

**NORTH LINCOLNSHIRE COUNCIL**

**ADULTS AND HEALTH CABINET MEMBER**

**PROVISION OF HEALTH AND WELLBEING SERVICE FOR 0-19 YEAR OLDS  
(25 YEARS FOR YOUNG PEOPLE WITH SEND)**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1. To describe current provision of the 0-19s (25 SEND) Health and Wellbeing Service (Health Visiting and School Nursing)
- 1.2. To seek Cabinet Member approval to reprocurse the 0-19 (25 SEND) service

**2. BACKGROUND INFORMATION**

- 2.1 Upper tier local authorities have a legal duty to organise provision of Health Visiting, School Nursing and the National Child Measurement Programme as part of the Healthy Child Programme (HCP). The HCP is a national programme of screening, immunisation, developmental reviews and advice for parents which aim to lay a strong foundation for a healthy life.
- 2.2 Our elements of the Healthy Child programme are for 0-19 year olds, extending to 25 years for young people with special educational needs and disability (SEND). The programme is delivered through six mandated health visitor reviews for every child in the preschool phase, the school nursing service and the National Child Measurement Programme (NCMP). Our approach is called the North Lincolnshire HWS - the Health & Wellbeing Service for 0-19s (25 SEND).
- 2.3 The HWS includes Health Visitors who aim to see every new baby in North Lincolnshire in the first few weeks of life. Health Visiting is an important component of our One Family Approach. The universal coverage of the service makes it ideally placed to support new parents and pick up any problems early. This means that Early Help from the Council, NHS or community organisations, to prevent harm and enable children and their families to thrive, can be targeted early before issues escalate.

- 2.4 The HCP has a particular focus on prevention of ill-health. The work includes enabling bonding and attachment between parents and babies, promoting childhood development child nutrition, including breastfeeding and healthy weight, perinatal, infant and adolescent mental health, smoke free childhoods, misuse of alcohol and other substances and oral health.
- 2.5 The HWS is delivered by a blend of qualified Specialist Public Health Nurses (Health Visitors and School Nurses), Staff Nurses, Community Nursery Nurses, Family Support Workers and Screening Assistants.
- 2.6 In addition to providing support information and advice to parents, the HWS works closely with Schools and Nurseries to provide specialist information, support and advice to teachers and students. There are different offers to suit different groups and needs, including drop-ins, training programmes, information sessions and one-to-one supports.
- 2.7 In 2015 the responsibility for Health Visiting, School Nursing and NCMP transferred from the NHS to Local Government. At the time the services were delivered in parallel and there was a desire locally to move to a more aligned approach around the family with fewer hand offs between service elements.
- 2.8 In 2017 RDaSH were awarded our contract for delivering a new model of service – the HWS, which brought together for the first time, the Health Visiting and School Nursing elements of Public Health Nursing across North Lincolnshire.
- 2.9 RDaSH as providers have worked closely with North Lincs Public Health and Children and Families teams to develop and deliver the HWS to a good standard. Over the period of the contract there has been a great deal of progress in integrating the services and the offer to families.
- 2.10 The aim is seamless integrated support for children and families embodying our One Family Approach. Additional help is targeted when and where it is needed, so children can make the most of the educational and social opportunities available to them to support their development and attainment.
- 2.11 The 2017 contract was awarded for an initial three year period. If the provider discharged its responsibilities under the service specification effectively, there was the option to extend twice for additional twelve month instalments with the same terms and conditions.
- 2.12 The contract has been managed closely, with ongoing reviews of performance and transformation. The service performed above the England average in all the relevant public health domains. A DDR was signed in 2019 for the extension of the contract with RDaSH until July

2022. The provider has achieved all the KPIs and key transformation milestones.

2.13 As the contract draws to an end, a decision is needed in early 2022 on arrangements for future safe delivery from July 2022 and for any longer term transformation of the programme as part of our One Family Approach.

2.14 In preparation, a new service specification has been drafted by the Public Health team in close collaboration with Children & Families, legal and procurement colleagues for the medium term.

### 3. **OPTIONS FOR CONSIDERATION**

In preparation for the end of the contract, several options have been considered.

3.1 To do nothing

3.2 To redesign and recommission the HWS

3.3 To re-procure the HWS

3.4 To explore other delivery mechanisms for the service including bringing the service in-house

### 4. **ANALYSIS OF OPTIONS**

#### 4.1 **To do nothing**

4.1.1. If this option were selected the Council would be not compliant with its legal duty to arrange provision of mandated services.

