Cumbria County Council

Integrating 0-19 Healthy Child Programme & Early Help Services

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The current model of 0-19 Healthy Child Programme in Cumbria

0-19 Healthy Child Programme

- 0-5 Healthy Child Programme
  - Health Visiting Service (children aged 0-5 years and their families)
  - Family Nurse Partnership (a home visiting service for some teenagers pregnant with their first child)

- 5-19 Healthy Child Programme
  - School Aged Nursing Service (children aged 5-19 years and their families)

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Current Model of Early Help Delivery

- 0-12 Early Help: Action for Children Barnardos Howgill
- 11-19 Early Help: Cumbria County Council

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Current policy position

Commitment to review current models with a view to integration. This includes:

- Integration of current model of delivery for 0-5 and 5-19 Healthy Child Programme

- Integration of this with Early Help Services

Releasing **£2 million savings** from April 2017 (£1 million formally approved in 2015 budget consultation, further £1 million probable).

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Sharing cost efficiencies

Sharing cost efficiencies
£m

- Targeted Youth Support: 1.3
- 0-12 Early Help: 1.6
- HCP (0-19): 2

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**NHS England**
- Immunisations: £0.5m

**Public Health**
- 0-19 Healthy Child Programme: £6.1m

**Children’s Services**
- Early Help: £6.7m

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**Total Value = £13.3m**
Policy position to reduce combined budget by £2m
= £11.3m

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**0-12 Early Help**
£???

**11-19 Early Help**
£???

**Other Services**
£???

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What is the Healthy Child Programme (HCP)?

It is evidence based

Is responsive to changing public health needs and priorities

It focuses on prevention and early intervention services

It has an increased focus on early help

It takes a more proactive role in promotion of the social and emotional development of children
0-5 (HCP)
Health Visiting Service

5 Mandated Elements

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2 to 2 1/2 year review

6 High Impact Areas

- Transition to parenthood and the early weeks
- Maternal (perinatal) mental health
- Breastfeeding
- Healthy Weight
- Managing minor illnesses and reducing accidents
- Health, wellbeing of child aged 2 and support to be ready for school

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Family Nurse Partnership (FNP)

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5-19 (HCP) School Aged Nursing Service

Element 1
National Child Measurement Programme (NCMP)
- Reception
- Year 6

Element 2
Healthy Child Programme (HCP)
- Reception/Year 1 (age 4-5 years)
- Year 6/7 (age 10-12 years)
- Mid teens

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0-12 Early Help Services

Domestic Violence

Parenting Programmes

Family Support including Group Work (covering a variety of issues again based on need)

Targeted Services
These differ according to the needs of the area they are delivered in

Lifestyle Issues
Breastfeeding
Healthy Weight
Nutrition

Delivery of Services Integral to Early Help Plans

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11-19 Early Help Services

Team around the Community (outreach and detached work)

Curriculum for Life (thematic and issue based work in schools and colleges, such as sex and relationships education (SRE); emotional resilience; staying safe; and life skills)

Youth Participation
- Children in Care Councils; Care Leavers Forum;
- Youth Councils;
- LSCB Young People’s Advisory Forum;
- SEND voice; consultations and surveys

Targeted Youth Support (EH referrals, TAF, Case Work, CSE, Domestic Abuse etc.)

Front Door (informal drops in 6 of major towns)

Equality, Diversity & Culture
- CCC Interpretation and translation service; support for young migrants and refugees; support for those with a protected characteristic

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**0-19 HCP Consultation - Process**

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Parents/Carers</th>
<th>Children &amp; Young People</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary/Secondary Heads</td>
<td>• Children &amp; Families Information Service</td>
<td>• Carried out by Access &amp; Engagement team</td>
</tr>
<tr>
<td>• Children &amp; Young People’s Voluntary Sector Reference Group</td>
<td>• Early Help Providers</td>
<td>targeting vulnerable groups e.g.</td>
</tr>
<tr>
<td>• Current provider</td>
<td>• Children &amp; Young People’s Voluntary Sector Reference Group</td>
<td>Children in Care Council, Young Carers etc.</td>
</tr>
<tr>
<td>• CCG (including GP’s)</td>
<td>• Children’s Centres</td>
<td>• (full list available)</td>
</tr>
<tr>
<td>• Hospital Trusts</td>
<td>(full list available)</td>
<td></td>
</tr>
<tr>
<td>• Healthwatch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CVS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local Committees</td>
<td></td>
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<tr>
<td>• (full list available)</td>
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</tbody>
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Findings from 0-19 HCP consultation

- **Children & Young People = 36**
- **Parents/Carers = 25**
- **Stakeholders = 158**

Stakeholders, Parents/Carers & Children and Young People all said that their preferred methods of communication were: Face to Face, or through Group Activities.
### 0-19 HCP consultation findings (2)

**Ranking of ‘discretionary’ and lifestyle services (top scores)**

<table>
<thead>
<tr>
<th>Children and Young People</th>
<th>Parents/Carers</th>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying, Confidence and Self-esteem</td>
<td>Health and Development Reviews</td>
<td>Positive Parenting and Family Resilience</td>
</tr>
<tr>
<td>Having someone to talk to about things they are worried about</td>
<td>Emotional Health and Wellbeing – including bullying</td>
<td>Maternal (peri-natal) and infant mental health</td>
</tr>
<tr>
<td>Staying safe online, Substance misuse (all the above scored the same)</td>
<td>Breastfeeding</td>
<td>Health and Development Reviews</td>
</tr>
</tbody>
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Strategic Approach

Improving outcomes for Children and Young People

- Cumbria Early Help Commissioning Outcomes Framework
- Cumbria 0-19 Commissioning Outcomes Framework

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Early Help Strategy

Further develop a common language around working with children and young people
Work better together, including the co-ordination and maximising use of resources
Be creative and innovative
Assist people to understand the contribution that they can make to children and young people
Identify and promote the services that collectively form the Early Help offer in Cumbria
Rationale for integrating elements of 0-19 HCP with Early Help services

Expansion of the public health workforce by building some of the universal delivery of public health services directly into existing Early Help contracts

Increased access for parents/carers; children and young people particularly for face to face contacts and group activities

Add capacity to the system supporting the most vulnerable groups

Integration recognises the correlation between poor health outcomes and other categories of need
Rationale for integrating elements of 0-19 HCP with Early Help services (2)

Additional capacity delivered through integration would release clinical staff to focus on clinical activity.

