

## Report to Health Scrutiny Committee

# Healthy Child Programme

### **Portfolio Holder:**

Councillor Zahid Chauhan, Cabinet Member for Health and Social Care

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### **Purpose of the Report**

The Health Scrutiny Committee has requested a report on the Healthy Child Programme in Oldham.

### **Summary of the issue:**

This report provides an overview of the delivery of the Healthy Child Programme in Oldham, and the progress over the past twelve months. The report outlines the current performance of the related services, and the engagement work that is happening with parents, and young people.

## 1. Background

1.1 The Healthy Child Programme (HCP) was launched 11 years ago and is still the national evidence based universal programme for children aged 0-19. The programme provides the bedrock for health improvement, public health and supporting families. The HCP is not the responsibility of any individual service but is instead a partnership approach. The programme is led by health visiting and school nursing: our 0-19 public health nursing services



- 1.2 Work is happening at a national level to modernise the programme over the next few years. The aim is to ensure the programme is both current in terms of evidence and context. There will be a greater focus on local assets and community-based approaches as well as ensuring the services put children at the heart of how the HCP is delivered whilst ensuring that the programme has a stronger emphasis on what works.
- 1.3 Although the HCP currently is a 0-19 programme, it is moving to include pregnancy care, and 19-24 year olds where appropriate. This will be in line with the approach in Oldham Council and will enable a strong focus on prevention even before birth.
- 1.4 In Oldham, our health visiting and school nursing services are currently delivered by Bridgewater Community Healthcare NHS Foundation Trust in an integrated service with Children's Centres, and Early Education support. The contract for this service comes to an end on the 31<sup>st</sup> March 2022 and Cabinet agreed in March 2021 to move this set of services for children and young people into the Integrated Care System arrangements as part of a partnership approach.
- 1.5 Local Authorities are mandated to provide some key public health services, and Bridgewater provide a number of these on our behalf. These are
- health visitor reviews of pregnant women and young children,
  - weighing and measuring children at Reception and Year 6, and
  - oral health promotion programmes as deemed necessary for the area

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## 2. Current Data in Oldham

2.1 Overall, compared with England averages, the health and wellbeing of children in Oldham is worse than England. Health outcomes for children are impacted by poverty in a similar way that health outcomes for adults are. In fact, as the recent 10 year update on the Marmot Review argued “Poverty experienced during childhood harms health at the time and throughout the rest of life.”<sup>1</sup> In Oldham, we have areas of high rates of deprivation and the latest figures are that 38% of children in Oldham live in poverty<sup>2</sup>. Health inequalities affect residents of Oldham of all ages.

- 13.6% of women smoke while pregnant which is worse than England. Our rates are improving though.
- Breastfeeding rates are worse than England. 49.1% of newborns received breast milk as their first feed. By 6 to 8 weeks after birth, 39.5% of mothers are still breastfeeding. This proportion has increased slowly over recent years though, and we have seen improvements in some of our wards with the lowest rates of breastfeeding.
- Dental health is worse than England. 43.2% of 5 year olds have experience of dental decay. As a response to this, the Right Start service includes an Oral Health element which will be included in the new model to support good oral health in children under 5 years.
- 11.7% of children in Reception and 26.8% of children in Year 6 are obese. We are similar to the national average in Reception but by Year 6, a greater proportion of our children are obese than the national average. Our new health improvement and weight management service, Your Health Oldham includes a family weight management offer. There is a referral process from school nursing, and schools for families to access this.
- The teenage pregnancy rate is worse than England, with 120 girls becoming pregnant in a year. Our new integrated Sexual Health and Substance Misuse service for young people, which started in April 2021, works to support young people to access reliable contraception.

2.2 There are some areas where we do have similar, or better outcomes than the England Average. These include:

- The uptake of our routine childhood immunisations good and generally at or above the recommended coverage. The MMR immunisation level meets recommended coverage (95%). By age 2, 95.9% of children have had one dose. COVID-19 will likely to have impacted on this figure and we are looking at what we can do locally to catch up on any missed immunisations.
- In 2018/19, there were 10,565 A&E attendances by children aged four years and under. This gives a rate which is better than England.

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<sup>1</sup> [https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England\\_The%20Marmot%20Review%2010%20Years%20On\\_executive%20summary\\_web.pdf](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)

<sup>2</sup> <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2020/children-in-low-income-families-local-area-statistics-fye-2015-to-fye-2020>

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- The rate of child inpatient admissions for mental health conditions at 83.9 per 100,000 is similar to England. The rate of self-harm (10-24 years) at 366.5 per 100,000 is better than England.
  - The percentage of young people aged 16 to 18 not in education, employment or training is better than England at 4.4%.

