tool has allowed for extensive workforce modelling and LPT and LCC are confident that the content of the service specification can be delivered, where there are concerns about the impact of reduced workforce capacity this has been identified within the paper

The High Impact Areas
(Recommendation 2)

High Impact Areas:

High Impact Areas define issues that need to be prioritised and ensure resources are targeted appropriately, according to health need and to maximise health outcomes. They describe the areas where the 0-19HCP workforce can and will have a significant impact on health outcomes. The following High Impact Areas have been identified for Leicester using national and local priorities and will be used to steer the work of 0-19HCP:

Previous High Impact Area	2023-2030 High Impact Areas
Public Health Nursing (Health Visiting)	Public Health Nursing (Health Visiting)
Transition to parenthood	Supporting transition to parenthood and the early weeks
Maternal mental health	Supporting maternal and infant mental health
Breastfeeding	Supporting breastfeeding (initiation and duration)

Healthy weight, healthy nutrition, and oral health	Supporting healthy weight and healthy nutrition
Managing minor illness and accident prevention	Improving health literacy; reducing accidents and minor illnesses
Health, wellbeing, and development of child aged 2	Supporting health, wellbeing, and development. Ready to learn, narrowing the 'word gap'
Support to be ready for school	
Public Health Nursing (Health Visiting)	Public Health Nursing (School Nursing)
Emotional health and wellbeing and building resilience, self-esteem, and confidence	Supporting resilience and wellbeing
Addressing risky behaviour	Improving health behaviours and reducing risk taking
	Supporting healthy lifestyles
Supporting vulnerable families	Supporting vulnerable young people and improving health inequalities
Maximising learning and achievement	
	Supporting complex and additional health and wellbeing needs
	Supporting self-care and improving health literacy

Proposed Service Specification
(Including Recommendation 3 – an outline for the proposed changes to the service specification, and clarification about what elements remain the same)

0-5 years Healthy Child Programme (0-5HCP)

Delivered by the skill-mix Public Health (Health Visiting) workforce

The 5 Mandated contacts remain:

- 28-36 week antenatal contact
- 10-14 day new birth contact
- 6-8 week contact
- 10-12 month contact
- 2-2 ½ year contact

More information on the contents of these contacts is available in the full draft Service Specification. These contacts result in evidence-based packages of care, which will remain the same.

The digital offer is non-mandated and will remain:

- Chat Health
- www.healthforunder5s.co.uk

Proposed Change: Additional 4-month contact

Current national guidance [Healthy child programme 0 to 19: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning) recommends an additional (nonmandated) contact at 4 months.

Prior to COVID-19 pandemic LPT ran group sessions at 3-4 months covering key topic, including weaning onto solids, developmental milestones and safety in the home. Attendance at these groups was mixed, often with low attendance. As part of COVID-19 recovery, and in response to Listening Events with staff and service users in late 2021/early 2022 (report available), LPT refocused and established a pilot 3-4 month contact.

The service specification, and public consultation, includes a proposal that:

- SMS text message to all families directing them to the digital offer, including information on 'Next Steps' video on the Health for Under 5's website.
- Families with known vulnerabilities will be reviewed and a clinical decision will be made regarding whether a face-to-face review is required, within the home or clinic setting. This may be carried out by a SCPHN (Specialist Community Public Health Nurse) or delegated to appropriately trained and skilled staff with supervision support in place. This contact will be in line with current SOG (Standard Operating Guidance) and national 0-19HCP
- LCC and LPT will explore how a Universal face to face 3–4-month contact can be facilitated, including the further piloting of 1:1 neighbourhood clinics.

The proposed change is considered in the Equality Impact Assessment.

Proposed Change: Additional 3-3½ pre-school contact

Current national guidance [Healthy child programme 0 to 19: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning) recommends an additional (nonmandated) pre-school contact.

LCC and LPT are committed to offering this valuable contact, which has the capacity to help with school readiness. However, there is neither the budget nor the workforce to deliver a face-to-face contact. Therefore the service specification, and public consultation, includes a proposal that:

- A pilot of a Universal Digital Health Contact (DHC) to assess a child's developmental progress. This will be completed by the parent//carer. Concerns will be assessed by a Public Health Nurse (PHN) or Healthy Child Programme Nurse (HCPN). Support will be offer by LPT and local partners.

- It will be explored how children with known vulnerabilities can receive a 3-3½ year face-to-face contact. This will be based on future workforce capacity.

As a new contact, the above will be fully evaluated including any potential or significant, impact on inequalities.

The proposed change is considered in the Equality Impact Assessment.

Intensive evidence-based support for vulnerable pregnant women:

Currently delivered by Early Start Public Health Nurses (Health Visiting)

Proposed change in delivery of support for vulnerable families from the “Early Start” team to a “step up, step down” support provide by the PHN(HV) Neighbourhood team.

It is proposed that the provision of intensive support to vulnerable families changes from its current format, provision by Early Start, to a format where these families are cared for by the Neighbourhood Public Health Nursing (Health Visiting) teams with evidence- based packages of care that provide the required amount of tailor-made support from pre-birth to 5 years.

