

**TITLE OF REPORT**

**Healthy Child Programme 0-19: Commissioning of services from April 2018**

Report of Cllr Maurice Jones, Executive Member for Health

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**Purpose of this report:**

- 1. To outline the findings from the Health Needs Assessment to inform the future priorities and services for commissioning Community Health Services for Children and Young People in Bedford Borough and Central Bedfordshire**
- 2. To consider the set of guiding principles and approach for the recommissioning process**

**RECOMMENDATIONS**

The Committee is asked to:

- 1. Consider the Health Needs Assessment for Children and Young People in Bedford Borough and Central Bedfordshire which will inform future priorities, plans and services for children and young people**
- 2 Recommend to the Executive OSC views regarding the set of key recommendations and guiding principles for the re-commissioning process**
- 3. Support the approach outlined to re commission the 0-19 Healthy Child Programme**

**3. Issues**

- i) Introduction

In 2013 the NHS broke up delivery of children’s services by transferring the commissioning of the 5-19 Healthy Child programme (HCP) to Local Authorities and transferring commissioning of Children’s Community Health Services (CHS) to the newly created Clinical Commissioning Groups. In October 2015 commissioning responsibility for the 0-5 HCP was also transferred from NHSE to the Local Authorities. In Bedfordshire the HCP is currently provided by South Essex Partnership Trust (SEPT) and the (CHS) by SEPT and Cambridgeshire Community Services.

The contract for the HCP is currently commissioned by Public Health in Central Bedfordshire Council (CBC), on behalf of both CBC and Bedford Borough Council (BBC). These contracts were recently extended until 31 March 2018.

The contract for (CHS) is currently commissioned by Bedfordshire Clinical Commissioning Group (BCCG) and this contract was also extended until 31 March 2018.

The impending recommissioning of both these services from April 1<sup>st</sup> 2018 provides an excellent opportunity to improve health and wellbeing outcomes and strengthen the delivery of person-centred services across Bedfordshire. This can best be delivered through both commissioning organisations working together to align key principles and high level outcomes. As BCCG commissions the largest proportion of the contract values of community health services for Adults and Children it is proposed that CBC “aligns” its procurement with that of BCCG who will then lead the overall re-procurement process.

Note: this method of procurement will be considered by the SCHH committee and any constitutional changes by the General Purposes committee who can recommend constitutional changes to Council.

The Health Needs Assessment (HNA) and the set of key principles that have been developed are important elements in ensuring that together we commission services for the future that will help to give children and young people in Bedfordshire the best start in life.

ii) Scope of Services

The services that are in scope to be recommissioned from April 2018 include The 0-19 Healthy Child Programme (HCP) universal services commissioned by CBC and specialist children’s services commissioned by (BCCG).

Commissioning responsibilities for these services are outlined below. The OSC is being asked to consider the recommendations of the report in relation to services that are the responsibility of CBC.

<b>CBC Responsibility</b>	<b>BCCG Responsibility</b>
0-19 Healthy Child Programme:	Community pediatricians (north and mid Bedfordshire ) Children’s Community Nursing

Health Visiting	Looked After Child Health Assessment
School nursing	Children's intermediate care MDT
Family Nurse Partnership	Paediatric continence
Oral Health Improvement	Orthoptics
	Ophthalmology
	Respiratory nurse
	Specialist school nursing
	Nutrition and dietetics service ( South Bedfordshire service )
	Paediatric OT
	Speech and language therapy
	Child Development Centre (Kempston)
	Children's Continuing Care – SEPT
	Integrated discharge planning team
	Palliative care service
	TB service
	Phlebotomy service to Chiltern vale locality
	Community paediatricians ( South Bedfordshire )
	Children's community nursing team ( South Bedfordshire )
	Audiology ( whole of Bedfordshire )

#### 4. Health Needs Assessment (HNA)

The HNA was conducted to inform the commissioning of Community Health Services for children and young people across Bedford Borough and Central Bedfordshire . A clear understanding of needs will help to ensure that high quality and cost effective services are commissioned that will maximise opportunities to improve health and well being.

The needs assessment methodology included collation of demographic and outcome information, review of current services, collation of consultations with children and young people and some initial stakeholder engagement. Further engagement with service users and other stakeholders is planned.