Builds on the alignment of public health outcomes with early help outcomes.

Early Help services are embedded in communities.

Ensures that current Early Help and 0-19 HCP providers have an opportunity to co-design the service to ensure that it meets the needs of children and young people in Cumbria (Design Workshop planned for 8 March 2016)
Currently 0-19 HCP services are commissioned separately
The current policy position is to integrate all 0-19 HCP services with Early Help
Releasing £2m of saving
NHS England have indicated their willingness to be part of process

Developing our new system

Integrated 0-12 Early Help and Healthy Child Programme
Integrated 11-19 Early Help and Healthy Child Programme

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Key elements of a new 0-19 Healthy Child Programme

0-12 Healthy Child Programme
Universal provision
- Staged contacts - 5 mandated contacts*, Reception, Year 6
- NCMP* + Vision Screening
- Immunisations **
- Early Help

* Mandatory
** commissioned by NHS England

0-12 Healthy Child Programme
Targeted provision
- Family Nurse Partnership

11-19 Healthy Child Programme
Universal provision
- Staged contacts - Mid-teens & Post 16
- Drop-ins
- Immunisations **
- Early Help

** commissioned by NHS England

11-19 Healthy Child Programme
Targeted provision
- Family Nurse Partnership
- Sexual Health
- Emotional and Mental Well-being
- Substance Misuse

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Priorities

Statutory Functions
- 5 Mandated Contacts
- National Child Measurement Programme
- Immunisations*
*commissioned by NHS England

Ensuring adequate and appropriate safeguarding arrangements are in place

Council Priorities
- Reducing childhood obesity
- Improving emotional and mental wellbeing
- Reducing health inequalities

and including

6 High Impact Areas
- Transition to Parenthood
- Breastfeeding
- Maternal mental health
- Healthy Weight
- Managing Minor Illness/reducing accidents
- School Readiness
Proposals for Integration

National Child Measurement Programme
Will sit within 0-12 Early Help services
Letter to be replaced with phone call for children who are underweight, overweight/obese and will include referral into Early Help services. Enabling EH services to provide either 1:1 or group work support on healthy weight to those identified
Increase reach of EH into schools

5-19 Public Health Nursing
Health & Development Review at Reception, Year 6, Year 9 & post16
Early identification and support and referral into EH including 11-19 Specialist Early Help Workers (risk taking behaviour), Tier 2 CAMHS, Sexual Health Services
Public Health Plans (schools/clusters) for population level work developed in conjunction with EH Providers, Schools and Area Teams
Proposals for Integration

**Health Visiting (5 mandated contacts)**
- Based within 0-12 Early Help services i.e. Children’s Centres
- Provide clinical leadership and governance
- Clear definition of clinical roles and responsibilities
- Current non-clinical functions e.g. benefit advice to move to EH services (increasing public health capacity)

**Family Nurse Partnership**
- extend criteria to improve reach e.g. under 24, care leavers etc.
- embed learning (engagement, self efficacy, attachment, empowerment) from FNP into other parts of the system e.g. children’s social care, EH support workers etc.
Proposals for Integration

Early Help/Public Health Outcomes Framework
Further work to provide specific detail on integrated outcomes
e.g. school readiness

Immunisations
Using a joint commissioning approach would produce efficiencies
as current workforce currently delivers this programme of work.
Procurement/Contract Approach

- Extend contracts for Early Help providers for some aspects of non-clinical services

- Establish partnership with CPFT for clinical services

- Embed clinical services with Children’s Centres

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Timeline

Oct- Dec 2015
- 0-5 & 5-19 Integration Consultation
- Responses collated

January 2016
- Paper to CMT
- Seek clarity on procurement approach

February 2016
- Paper to CPWG
- Further work required

March 2016
- Design Workshop and discussions with providers
- Responses collated

April 2016
- Further paper to CPWG
- Approach approved providing legal conditions met

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Youth Participation
- Children in Care Councils; Care Leavers Forum; Youth Councils; LSCB Young People’s Advisory Forum; SEND voice; consultations

Front Door
- (informal drop-ins)

Curriculum for Life

Early Help Services

Team Around the Community
- (outreach & detached work)

Equality, Diversity & Culture
- Interpretation and translation service; support for young migrants and refugees; support for those with a protected characteristic

11-19 Public Health Nursing
- (see below)

Targeted Youth Support
- (EH referrals, TAF, Case Work, CSE, Domestic Abuse etc.)

Early Help Assessments

Safeguarding

Primary Care
- Hospitals
  - Children’s Community/LAC Nursing

School Public Health Plans
- Curriculum Development

HeadStart
- Tier 2 CAMHS
- PMHEIS

Area Based Working
- Community
- 3rd Sector

Health & Development Reviews (Year 9/post 16)
- Immunisations* (HPV, Diptheria, Tetanus, Polio. Men ACWY)