

Report of the Director of Public Health to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 23 February 2022

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Subject: UPDATE ON THE 0-19 PUBLIC HEALTH CHILDREN'S SERVICE UPDATE

Summary statement:

This report provides an overview of the 0-19 Public Health service and informs Members of:

1. Background to the 0-19 Public Health Children's Service
2. The needs of children and young people locally
3. Service reviews conducted during 2020-2021
4. Current service delivery
5. Future commissioning arrangements

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1. Summary

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2. Background

2.1 0-19 Public Health Children's Service

Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is good evidence about what is important to achieve this through improving children and young people's public health. This is brought together in the national Healthy Child Programme 0 to 19, which includes a health visitors service, a school nursing service, and also in Bradford Distinct an oral health promotion team.

The Council as an authority, and the Director of Public Health (DPH) each have specific statutory duties relating to the delivery of the 0-19 Public Health Childrens service (0-19 service) and its specific mandated functions within this include the five health checks for young children, the National Child Measurement Programme (NCMP) and district wide Oral Health surveys; continued delivery of such must therefore be secured.

The Healthy Child Programme provides a national framework to support collaborative work and more integrated delivery. It aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health

- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5.

3. Report issues

3.1 Current contract

In March 2018, a 0-19 Public Health Commissioning Board was established with key partners to oversee the development of a new service specification for Public Health 0-19 Children's Service. Following a successful evaluation of the bids received, the accepted the offer from Bradford District Care Foundation Trust (BDCFT) and the Contract commenced 1st August 2019.

The new Contract was in early stages of delivery and transformation when the Covid-19 pandemic was declared having significant impact on plans and delivery (to maintain safety and core business). The new service was also predicated on an established network of integrated Family Hubs across the District (with social care), which been delayed by the pandemic.

The 0-19 Service has experienced other challenges during the current contract commencing 2019:

- Reduction in overall value of the new 0-19 contract in 2019.
- Staffing challenges (caused by recruitment issues and a national shortages of experienced health visitors and school nurses)
- Rising demand in the need for health input to statutory safeguarding meetings

3.2 Bradford District – children and young people's needs

Overall, there are high levels of health needs for children and young people in the district, with large inequalities between areas. Bradford has high levels of **deprivation**, and almost a quarter of children are living in low income families in 2016.

- Many children of Bradford have an unfair start in life, a large proportion live in **poverty**, and many families are financially and **food insecure**.
- Many children suffer poor outcomes - they are more likely to die in infancy and childhood than other children in England.

- During pregnancy (or immediately afterwards), two in 5 of their mums will have some symptoms of depression and anxiety and more than 1 in 10 will have moderate/severe symptoms.
- In some wards one in four children are not up to date with their **immunisations**.
- By age 5, many of our children are starting to present with very poor **oral health**.
- At year 6 (ages 10/11), 40% of children are **overweight or obese**, and this figure is rising.
- There are high levels of unmet need for low level and universal **mental health** support.
- **Safeguarding and child protection** needs have been increasing year on year, with steep increases in the number of children with child protection. There has been an increase in safeguarding and child protection from 2016/17, with a particularly large rise in initial child protection conferences. There are 86 per 10,000 children aged 0-4 are in care, with a variation across wards going up to 172 per 10,000.
- **Special educational needs:** In 2020, 18,694 0-25 year olds in Bradford District had an identified educational health care plan or a special need. There were 1,377 children with autism known to schools in 2020 (13.8/1,000 pupils).
- These disadvantages are not equal, with children living in areas of high deprivation and those from an ethnic minority background more likely to have an unsafe and unfair start in life.
- The **Covid-19** research completed by Born in Bradford has highlighted how the response to the pandemic has exacerbated inequalities: an estimated 1 in 3 of families across Bradford were pushed into financial insecurity during the pandemic (with 1 in 10 experiencing severe food insecurity (having to regularly skip meals). Children's levels of physical activity have also dropped dramatically.

3.3 Service review

Bradford is a young city, with 117,000 children and young people aged 5-19. The 0-19 teams work across the education and health sectors to prevent ill health and improve health and wellbeing for children and young people.