### **3. Current Service**

- 3.1 The service generally performs well in relation to the mandated contacts by health visitors. Other than the New Birth Visit, the service completes more than the England average for other contacts. There are some challenges to meeting the New Birth Visit target which the service is working on. These include babies that are still in hospital when the visit is due, or families who go to visit other family when the baby is born. The latest data showed that 86% of parents had a New Birth Visit within 14 days and then a further 11% had them after this time.
- 3.2 The service provides expert input into our MASH (Multi-Agency Safeguarding Hub) in order to support the health input into these multiagency assessments. There has been an increase in demand in relation to safeguarding since the start of the pandemic, and so this input has increased.
- 3.3 In March 2020 the service implemented its business continuity plan in line with correspondence received from NHS England / NHS Improvement dated 19.3.20 which set out how providers of community health services should release capacity to support the COVID19 preparedness and response "Prioritisation within Community Services;
- 3.4 The service carries out an ASQ-3 assessment as part of the 2-2 and a half year review. This measures development in five domains. In the latest data, from Sept-Dec 2020, 65% of children were at, or above the expected level of development in all five domains.
- 3.5 Group sessions were also suspended last year. They moved to virtual sessions, and then, when the restrictions allowed, the service offered some sessions outside.
- 3.6 Face to face home visits and clinic visits by appointment were maintained with a focus on those children Subject of Child Protection Plan, Children Looked After, Children in Need, Children with Special Educational Needs and Disabilities and other children and families identified as vulnerable.
- 3.7 The service worked with key partners across the Oldham economy to explore redeployment needs. A total of 12 Right Start and School Nursing staff were redeployed during May and June across critical services. The staff returned to the service when appropriate following negotiation with individual services. All staff had returned by mid-July 2020. Department of Health and Social Care currently do not recommend any further redeployment from these services due to the essential nature of the care.
- 3.8 The service implemented the following changes in practice over the past year in order to support families through the pandemic.
  - Ensured the focus was on those most vulnerable by carrying out caseload review and identification of all vulnerable children (Child Subject of Child Protection Plan / Child in Care / Child in Need / child with SEND / extremely clinically vulnerable children)

- Providing ongoing support to families identified with lower level needs to prevent escalation including creative opportunities for face to face assessments (pram walks / garden visits / park visits / doorstep child growth monitoring)
- The service provided daily appointment-based healthy child clinics for parents who were reluctant to allow professionals into their homes as well as for the delivery of packages of care
- The service developed a video in an attempt to allay parental fears of accessing services. The video described the COVID-19 safe arrangements that were in place in order to keep both families and staff safe whilst also stressing the importance of taking up the Healthy Child Programme.
- Greater use of virtual support for staff including virtual training, and clinical supervision

3.9 The service successfully achieved UNICEF level 3 baby friendly accreditation in January 2020 and is now working towards the Gold “Achieving Sustainability Standard

3.10 The service provides a universal “Babbling Babies” offer that provides strategies for families to support their child’s communication development. Over the pandemic the service has embedded virtual stay and play and baby play group delivery via Zoom and has widened participation. In some areas such as Glodwick the sessions seem to be more accessible and reaching families where it was difficult to engage them in face to face sessions. The changes to practice have ensured that during this time large numbers of parents have received telephone/video contact with Babbling Babies’ strategies to support their child’s development. In Quarter 4 nearly 900 families were engaged with these strategies

3.11 Other developments include the delivery of a targeted speech and language programme called “Little Talkers” groups. The programme was initially delivered during 2020/21 through video link then moving to face to face within the home during quarter’s 3 and 4. Families have engaged well during this quarter 3 and 4 welcoming the speech and language assistants into their home. The service is being evaluated currently.

#### **4. Future of the Healthy Child Programme and Right Start Model in Oldham**

4.1 The service is part of a longer-term strategic drive to further integrate children and family services with local health and care provision, creating a cohesive responsive system in the best interest of children and families. We want to move to integrated and collaborative working with our partners with less emphasis on commercial commissioning, setting aside bureaucracy as well as delivering the place-based ambitions we have locally within Oldham to wrap around communities more.

