

Healthy Child Programme 0-19

Commissioning Plan for Bedford Borough Council
and Central Bedfordshire Council 2016-2021 (tbc)

Summary

This paper describes the vision for a community health system for children and families in Bedford Borough and Central Bedfordshire with a particular focus on the Healthy Child Programme 0-19 (HCP). This paper articulates the proposed approach and how we will achieve a sustainable system for the future.

CBC (and on behalf of BBC) currently commissions South Essex Partnership Trust (SEPT) to deliver the HCP for children in Bedfordshire. The contract with South Essex Partnership Trust (SEPT) has been extended to March 2018.

Through stakeholder events, a public health led Health Needs Assessment, and partnership working between both local authorities and the CCG a new approach to community health care has been proposed with the intention of delivering the following objectives:

- More efficient and effective
- Delivering care around children and families
- Focused on high-impact early interventions and reducing hospital admissions
- Part of a comprehensive system-wide approach to meet children's needs

The Local Authorities and the CCG are working together to secure the best solution for children's community health services in the future.

Vision

Our vision, based on the views of children, families and partner organisations, is for an integrated and family centred system that includes health, early years, education and social care so that safe and effective services are delivered as close to home as possible.



This vision will be delivered through a common set of principles shared with our partners, including children and their families, within the child health system and which leads to a community health system which has the following characteristics:

Characteristics of an Effective Community Health System for Children and Young People	
Focus on Early Years and Prevention	Health in early life influences health across the life course so services and investment should be weighted towards giving children the best start in life.
Integration	This includes across health, social care and educational settings. It requires development of a shared culture and shared learning.
Family Centred	The interaction between the health of everyone in the household means that to achieve the best health for children it is important for parental health problems to be recognised and addressed and for the family to be considered as a whole.
Flexible Design Based on User Needs	The whole system needs to be shaped to be flexible around the needs of the child/young person and their families, for example by allowing access to anywhere in the system from everywhere in the system ('no wrong door' approach).
Shared Outcomes	An agreed set of shared outcomes will help with integration and allow better evaluation of progress.

DRAFT

1. Introduction

1.1 An effective child health system has the following features:

- An understanding of the differing needs of the different sections of the child population
- Responsive to children and organises care around their needs
- Is proactive & intervenes early, delivering care & treatment close to home in community settings
- All professionals are part of a Multi-Disciplinary Team (MDT) with robust sharing of information, communication and an integrated approach to addressing the needs of children.
- There is high-quality paediatric and child health expertise which is accessible to primary and community care

1.2 The Nuffield Trust Report (February 2016) looking at the Future of Child Health services summarised the four key differences between Adults and Children that child health services must address in a model of care:

- Developmental change - Children may need to be transitioned from paediatric to adult services, and have constantly changing needs in relation to their developmental stage & age
- Dependency on parents and other carers and education is more important than social care
- Differential epidemiology and demographic patterns
- Children's use of health services is different to other age groups, for example the rate of acute, short-stay hospital admissions in children is higher, and rising (Saxena & others, 2009)

1.3 The Healthy Child Programme provides a framework to support collaborative working and more integrated delivery.

The Programme (0-19) 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 all child care, early years and education settings and especially are supported to be 'ready to learn' at two and ready for school by five

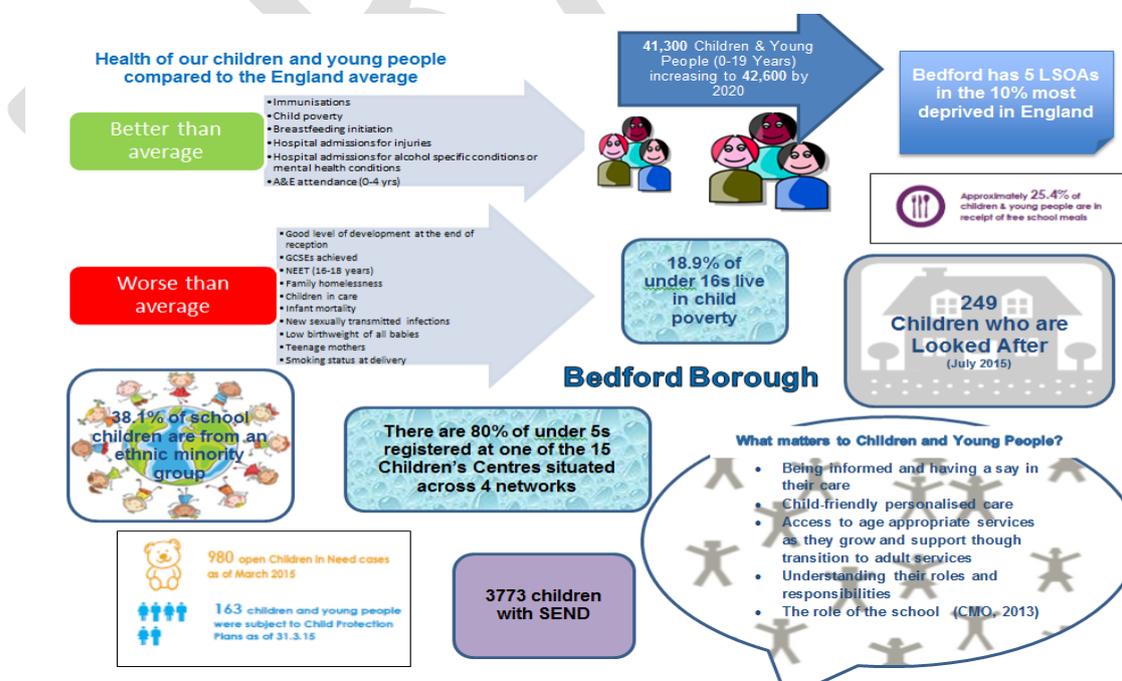
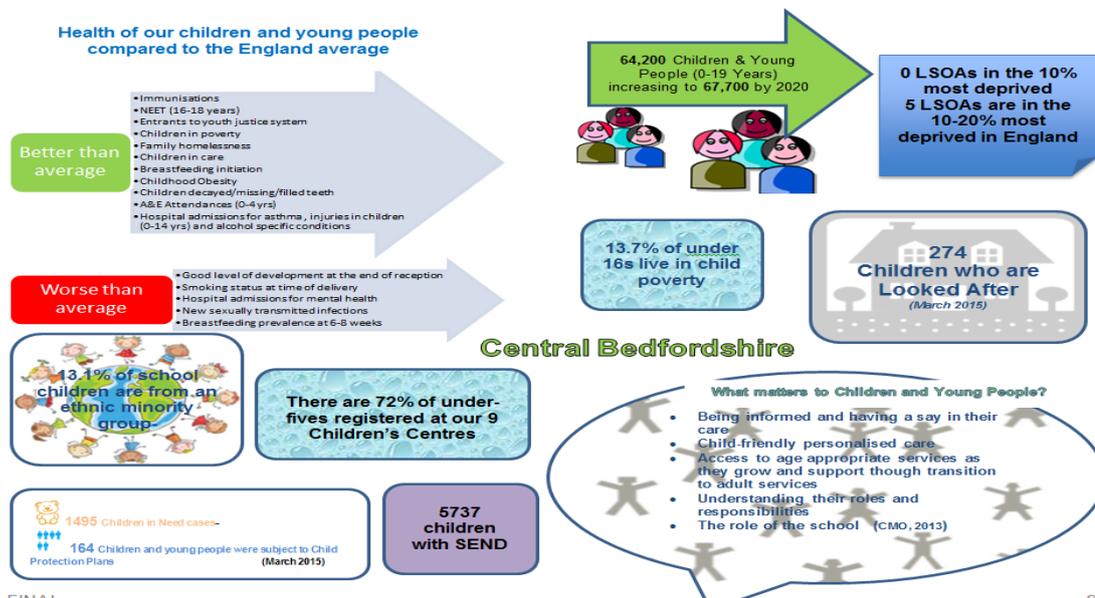
2. Strategic Case