During 2020 and 2021 Public Health, with partners, undertook a demand and needs appraisal of children 0-4 years and services (which included the health visiting teams within the 0-19 service) ; and the public health school nursing service (also within the 0-19 service).

3.3.1 - 0-4 services (health visiting)

A review of 0-5 services (led by CBMDC children's services with Public Health, BDFCT and other partners) looked at an overall early years workforce, strategic outcomes and

tiered delivery model (of which the 0-19 service is an integral part). In terms of research the early years – from pre-birth until starting school – is a critical period in terms of a child's development, as they form bonds with their parents, develop language skills and other cognitive functions, and establish behavioural patterns

Promoting and securing universal outcomes for young children is vital for a:

- healthy live birth with adults prepared and ready for parenthood, and
- healthy, enquiring and secure child from birth to their 5th birthday and beyond, with confident and aspirant parents

The implications of the wider 0-4 services review for the 0-19 service health visiting team were that it continued to work on a 4-locality basis within a tiered model. This sees health visitors, staff nurses and nursery nurses working specifically in Safeguarding, Early Help and Universal tiers; working closely with the Local Authority and Public Health Commissioners.

BDCFT as the provider of health visiting services for 0-4 years have taken a number of steps to mitigate the risks posed by the pandemic and national workforce challenges, including:

- A community children's services Strategy Team at BDCFT established to ease the impact of the amount of safeguarding strategy discussions and social care enquires on the health visiting and school nursing service.
- A recruitment plan to increase the skill mix within the health visiting service to ease the workload of the health visitors particularly in the universal tier. A targeted advertising campaign for difficult to recruit to posts – Health Visitor.

3.3.2 School nursing

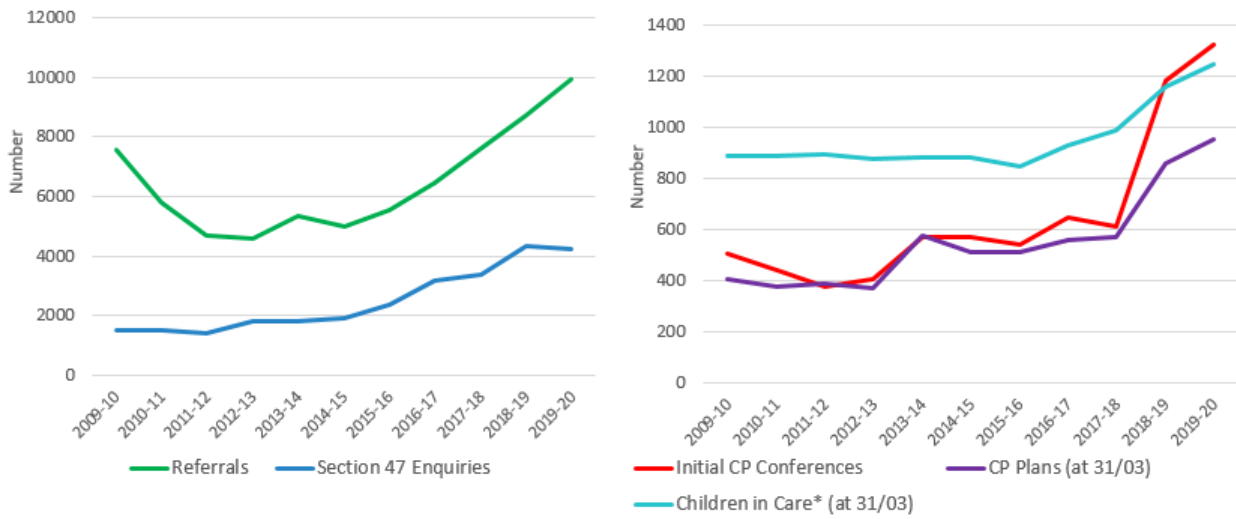
School nursing has a unique role, with a holistic overview of children and young people's physical and mental health and wellbeing, and additional needs and vulnerabilities. Their role in relation to schools enables them to play an important prevention role, identify issues and support or refer early.