Extensive research and modelling (papers available) has been carried out to understand which of the 2 models provide the safest and most equitable support to families with vulnerabilities. In summary the following information has been considered.

Details	Early Start Offer	Universal Targeted Offer
Is the offer evidence based?	Yes	Yes
The offer	Intensive PHN(HV) support from early pregnancy through to a child’s second birthday, care handed to Universal PHN(HV) team at 2 years, who provide “step up/step down” support as need is identified until the child’s 5 birthday, when care is handed to are PHN(SN).	Additional support from early pregnancy through to a child’s 5 birthday, when care is handed to are PHN(SN). Support is provided in a “step up/step down” approach as need is identified. The antenatal offer would need to be strengthened; this could include referrals to Bumps to Babies
Continuity of care and professional lead	A named Public Health Nurse (Health Visiting) for each family	A named Public Health Nurse (Health Visiting) with delegation to Healthy Together team as appropriate

What is included?	Support on all aspects of parenting, including safeguarding.	Support on all aspects of parenting, including safeguarding.
Caseload, reach and equity	20-25 families per PHN(HV)	<p>Current universal caseloads are approx. 343 children per whole time equivalent Specialist Community Public Health Nurse-Health Visitor (SCPHN-HV). Each SCPHN-HV is supported by a team of Registered Nurses and support workers. This caseload already cares for many vulnerable families.</p> <p>The Early Start caseload is significantly smaller, currently totalling 20-25 per worker. This creates considerable service inequality.</p>

There are risks involved in moving from Early Start to the proportionate universalism approach provided via the Neighbourhood Public Health Nursing (Health Visiting) teams. Early Start have significantly smaller caseloads and can afford to work intensively with these families. However, many families with identified vulnerabilities are currently well supported by the Neighbourhood Public Health Nursing (Health Visiting) teams.

LCC and LPT's are committed to equity of service provision and ensuring that as many families as possible get support throughout their childhood and parenting journey. Retaining the Early Start offer, and reestablishing its full staffing compliment, would see Universal caseloads increasing as PHN(HV)'s would most likely be recruited from within the universal cohort, creating further service inequity.

It is recommended that the hard work and commitment of the Early Start team is commended, and that this element is removed from the service specification and absorbed by the Universal Targeted offer to ensure that the service offer is equitable, safe, and sustainable.

The proposed change is considered in the Equality Impact Assessment.

Co-ordination and distribution of Healthy Start vitamins

Delivered by the skill-mix Public Health (Health Visiting) workforce. The provision of co-ordination and distribution of Healthy Start vitamins remains unchanged (see service specification for further details of provision).

Infant feeding Support

Delivered by:

- The skill-mix Public Health (Health Visiting) workforce
- The Infant Feeding Team
- (Via sub-contracting) Leicester Mamma's

The provision of infant feeding support remains unchanged (see service specification for further details of provision)

Oral health promotion including the co-ordination and distribution of resources

Delivered by the skill-mix Public Health (Health Visiting) workforce. The provision of oral health promotion remains unchanged (see service specification for further details of provision).

Proposed change in procurement of Oral Health Resources

It has been agreed that procurement of Oral Health Resources will move from LPT to LCC/ LPT and LCC are currently identifying how much this costs and this will be removed from the contract to enable LCC procurement. This will not affect the overall 0-19HCP budget.

Development and co-ordination of Eat Better, Start Better voluntary food and drink accreditation scheme

Delivered by Leicestershire Nutrition and Dietetic Service (LNDS). The provision of Eat Better Start Better remains unchanged (see service specification for further details of provision).

Proposed Change: Integration of provision of Lunch Box Audits into 0-19HCP

LNDS currently support lunch box audits in Primary Schools via a sub-contacting arrangement with food for Life. This arrangement is ending in March 2023, and LCC will explore how to ensure continuity until the s75 starts in October 2023. This amounts to £6,000 p/a. there will be no change to provision (see service specification for further details of provision).

Child Weight Management Service

Known as Family Lifestyle Club (FLiC) and delivered by Leicestershire Nutrition and Dietetic Service (LNDS). The provision of FLiC remains unchanged (see service specification for further details of provision).

5-19 years Healthy Child Programme(5-19HCP)

Delivered by the skill-mix Public Health (School Nursing) workforce

The core offer remains unchanged:

Public Health offer (80% of PHN(SN) workforce)

- School Health Agreements
- National Child Measurement Programme (NCMP) in reception and year 6 (mandated contact)
- Year 7, 9 and 11 Digital Health Contact (DHC) performed in school
- Triage Assessments followed, as required, by Baseline Health Assessments
- Evidence-based packages of care

- Review Health Assessments
- Health Promotion Fairs
- Sexual Health Clinics (year 10 and 11)
- School Assemblies
- Parent information sessions including Healthy Bladder and Healthy Bowel, anxiety, behaviour, sleep, and healthy lifestyle

Statutory Safeguarding (20% of the PNH(SN)workforce

- Telephone strategy calls
- Section 17
- Section 47
- Evidence-based packages of care
- Review Health Assessments

The digital offer is non-mandated and will remain:

- Chat Health
- <https://healthforunder5s.co.uk>
- www.healthforkids.co.uk
- www.healthforteens.co.uk

Proposed Change: Seeking Out Health Needs:

The Digital Health Contact (DHC) is offered to all schools with pupils in year 7,9 and 11 as a way of identifying unmet health needs and offering evidence-based support. The DHC has been evaluated (paper available) and found to be a successful way of identifying un-met health needs in young people. Currently the DHC is provided as an optional service that schools can chose to engage with. LCC and LPT are committed to promoting DHC within schools, so it becomes part of the core offer.