2.1 Bedfordshire Population

2.1.1 There are 41,300 children aged 0-19 in Bedford Borough and 64,200 in Central Bedfordshire. The child population in Bedfordshire is growing and is set to see specific areas of increased growth in the new developments in Biggleswade and Houghton Conquest.

2.1.2 Bedford Borough is ethnically diverse and this diversity is increasing in the child population, 38% of children in school in Bedford Borough and 13% of children in school in Central Bedfordshire are from a minority ethnic group.

2.1.3 Headlines for each Local Authority area in terms of health outcomes and key statistics can be summarised as:



2.1.4 The Health Needs Assessment 2015 made the following high level recommendations:

- Integrate services to achieve outcomes
- Focus on prevention and early intervention
- Put children and families at the heart of services
- Improve access
- Improve communication
- Be evidence based

The strategic challenges that the child population requires us to face can be summarised as:

- A redesign of the child health system to build capacity and expertise in primary and community care
- Maintaining good outcomes whilst responding to particular areas of improvement including child asthma management, long-term condition management and Autism pathways
- A service model that can cope with increasing demand in terms of both volume and complexity

2.2 Feedback from Stakeholders

2.2.1 Through a series of stakeholder events, workshops, partnership meetings and task and finish groups, a range of stakeholders have been engaged to scope the future of services for children.

2.2.2 A summary of this work is set out below:

A summary of Stakeholder Engagement

Some things are working well – that we can build on:

- Service user engagement and feedback
- Our workforce- enthusiastic frontline staff
- Improving 0-19 HCP service
- Improvement in paediatric services at BHT
- High levels of registration with Children’s Centre’s
- Services for children with complex needs- complex care team in the community, the Child Development Centre
- Process for LAC and safeguarding
- Focus on outcomes and impact and the links between health and education outcomes
- Support for teenage parents, including the Family Nurse Partnership service
- Electronic information sharing between health visitors and midwives

Some things need improving:

- Fragmented commissioning and provision of services
- Transition planning
- Communication with children and young people
- Information sharing between services
- Lack of understanding of each other’s roles in services - e.g. GPS and Children’s Centre’s
- We don’t make the most of our estate and provide enough services in the community
- Families sometimes find it difficult to access information
- Process around EHC Plans
- Pathways and the commitment to following them
- Engagement with universal education services
- Capacity is not always in the right place or at

Commitment to Action

- Develop a joint set of principles across the system- so we work together in the right way
- Develop a single point of access
- Have shared outcomes across the system
- Develop a charter with children, young people and families (making environments and services young people friendly and family focused)
- Commit to sharing information- make consent a positive
- Take a flexible approach to commissioning to allow for more innovation and ability to respond to different needs
- Make the best use of community resources and deliver more services in the community
- Make sure there is a real focus on transition and planning
- Recognise the value of our workforce and make sure good training and development is available
- Have a shared approach to reaching families that are hard to engage
- Learn from best practice nationally and internationally

2.3 Principles

A set of principles for the delivery of services in the future have been developed in partnership with key stakeholders:

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

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

3. Commissioning and Leadership

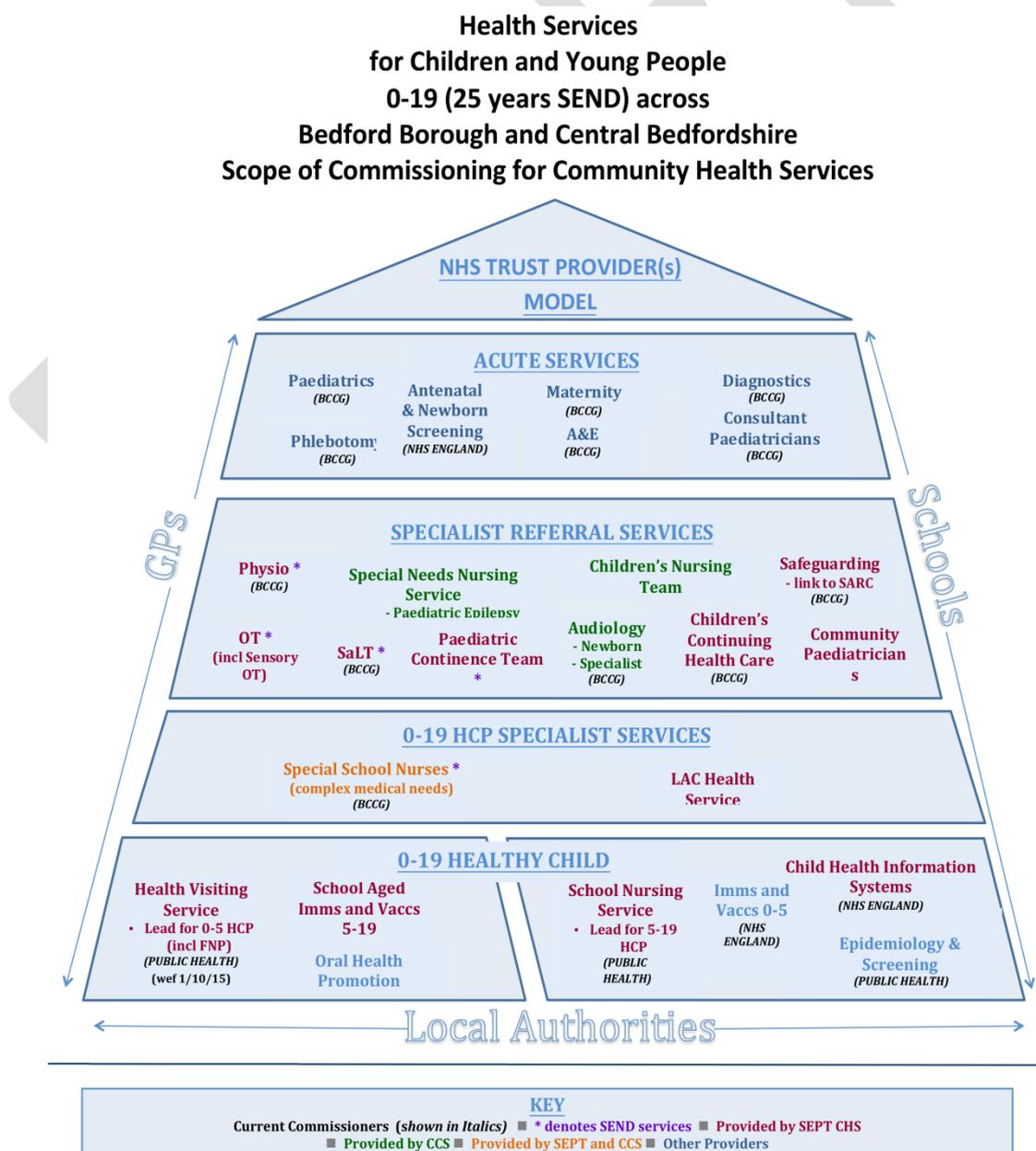
3.1.1 Children’s specialist community health services are commissioned through the CCG and the 0-19 Healthy Child Programme through Public Health in the Local Authority. Special School Nursing is a CCG Commissioned Service.

3.1.2 Children’s Commissioning takes place within each individual organisation and there are no shared contract or pooled budget arrangements. There are joint processes such as Joint Placement Panel which reviews the provision of care packages for children across Health, Social Care and Education. There are extensive partnership forums which address strategic and operational priorities.

3.1.3 The current mechanisms to coproduce both service commissioning and service delivery with children and families for health services is limited and underdeveloped.

3.2 Current Service Delivery Configuration

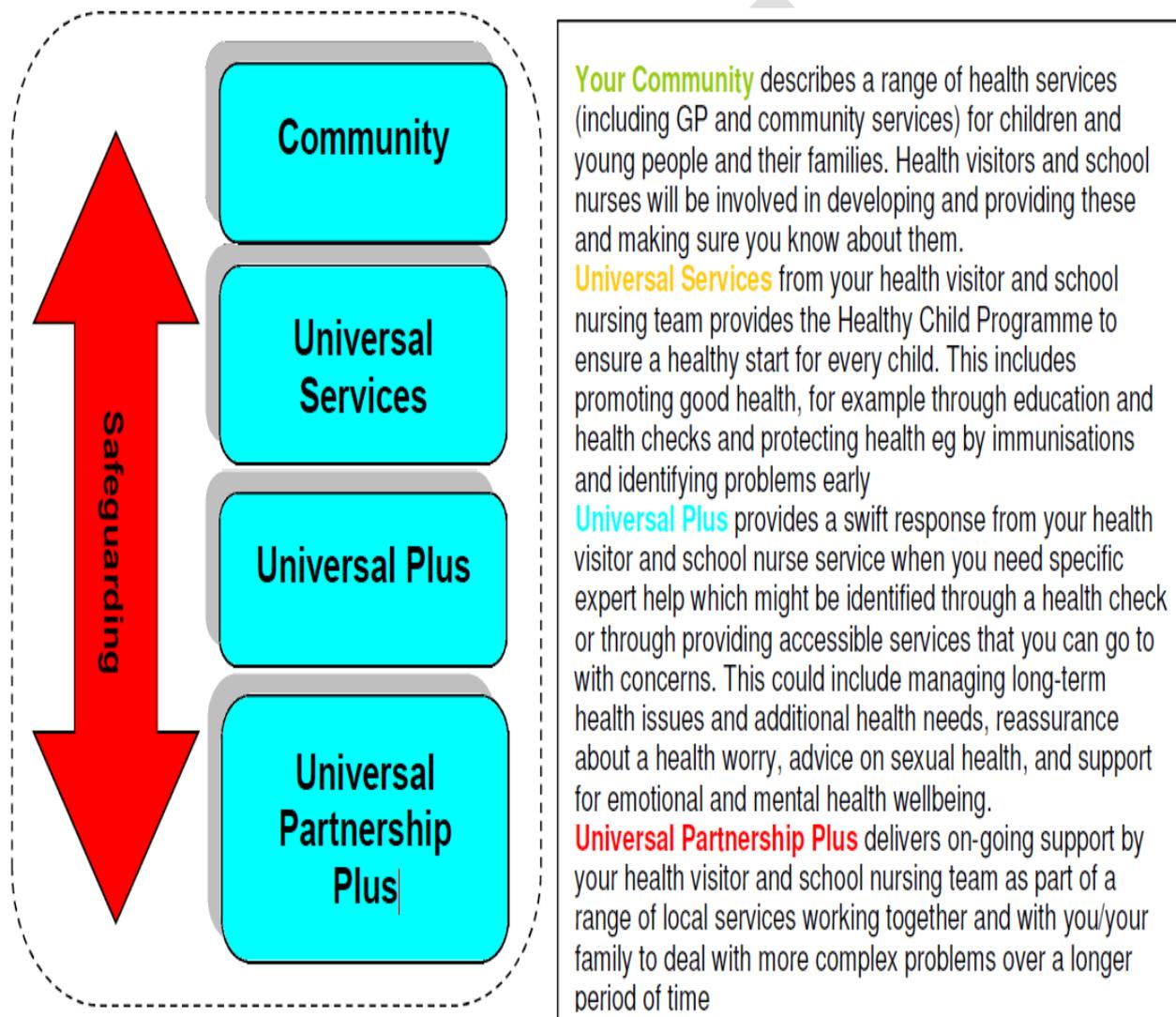
3.2.1 The model below sets out how services are currently configured and commissioned.