The aim of the school nursing review was to:

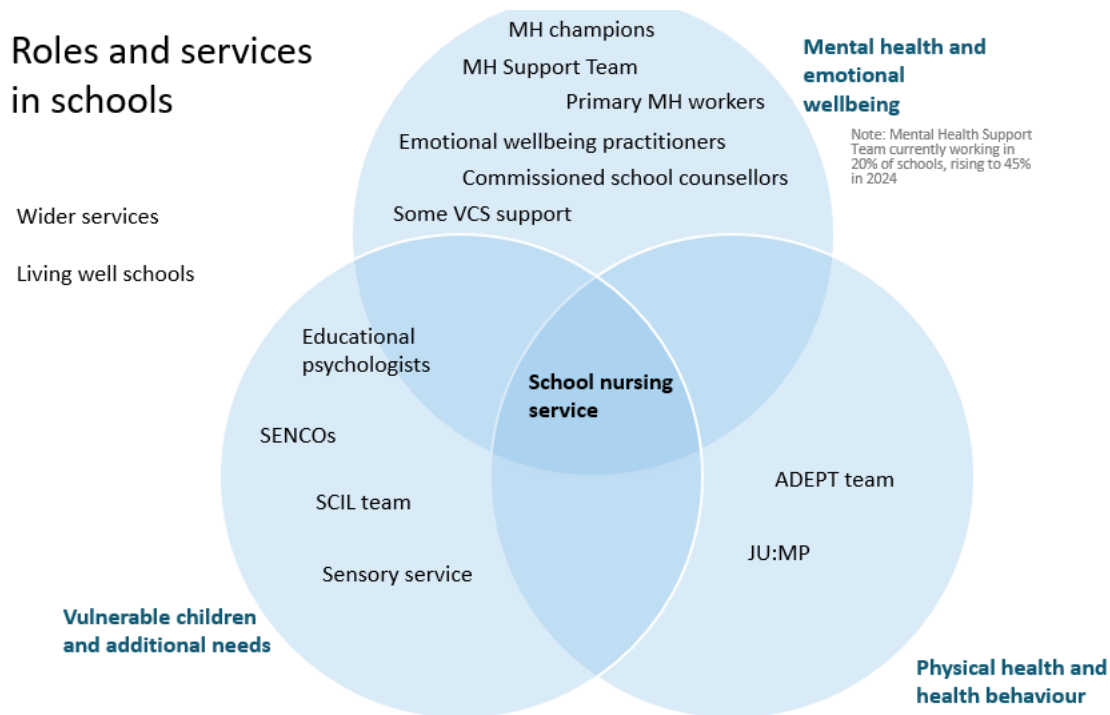
- Review the role of the current school nursing
- Look at other services/roles available in schools to wellbeing
- Consult with the school nursing team
- Draw on alternative models across the region

In particular the review looked at the increase in safeguarding referrals over recent years which came at a time of workforce pressures nationally (below).

Safeguarding trends in Bradford District



The review also looked at the holistic needs of CYP as supported by the school nursing service in schools (below) and in relation to other support services.



Three partner workshops were held in the summer of 2021 to help:

- Define a revised core model of delivery for school nursing
- Clarify the school nursing service input to safeguarding pathways and support for vulnerable children and families
- Clarifying referral pathways and packages of care for school children

Key findings from the school nurse review and workshops were:

- Further clarity of the school nursing service offer was required for health promotion within schools, re-designing of individual health needs assessments at key points of school life (primary to secondary transition and early teenage years (13/14yrs))
- Priority issues identified by workshop participants were:
 - Drugs and alcohol (broad view also covering NPSD/Caffeine etc..) as young people have also been reporting this as a response to COVID and lock down pressures and anxiety.
 - Sleep issues.
 - Mental health (and promotion of a range of well being support services and specialists).
 - Obesity (including eating disorders identification and referral).
- School nurse input to whole school approaches to well being (supporting the Living Well School offer) - School-level needs assessments.
- A revised approach to safeguarding and specifically the mandated health input to safeguarding meetings (as it was felt that safeguarding processes has become too reliant on a single team (school nursing)).
- Better engagement and communication with young people and communication of the school nursing role.
- Rethinking the role of mental health support as multi-disciplinary mental health support teams and mental health champions now also work with schools.
- Improved training for the school nursing team across mental health support.