#### 4.2. **To re-design and recommission the 0-19 (25 SEND) Health and Wellbeing Service**

4.2.1. The current contract will finish on 31st July 2022, a full redesign and recommissioning process would require the current contract to be urgently renegotiated for extension, possibly incurring additional cost as a result.

4.2.3 The current service design is regarded as largely fit for purpose – key outcomes for children are delivered alongside transformation and integration in line with the One Family Approach.

#### 4.3 **To re-procure the 0-19 (25 SEND) Health and Wellbeing Service**

4.3.1 Re-procuring the service would be a more efficient process than a full redesign and recommission, with less risk for contract renegotiation and extension.

4.3.3 The service specification and performance indicators are largely fit for purpose and have been amended.

4.3.4 A reprocured service would run on a 3 year contract with optional extensions which is long enough to attract a strong provider but would include a 6 month break clause.

**4.4 To consider alternative delivery models including bringing the service in-house**

4.4.1 The new Greater Lincolnshire Public Health arrangements, which start 21/02/22 offer a particular opportunity over the next 18 months for learning from others who arrange their services in a different way. Both Lincolnshire CC and North East Lincolnshire do not commission external delivery of these services.

4.4.2 Shifting away from NHS delivery would represent a major change for the service, professionally led by Nurses and Health Visitors. We have benefitted from strong performance from our current provider and there may be a risk from destabilisation.

4.4.3 The process of shifting away from an established provider is complex and will involve TUPE, CQC registration, establishment of clinical risk and governance systems, linkage with DH reporting systems and professional registration and training. Review and implementation of new models for similar services in other LAs has taken 18 months to 2 years.

**5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

5.1 The Services are funded through the Public Health Grant.

5.2. Changing the service design and/or delivery is likely to incur costs which are not budgeted for.

**6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1. No identified implications in terms of section 17, Crime and Disorder Act 1998.

6.2. Integrated Impact Assessment conducted in 2016. No negative implications identified.

6.3. Local authorities have a legal duty to commission elements of the Healthy Child Programme. The Local Authority elements of the programme are delivered through 6 mandated universal health visitor

reviews (UHVR) in the preschool phase and the National Child Measurement Programme (NCMP) in the primary phase of a child's life.

- 6.4. The HWS contributes to the delivery of the following North Lincolnshire Council strategies and ways of working:
  - The Children's Commissioning Strategy 2020 to 2024
  - Helping Children and Families in North Lincolnshire 2020/24
  - The One Family Approach
- 6.5. The HWS works within North Lincolnshire's Organisational Model identified within the 'Helping Children and Families' document which places children, young people, and families at the centre of a system that works for all.
- 6.6. The HWS works to improve public health outcomes as set out in the National Public Health Outcomes Framework <https://www.gov.uk/government/collections/public-health-outcomes-framework> demonstrating leadership and contributing directly to the four domains: Health Improvement. Wider determinants of health. Health protection. Health Care Public Health.
- 6.7. The HWS acts directly to reduce health inequalities as articulated by the North Lincolnshire Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.

## **7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 No Integrated Impact Assessment (IIA) has been carried out. The previous IIA completed as part of the commissioning process for the 0-19 (25 SEND) Health and Wellbeing Service in 2016 showed no negative impacts.

## **8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 8.1 No consultation has yet taken place.
- 8.2 No conflicts of interest declared.

## **9. RECOMMENDATIONS**

- 9.1 In order to secure continued safe provision of these essential services, option 3.3 is recommended, to re-procure the HWS.
- 9.2 One delivery is assured, that a mechanism is put in place to formally review the service, to explore alternative delivery models and recommend future arrangements. The review would be led through the

Greater Lincolnshire Public Health arrangements and would expect to complete by the end of the year.

DIRECTOR OF PUBLIC HEALTH

Church Square House  
30-40 High Street  
SCUNTHORPE  
North Lincolnshire  
DN15 6NL  
Authors: Tessa Lindfield  
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**Background Papers used in the preparation of this report:**

Healthy Child Programme [Healthy child programme 0 to 19: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](#)

Commissioning of public health services for children  
[www.gov.uk/government/publications/commissioning-of-public-health-services-for-children](http://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children)

Children special educational needs and disabilities (SEND)  
[www.gov.uk/children-with-special-educational-needs](http://www.gov.uk/children-with-special-educational-needs)

School nursing: Public health services  
[www.gov.uk/government/publications/school-nursing-public-health-services](http://www.gov.uk/government/publications/school-nursing-public-health-services)

North Lincolnshire Children's Commissioning Strategy 2020/24 [Children's Strategy 2020 - North Lincolnshire Council \(northlincs.gov.uk\)](#)