3.2.2 The Healthy Child Programme services commissioned by CBC within this configuration are:

- Health Visiting
- Family Nurse Partnership
- School nursing
- Oral health promotion

The current model for the delivery of the Healthy Child Programme is illustrated below:



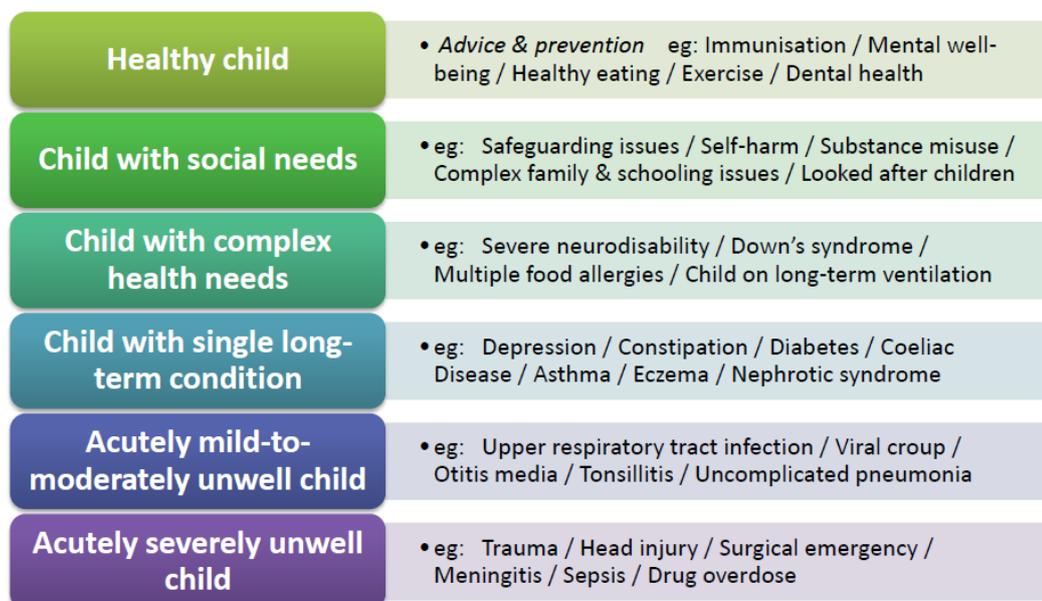
4. Model for Future Service Delivery and Process

4.1 Child Health Population Segmentation and Outcome Mapping

The child health population can be segmented (taken from Imperial Hospital and Evelina Children's Hospital) in the following ways:

A Whole Population Approach: Patient Segments in Child Health

Integrated care is often built around patient pathways. In stratifying children and young people we strongly advocate a 'whole population' approach, where 6 broad patient 'segments' can be identified:



 connecting care for children

Dr Bob Klaber & Dr Mando Watson | Imperial College Healthcare NHS Trust

Examples of how this segment model may be applied to developing a model of care that wraps around children who fit these descriptions can be found at Appendix 1. This illustrates some of the elements that will need to change and improve in future services provision.

Although the majority of the work of the Healthy Child Programme focusses on the 'Healthy Child' in the approach above, it also addresses needs for all the population segments above through the use of a tiered model of service provision as outlined above.

4.2 Priorities and areas for consideration for the Healthy Child Programme

4.2.1 Integration of Service Delivery

Integration of service delivery and development of multi-disciplinary teams for children's community health services- active participation, co-design, co-construction and co-ownership with Local Authorities, parents and carers and other agencies.

This workstream is primarily concerned with how community based services that are both Universal (0-19 Public health services, early years and education) and more targetted services such as Social care ,the Family Partnership programme and specialist health services can work in an more integrated and multi disciplinary way to provide more streamlined, accessible and effective services.

Key priorities are:

- To continue the work with Early years, social care and education to develop improved information sharing and common comprehensive assessment systems. across all professionals looking after children and families.
- To develop a universal response which will emphasise that all children and families have a comprehensive offer of achieving good physical and mental health. The response should build on principles of prevention and early intervention which help to develop resilience within children and families. This in turn will aim to reduce demand on specialist services including reduction in hospital admissions. (see Systems Approach model Appendix 2)
- To reduce the number of children in care by focussing on earlier intervention and prevention
- Safeguarding- to further embed professional curiosity and multi agency working and to operate in close collaboration with the MASH.
- To focus work on key groups of parents and their families to implement the recommendations made in the Nice guidance 110 to further develop service provision for mothers with vulnerabilities such as mothers who have mental health problems, mothers who are victims of domestic abuse and those that have social and complex needs.
- To further develop multi agency mental health training for professionals
- Earlier identification of children at risk of suffering neglect and prevention of risk factors.