Co-ordination and administration for the National Child Measurement Programme (NCMP)

Delivered by the skill-mix Public Health (School Nursing) workforce. The provision of NCMP administration and co-ordinator remains unchanged (see service specification for further details of provision).

Gaps in Service Provision **(Recommendation 4)**

There are 2 significant gaps in service provision:

- Inequity in provision for children aged 16-19. Children attending schools with years 12 and 13 have access to the PNH(SN) within their school setting, and to the digital offer. Children attending colleges have access to the digital offer only. This is not a new inequality; it exists within the current contract.
- The 0-19HCP offer is extending to 25 for children with SEND with a focus on transition to Adulthood. This offer does not exist within the current contract. LCC and LPT need to work with partners to consider what the provision of offer for children aged 19-25 with SEND will look like.

These gaps exist due to budget constraints and workforce challenges and are included in the proposed service specification and the Equality Impact Assessment.

Recommendation 5
That the proposal to recommission via Section 75

Inn the NHS Act of 2006, the Section 75 allows for flexibilities which can enable NHS organisations and local authorities to use partnership agreements so that they can respond effectively to improve services, either by joining up existing services or developing new, co-ordinated and co-produced services.

The Section 75 Partnership Agreement intends to improve services for users through 'delegated functions' (where one organisation exercises an agreed function on behalf of another). The partnership arrangement intends to offer flexibility to support better coordination and innovative approaches in services across a range of NHS and local authority functions.

The proposed partnership agreement between LPT and LCC will allow LPT to provide the 0 to 19 HCP on LCC behalf. We believe this will enable both organisations to co-produce the best approach to improve support for children, young people and families through a more efficient service which enables LPT and ourselves to work more flexibly to continue to improve services.

Recommendation 6
Public Consultation

All of the changes proposed above are included in the Public Consultation. This consultation is running until 10th April. We are encouraging as many people as possible to participate in this consultation.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

The report is seeking to commission the 0-19 Healthy Child Programme contract wef October 2023, with an annual contract value of £8,394,875 which takes into account the budget reduction of £200,000. This will be within the budget envelope.

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

The report highlights proposed changes to the 0-19 HCP Services and reduction in budget, all of which is subject to a planned consultation exercise.

Detailed consultation advice has been provided, as a reminder any reduction in budget which will have an on the services/quality and access as well as proposed changes to the Services need to be consulted upon **prior** to a decision being taken.

The consultation process to be undertaken should be meaningful, fair and proportionate to the potential impact of the proposal. The result of the consultation should be analysed, prior

to any final decision being made, to ensure that any decision making is lawful, follows a fair process and is reasonable.

Advice should be sought from legal Services in relation to the negotiation and drafting of the S75 Agreement.

Annie Moy, Solicitor, ex 6669

6.3 Equalities implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report provides an update on Service Specification and Public Consultation for the recommissioning of the Healthy Together (0-19 Healthy Child Programme. Healthy Together is a universal support service for children and their families run by Leicestershire Partnership NHS Trust. The service is available to every child and their family from before the baby is born right up to the age of 19 and as such any changes may impact across a number of protected characteristics. An equality impact assessment (EIA) is currently underway and this will be revised as the service specification for recommissioning the 0-19 Healthy Child Programme (Healthy Together) using a Section 75 agreement is progressed, this should reflect findings from any consultation.

Carrying out an equality impact assessment is an iterative process that should be revisited throughout the decision-making process and updated to reflect any feedback/changes due to consultation/ engagement as appropriate. The findings of the Equality Impact Assessment should be shared, throughout the process, with decision makers in order to inform their considerations and decision making.

Where any potential disproportionate negative equalities impacts are identified in relation to a protected characteristic/s, steps should be identified and taken to mitigate that impact. The EIA findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the PSED, and to further inform the work being progressed on the 0-19 Healthy Child Programme.

Equalities Officer, Surinder Singh, ex. 37 4148

6.4 Climate Emergency implications

Following the council's declaration of a climate emergency and ambition to reach net zero carbon emissions for the council and the city, the council has a vital role to play in

addressing carbon emissions relating to the delivery of its services, and those of its partners, including through its procurement and commissioning activities.

Carbon emissions from commissioning and delivery of services should be managed through use of the council's sustainable procurement guidelines within tendering exercises, by requiring and encouraging consideration of opportunities for reducing emissions. This could include areas such as the use of low carbon and energy efficient buildings to deliver services, enabling use of sustainable travel options for staff and service users and reduced consumption and waste of equipment and materials, as relevant and appropriate to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

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7. Background information and other papers:

8. Summary of appendices:

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

10. Is this a “key decision”? If so, why?