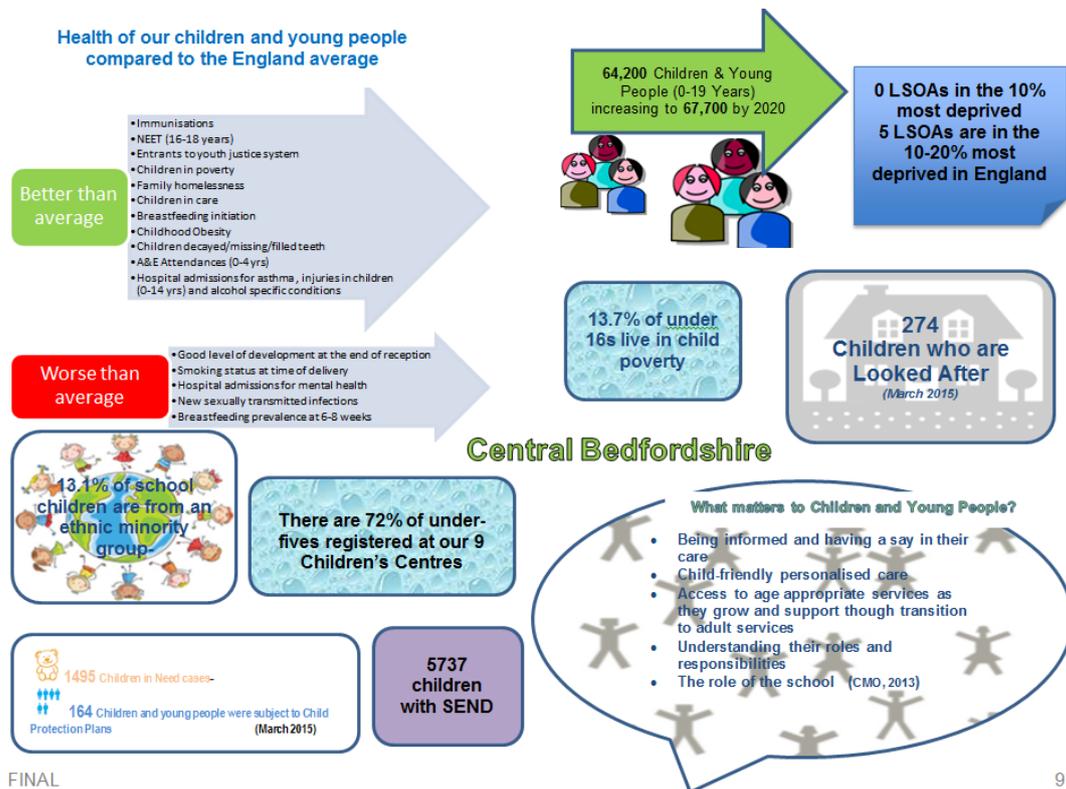
##### i) Summary Findings of the HNA

Across the majority of key indicators relating to health and health services Central Bedfordshire is either average or better than the national average.

However comparisons to national averages are only part of the picture. In Central Bedfordshire we are often well below the best in the country and too many children have poorer health outcomes than they could have.

Furthermore the variation in children's outcomes is a critical point. These health inequalities start before birth and accumulate throughout the life course. A recent report into health inequalities in England<sup>1</sup> found that children growing up in deprived areas tend to do worse. However, this was not inevitable. While doing the research for the HNA we identified that some very deprived areas are bucking the trend and children are doing as well as, or better than the national average.

ii) HNA key statistics for CBC:



iii) Conclusions from the HNA:

<sup>1</sup> National Children's Bureau (2015) Poor Beginnings Health inequalities among young children across England

- The health of children and young people in Central Bedfordshire is not as good as it could be compared to the best in the country.
- Children and young people in more disadvantaged areas have poorer health outcomes and this does not need to be the case.
- A life course approach with a focus on the early years has the most impact.
- Full and effective delivery of the Healthy Child Programme is key.
- Effective commissioning of Community Health Services is an opportunity to contribute to improved health outcomes.
- There are gaps in local services that mean some children with complex needs need to be placed out of area.
- Therapy services for children and young people with complex needs are the most often identified and we need to make sure there is good access to these services locally.
- Need to focus more on getting feedback from users to influence service development.
- Commissioning and provision of services is fragmented and pathways between services are not clear.
- Navigation into and around services is difficult and confusing for children, young people and families.
- The review identified a lack of understanding of the services provided and their impact on health outcomes.