4.2.2 Configuration and location

- i. We need to ensure that in each Local Authority area the teams are configured and located in the ways which most suit that particular patch. Its about ensuring we build flexibility into the system so that we can keep to our principle of integrating services around children and families. Better Births (2016) recommend Community midwifery hubs to be introduced by 2020 to enable women to have better access to their midwives.
 - ii. NHS Five Year Forward View suggests new models of primary care such as the multispeciality community providers. The local authority 0-19 teams will need to be configured in a way so that they can have seamless integration with other systems and emerging models of delivery of healthcare.
- In Central Bedfordshire this may be about making sure there is a phased approach to aligning with the planned 'Family Hubs'
 - In Bedford Borough it may be about strengthening the links with the Childrens Centres
 - In both areas there will be a need to wrap services around whatever the focal point is for specific communities. This could be schools, GP practices or other community led initiatives
 - Where possible co location with early years, education or social care teams will be the preferred option
 - Services will be modelled to assess the capacity needed both at each level of service and for appropriate population sizes

- Multi-disciplinary teams with flexibility to develop different management arrangements will deliver integrated services- a single point of access will be considered as part of the model
- Communication across levels and types of services will be crucial, with family at the centre

4.2.3 A more equitable 0-19 offer

- The balance of provision is currently heavily weighted towards the 0-5 elements of the HCP. This is an evidenced based approach and rightly ensures a focus on the critical 'first 1000 days' of life. However it may be reasonable at this time to explore a shift towards a more proactive role in supporting prevention and more targeted support for older children and young people
- This could for example include increased school nurse support for those who are NEET, who are at risk of exclusion or LAC, teenagers, travellers, children who are not in mainstream education and those who are at risk of other vulnerabilities such as CSE.
- We could ask the health visitors to retain responsibility for children for longer and only hand over to school nurses at Year 1 or 2 rather than as they go into Year R. This would provide longer continuity and consistency for children and families as well as releasing school nurse capacity to carry other activities as above