The key recommendations from the school nursing review were as follows:

Develop a robust workforce development and training plan to look at supporting the service delivery, using skill mix and 'growing their own'.

Develop assemblies on agreed priority areas, as a universal service, with drop ins dependant on the school need. Clarify this enhanced offer.

Clarification of mental health support roles and responsibilities and referral pathways.

0-19 service to be involved in the development of the mental health one-trusted referral pathway (and to communicate this across school settings when pathway redesign is complete).

Safeguarding: Strengthening a system-level approach is required, with multi-agency agreement on the way forward (explore strengthening the integrated front door to triage and support safeguarding meetings).

Further develop communications materials for parents, CYP, schools and health professionals.

Use intelligence more effectively to understand school-level needs and plan service delivery.

Ensure indicators of process and outcomes are appropriate for the service priorities & align to universal outcomes framework for Bradford.

3.4 Service update (February 2022)

The 0-19 service activated its Business Continuity Plan (BCP) in July 2021 due to workforce issues. Since then and continuing into February 2022, there has been a gradual return to face to face services with face to face 6-week baby contact and antenatal contacts reintroduced.

There have been additional pressures from the latest Covid Omicron wave with the workforce affected by sickness and isolation policies.

Throughout the operation of the BCP vulnerable families have continued to receive all 6 universal contacts. Additional support during the pandemic meant 50% of all families continued to receive an antenatal contact, with over 97% receiving a birth visit face to face and over 90% a 6 week contact although this has been largely virtually.

The 1 and 2 year health visitor reviews have also been continued throughout the pandemic, although the 24-30 month review was affected with some children being seen outside.

Currently, performance figures for the health visiting service (October 2021 – December 2021) shows:

- 95% of families received new birth visits within 14 days of birth
- 95% of babies received the 6-8-week health review
- 47% of babies are total or partially breastfed at 6-8 weeks (Public health have just re-commissioned public health breastfeeding services to increase this uptake figure)
- 91% of new mothers are screened for mental health issues and offered support if required

Both the Health Visiting Service and the School Nursing Service are continuing to recruit nurses, to ensure that the Health Visitors and School Nurses are able to focus on complex casework (Safeguarding, Vulnerability, need & risk) as well as prevention and universal activities.

There is now a full mobilisation plan in place to increase public health nurses and other 0-19 service roles across the service focussing on the 5-19 school nurse offer. The plans will see a range of practice developments including:

- Embedding additional safeguarding roles to support initial children's social care requests
- Implementation of a 'chat health' service to improve access to confidential support for older children
- A revised duty service to improve swift referral and sharing of health information with other statutory partners.
- A new model of whole school, whole class opportunities for schools to access health promotion and public health advice.

3.5 Future commissioning arrangements

Since August 2019 Bradford District Care Trust have held the contract and delivered 0-19 services for Bradford District families, children and young people. The contract ends in March 2023 and the Public Health Department within Bradford Council intend to develop an updated specification for the service. This will incorporate the findings of recent service reviews (described above), and an updated healthy child programme with new commissioning guidance available from Public Health England in 2021. This service will still include health visiting and school nursing services, and oral health promotion teams. It will also include the mandated functions of five health checks for young children, the National Child Measurement Programme (NCMP) and a district wide oral health survey; but will also include a broader range of functions fitting with the needs of the Bradford District population.

The Council's Public Health team, alongside the Council's Procurement Service, will work with partners to develop an updated service specification and will lead procurement of the service for a new contract. The new contract is estimated to commence April 2023.

4. Options

Members may wish to comment on the contents of the report

5. **Recommendations**

- 5.1 It is recommended that Members note the contents of the report and continued progress to improve the 0-19 service during the remainder of the contract (to April 2023) and for re-commissioning of the service.

6. **Background documents**

None

7. **Not for publication documents**

None

8. **Appendices**

None