## **5. Key Recommendations based on the HNA and evidence of best practice**

The findings of the HNA were presented to a major stakeholder event in November 2015. The outcomes from this event plus the overall findings of the HNA have led to a number of key recommendations to inform future service provision:

### **1. Integrate services to achieve outcomes**

- Develop a joint set of principles across the system that has ownership and commitment from partners to work to and promote.
- Aspire to ensure health, education and social care services are integrated where it makes sense and will have greater impact.

- Make sure we are working towards the same aims across the system by having shared outcomes.
- Commission services using a common commissioning and performance framework.

## **2. Focus on prevention and early intervention**

- Take a flexible approach to commissioning to allow for more innovation and ability to respond to different needs.
- Continue to build on work to reduce unnecessary attendances at Accident and Emergency and admissions to hospital.
- Work closely with schools and colleges to ensure key messages about risky behaviours are being effectively delivered to young people.

## **3. Put children and families at the heart of services**

- Develop a charter to steer services, together with children, young people and families so that we can make services and environments young people friendly and family focussed.
- Put in place a consistent and unified mechanism for user feedback to put children and young people and their families at the heart of what happens.

## **4. Improve access**

- Ensure access to services is as straightforward as possible.
- Deliver more services closer to where people live by making better use of community resources.
- Make sure there is a real focus on planning the transition from children's to adult services.
- Make sure services are accessible and reach families that are hard to engage by having a shared approach.

## **5. Improve communication**

- Make sure information about services is easily available, user friendly and in a range of formats.
- Commit to sharing information and making consent a positive contribution to this.
- Make sure information is shared in an appropriate and timely way to contribute to effective safeguarding of children and young people.

## **6. Be evidence based**

- Make sure that we use the evidence of best practice nationally and internationally.

- Make sure good training and development is available to our workforce and to upskill families and parents to be able to provide support at home.

## 7. Principles

Colleagues from Children’s Services, Public health and BCCG have worked together to use these key recommendations to inform a set of principles that will inform service development and commissioning across the Local Authorities and BCCG in the upcoming procurement process and service delivery across all organisations in the future:



Bedford Borough Council and  
Central Bedfordshire Council  
working together



**Bedfordshire**  
Clinical Commissioning Group

### To Improve the Health and Wellbeing of Children and Young People in Bedfordshire – Through Innovation and Creativity we will:

1	2	3	4	5	6
 <b>Be child and family focussed</b>	 <b>Focus upon prevention and early intervention</b>	 <b>Be integrated</b>	 <b>Provide an accessible and flexible service</b>	 <b>Communicate and share information</b>	 <b>Be evidence based and best value</b>
<p>By ensuring that:</p> <ul style="list-style-type: none"> <li>• The voices of children and young people and families are heard throughout the health care system and are at the heart of decision making. Children and young people’s needs drive planning and delivery.</li> <li>• Transitions to adult services are planned for and ensure best experience.</li> <li>• We empower children, young people and families to support themselves and promote resilience.</li> </ul>	<p>By ensuring that:</p> <ul style="list-style-type: none"> <li>• We provide a universal service to children, young people and families; with a targeted approach to those most in need.</li> <li>• We shift effort, investment and resources towards prevention and early intervention, preventing poor health and wellbeing.</li> <li>• Services are provided in a way that contributes to reducing inequalities.</li> </ul>	<p>By ensuring that:</p> <ul style="list-style-type: none"> <li>• We invite children, young people and families to co-produce the review and future design of services.</li> <li>• There will be clear leadership, accountability and assurance and organisations will work together for the benefit of children, young people and families.</li> <li>• All services have shared outcomes and deliver high quality integrated services.</li> </ul>	<p>By ensuring that:</p> <ul style="list-style-type: none"> <li>• We offer children, young people and their families’ services in settings where they feel welcome, safe, comfortable and accepted.</li> <li>• Services are delivered in accessible locations, and in settings which cause as little disruption to their life or family life as possible.</li> <li>• Services are delivered at times that are suitable for children, young people and families.</li> </ul>	<p>By ensuring that:</p> <ul style="list-style-type: none"> <li>• We share the best information and intelligence between professionals in a timely manner.</li> <li>• We share the best information and intelligence with children, young people and their families in an appropriate format.</li> <li>• We communicate appropriately with children, young people and families.</li> </ul>	<p>By ensuring that:</p> <ul style="list-style-type: none"> <li>• We commission and deliver services to consistent standards, informed by best practice and available evidence.</li> <li>• Services are delivered by a properly planned, educated and trained workforce.</li> <li>• Services respond to the changing needs of children, young people and families and continue to achieve excellent outcomes.</li> </ul>
<p><b>We are committed to providing appropriate and effective safeguarding services for children, young people and families in Bedfordshire.</b></p>					