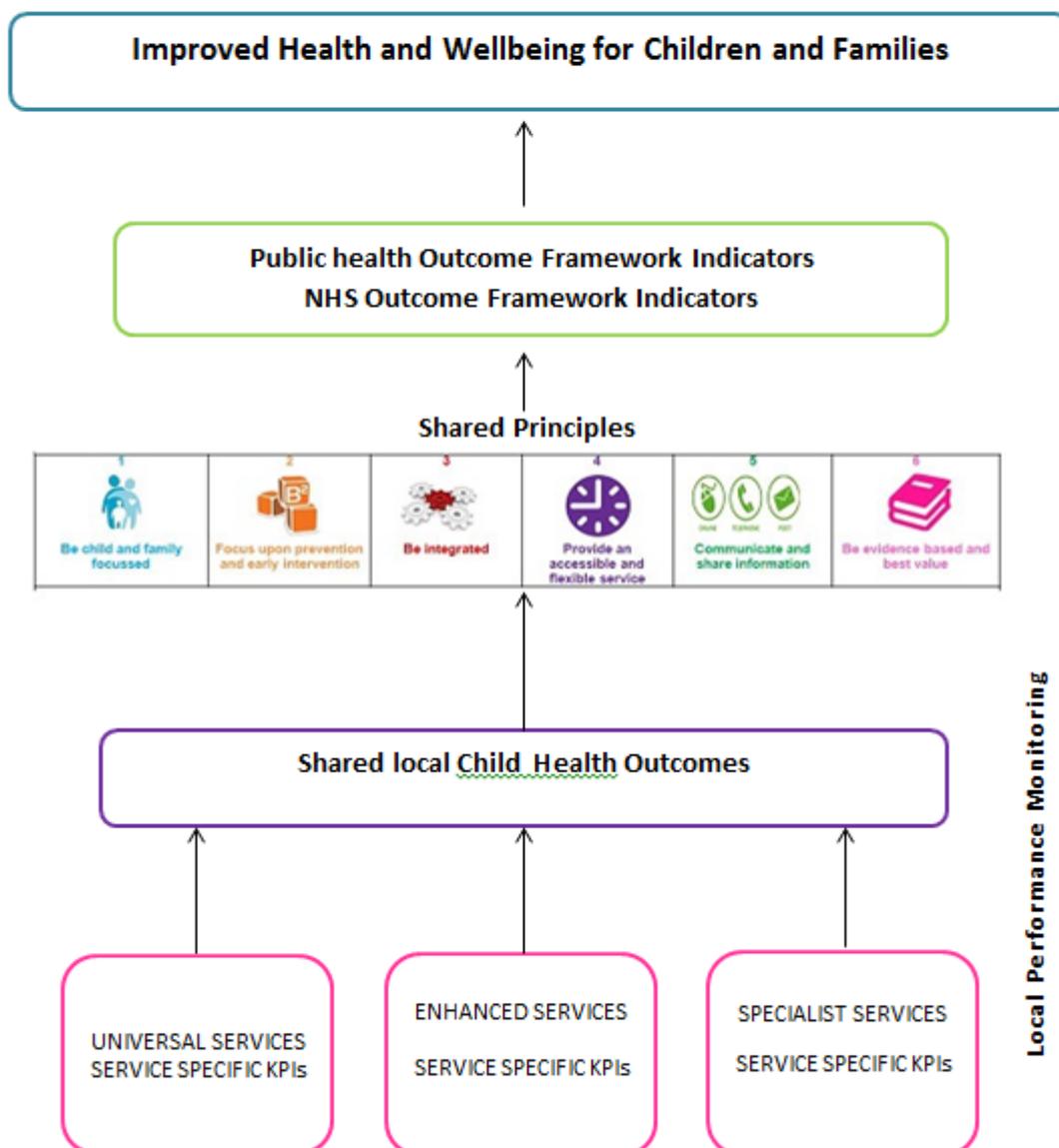
4.2.4 The Family Partnership Programme

- Historically the Family Nurse Partnership (FNP) has been commissioned in Bedford Borough and Central Bedfordshire
- An options appraisal was undertaken on the FNP services locally . This was to establish the best way to commission support for young mothers as part of the new model from April 2018
- The recommendation is to replace the FNP with an integrated Family Partnership Programme (FPP)
- This is a structured, extended visiting programme, developed by The Centre for Parent and Child Support (CPCS) and based on The Family Partnership Model.¹ The FPP will provide planned, targeted and structured additional support and interventions in the first 1001 critical days of the child's life (pregnancy to 27 months). The programme will meet the needs of mothers and families with complex social factors which impact on the outcomes for their children, and will do so in partnership with other health, education and social care professionals
- The extended visiting FPP will integrate other services and interventions within the community, to strengthen the holistic education and development of the child and build resilience within the family. The programme will afford flexibility in being able to recruit any vulnerable mother and her family, including teenage parents. A minimum of 8 planned and structured Health Visitor visits will be provided, in addition to the 5 mandated contacts

4.3 A common commissioning framework

A common commissioning framework will be in place across all the services that will clearly demonstrate performance. This is an example of how this may look:

Commissioning Structure to Improve Shared Outcomes for Children, Young People and Families



4.4 Future Model of delivery -outcomes

- i. A set of high level 'I' statements have been developed to articulate the expected outcomes from the services in the future:

No.	Outcome <i>I would like statement</i>	Description <i>Detail of what we'd be looking for in the service delivered - What good looks like</i>
1	<p>a) I would like my voice to be heard so that I am at the heart of decision making.</p> <p>b) I would like to be supported if I move to adult services.</p> <p>c) I would like to be helped to support myself to be independent and cope well</p>	<p>By ensuring that:</p> <ul style="list-style-type: none"> • 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. • Transitions to adult services are planned for and ensure best experience. • We empower children, young people and families to support themselves and promote resilience.
2	<p>a) I would like to have all of the services that keep me healthy when I need them.</p> <p>b) I would like service to help me before things get too bad.</p> <p>c) I would like services to help me whatever my need is.</p>	<p>By ensuring that:</p> <ul style="list-style-type: none"> • We provide a universal service to children, young people and families; with a targeted approach to those most in need. • We shift effort, investment and resources towards prevention and early intervention, preventing poor health and wellbeing. • Services are provided in a way that contributes to reducing inequalities.
3	<p>a) I would like to be part of planning services for me.</p> <p>b) I would like services to work together.</p> <p>c) I would like services to be the best they can be.</p>	<p>By ensuring that:</p> <ul style="list-style-type: none"> • We invite children, young people and families to co-produce the review and future design of services. • There will be clear leadership, accountability and assurance and organisations will work together for the benefit of children, young people and families. • All services have shared outcomes and deliver high quality integrated services.
4	<p>a) I would like to feel welcome, safe, comfortable, and</p>	<p>By ensuring that:</p> <ul style="list-style-type: none"> • We offer children, young people and their families' services in settings where they feel

No.	Outcome <i>I would like statement</i>	Description <i>Detail of what we'd be looking for in the service delivered - What good looks like</i>
	<p>accepted.</p> <p>b) I would like services I can get to easily.</p> <p>c) I would like services when I need them, and not just Monday – Friday daytime.</p>	<p>welcome, safe, comfortable and accepted.</p> <ul style="list-style-type: none"> • Services are delivered in accessible locations, and in settings which cause as little disruption to their life or family life as possible. • Services are delivered at times that are suitable for children, young people and families.
5	<p>a) Where possible I would like to only tell my story once.</p> <p>a) I would like those that work with me to use my information to help keep me safe and healthy.</p> <p>b) I would like to have information in a way that I understand.</p>	<p>By ensuring that:</p> <ul style="list-style-type: none"> • We share the best information and intelligence between professionals in a timely manner. • We share the best information and intelligence with children, young people and their families in an appropriate format. • We communicate appropriately with children, young people and families.
6	<p>a) I would like to trust that I am getting the best quality services.</p> <p>b) I would like to be looked after by people who know what they are doing and are good at it.</p> <p>c) I would like modern services.</p>	<p>By ensuring that:</p> <ul style="list-style-type: none"> • We share the best information and intelligence between professionals in a timely manner. • We share the best information and intelligence with children, young people and their families in an appropriate format. • We communicate appropriately with children, young people and families.

4.4.1 These Outcome statements will be shared across all the services that make up the offer for 0-19 year olds, both Universal and Specialist. The measures to assess whether outcomes are being met will be crucial to evaluating the impact of the services gapping forwards. These measures are currently under development

As well as the 'I statement' outcomes outlined above we may consider the addition of priority outcome indicators at different stages of the contract, according to need. For example, at any stage of the contract we may want to focus on:

- Reducing hospital admissions
- Reducing self harm
- Identifying and supporting re domestic abuse and neglect
- Teenage pregnancy
- Excess weight
- NEET

- Improving school attendance

Children at risk of exclusions If appropriate incentive payments could be attached to the achievement of priority outcomes.

5.0 Next Steps

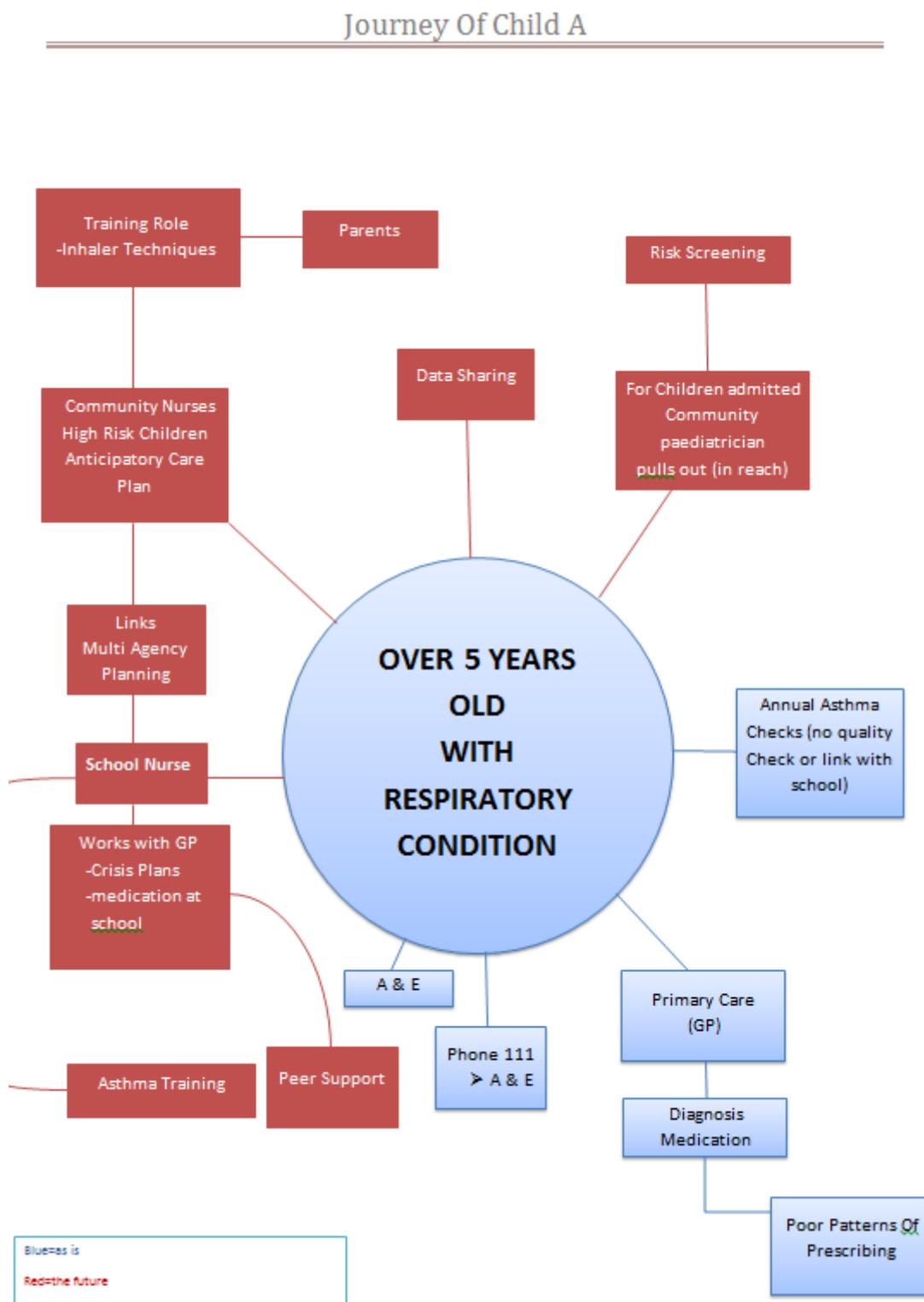
- This plan will be used both to inform the procurement of services from April 2018 and to help the prioritisation of service developments from now until that time
- It has been written in parallel with a similar paper relating to specialist community health services for children prepared by BCCG
- We will consider combining these papers to provide one joint paper to be used as a 'document relied on' as part of the procurement process.

DRAFT

Appendix 1 Population segments – Journey of the Child

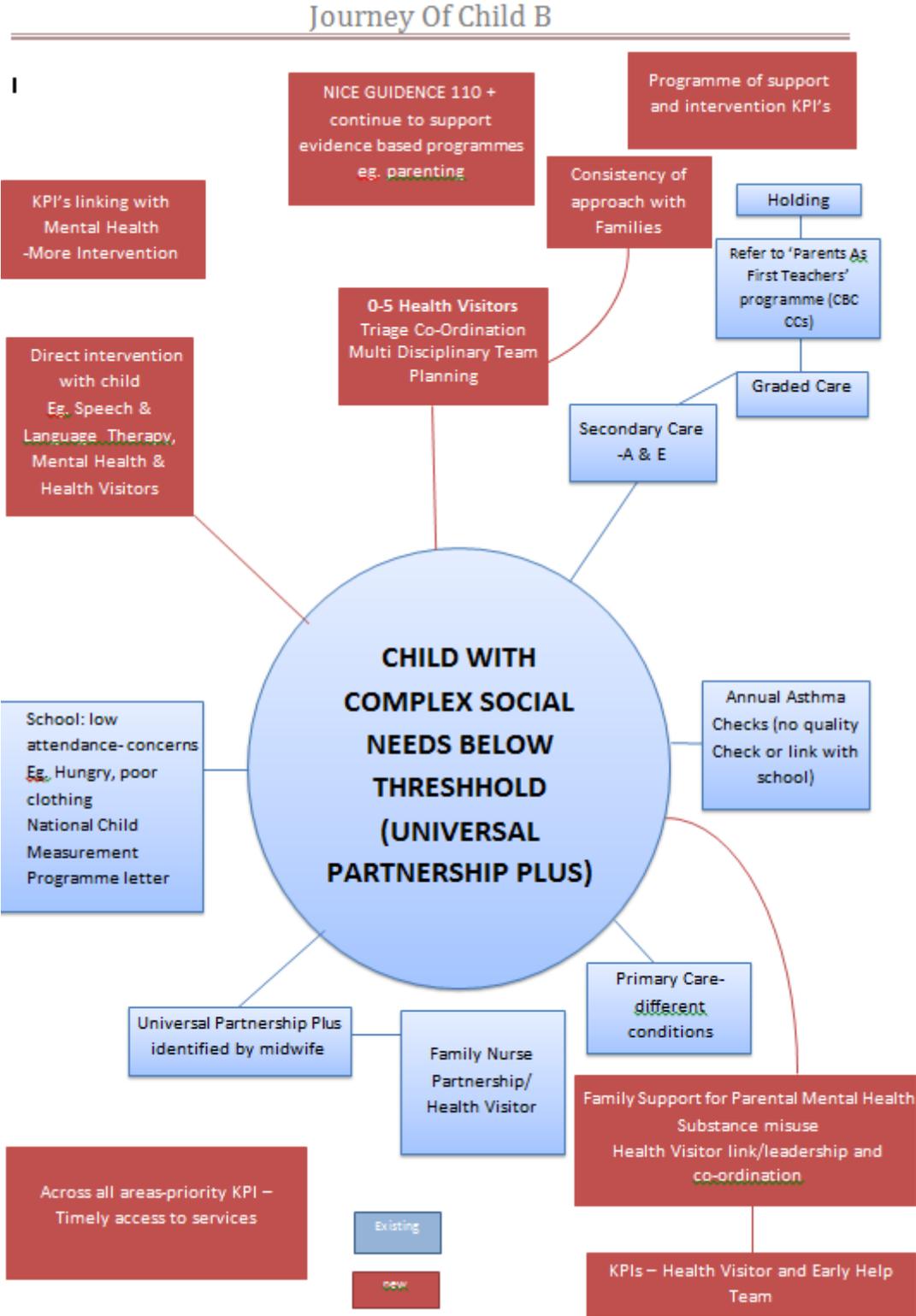
This diagram illustrates the current services or interventions available in blue. The steering group for children’s commissioning across both Local Authorities and BCCG proposed the required changes in red that could be addressed through re-commissioning