## Council Priorities

Full and effective delivery of the Healthy Child Programme will contribute to the achievement of the following Council priorities:

- improved educational attainment
- promote health and well-being and protect the vulnerable

The Healthy Child Programme is described below:

In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by improving health and wellbeing for children and young people.

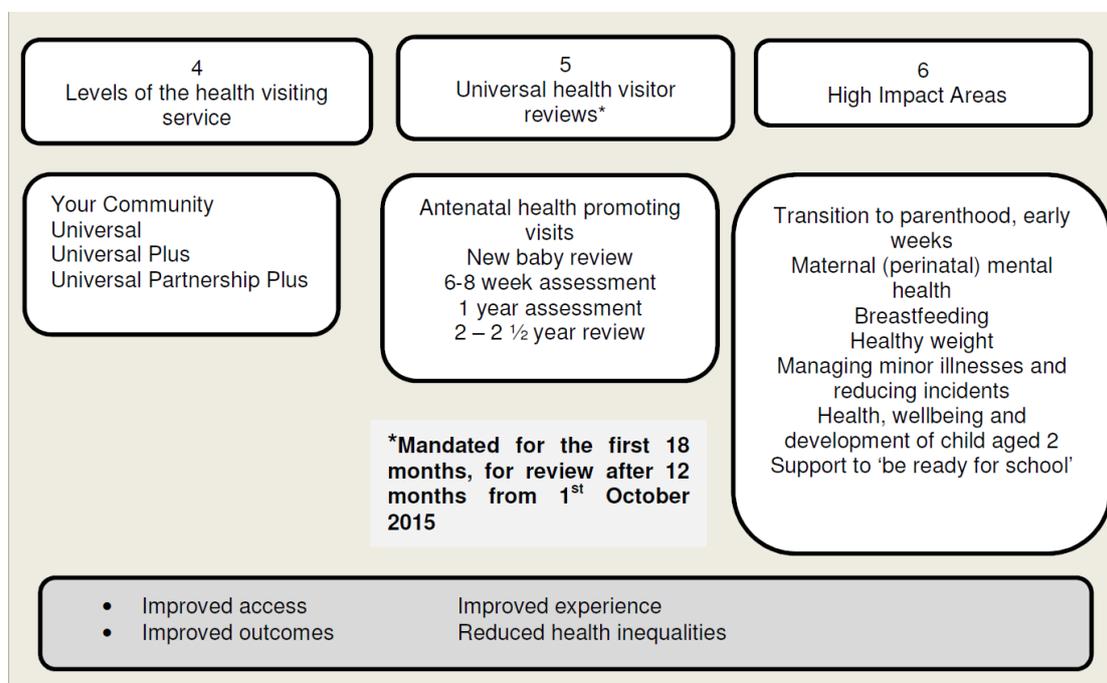
The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years. Responsibility for children's public health commissioning for 0-5 year olds, specifically health visiting, transferred from NHS England to local authorities on 1 October 2015.

The 0-5 element is led by health visiting services and the 5-19 element is led by school nursing services. These professional teams provide the vast majority of Healthy Child Programme services.

The frameworks for delivery of the programme are illustrated below:

Health Visiting 0-5 Service Framework:



School Nursing 5-19 Service Framework (in development):



Child Programme and BCCG commissioned child health services) across both BBC and CBC.

- iv) Although the services will be procured together in the 'lots' described the budgets and commissioning arrangements for BCCG and CBC-led services will remain separate but aligned.
- v) An MOU will be put in place to set out governance, risk and joint contracting arrangements going forwards.
- vi) BCCG plan to issue the Prior Information Notice in Autumn 2016