A: Acutely mild to moderately unwell child



This diagram illustrates the current services or interventions available in blue. The steering group for children’s commissioning across both Local Authorities and BCCG proposed the required changes in red that could be addressed through re-commissioning

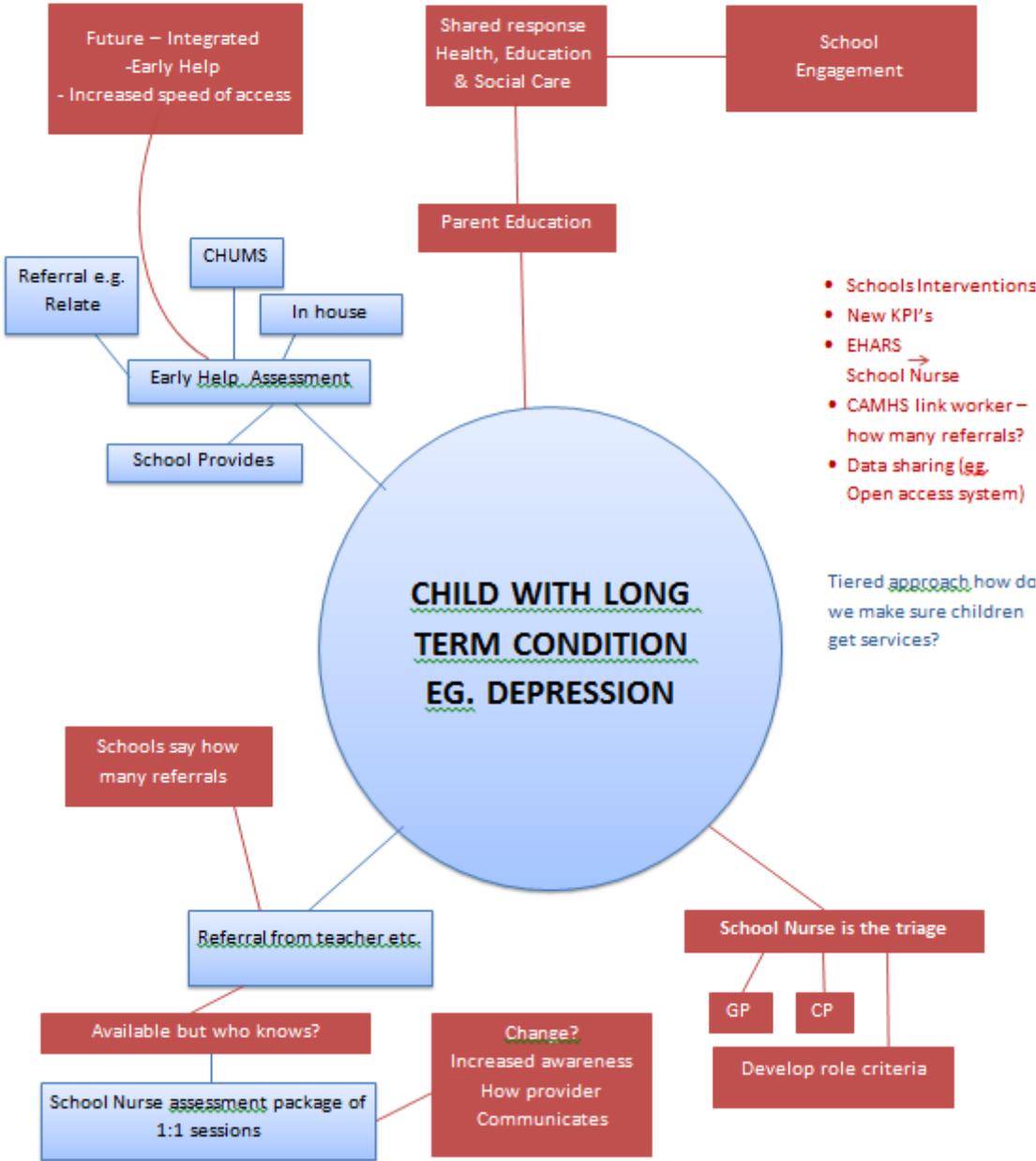
B: Child with Complex social needs



This diagram illustrates the current services or interventions available in blue. The steering group for children’s commissioning across both Local Authorities and BCCG proposed the required changes in red that could be addressed through re-commissioning

C: Child with a single long term condition

Journey Of Child C





Systems approach for paediatric asthma