4.2 The current Right Start and School Nursing Service has been provided by Bridgewater since 1st April 2016. The contract was extended in 2020 for one year from 2020 to 2021 and approval has recently been given to extend it for another year from 2021 to 2022 due to the COVID-19 outbreak. This is an opportunity to redesign the service in line with our aspiration to work in a more integrated way, creating a better experience for children and families and better utilisation of the 16 children’s centres across the Oldham borough.

4.3 Cabinet agreed in March 2021 to move the 0-19 public health services for children and young people, including health visiting, family nurse partnership, oral health promotion and school nursing elements into the Integrated Care System arrangements as part of a partnership approach.

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4.4 We have a real drive to build an all-age system for Oldham that involves our local communities and collaborates with all local partners. We need to ensure that support for children, young people and families is at the heart of the integrated place-based approach in Oldham. We need to have the new model in place for the initial services by 1<sup>st</sup> April 2022 with new contracting arrangements.

4.5 In order to deliver this ambition, we have developed a transformation programme for the 0-19 services currently delivered by Bridgewater. This programme is leading on the work needed to transfer the services to the Council, and the NCA on the 1<sup>st</sup> April 2022.

4.6 The aims of this programme of work are;

- Delivering transformative, integrated services in the five-district model
- To ensure that families in Oldham know how to get the right support, when and where they need it
- To provide robust performance management and financial management of all services for children and families focusing on outcomes
- To facilitate information sharing between children's services to ensure families only need to tell their stories once
- To provide a definition of Oldham's integrated model for children, young people and families
- To support the strategic priority from our Locality Plan "Ensuring the right care in the right place by the right person at the right time as close to home as possible" (Overarching Strategic Quality Priorities - Oldham Locality Plan 2019 – 2024)
- To ensure a consistent governance and oversight for the whole system

4.7 A key element of the Oldham approach is taking a strengths-based and person-centred approach to understand what matters to people rather than being led by service priorities to build a system which works for residents.

4.8 The relationships between the Children's Centre sites, families and other delivery sites and/or services are equally important to ensure a whole family approach and, as far as possible, a seamless, integrated service. An indication that this is working well is when a family need tell their story only once and services and people then work together to give that family the support they need.

## **5. Engagement work**

5.1 The new model will require a formal public consultation. This is an opportunity to formally gather feedback from the public on any proposed changes, and flex any proposed model in response to the feedback. We want to ensure that we are co-producing the new model with families so we are carrying out a range of engagement activities.

5.2 Feedback from Families with children under 5 years:

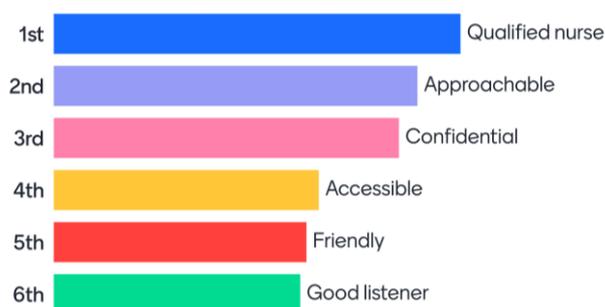
- The Early Years Strategy was published earlier this year, and we gathered a wide range of views from parents of children aged under 5. There were 206 respondents combined between survey answers, and virtual community discussions.

- When asked “what could we do better?” 38% of survey respondents said ‘accessible and affordable groups/activities/childcare’ and 37% said ‘support for parents and carers’. More than a third of respondents said that parents go to health professionals for support with their children’s development. Other sources were Homestart, and support groups such as WhatsApp mum’s groups.
- There was feedback on the importance of using outdoor spaces, and other activities for children. Although the focus in these conversations was on children under 5, it was clear that many families have older children as well.
- Opening times was also raised here: ‘Doing things that aren’t always during the day or on weekdays. I don’t have anywhere to go with my little boy during the weekends’

### 5.3 Engagement has already begun with young people. Oldham Youth Service spoke to groups of young people about school nursing service

- The majority of young people we spoke to were not sure of the difference between a school nurse and the person in the school who does first aid. There was a lack of knowledge of how to access the service but most of the young people said they would appreciate support and advice from a trained nurse, who was accessible.
- The key topics they wanted help on were: mental health, support around stress and anxiety, relationships and sexual health. They wanted face to face support, as well as help via text and online.
- One young person said that they wanted: “Free medical advice that may be too embarrassing to ask parents, teachers or friends”

#### What are the most important features/characteristics of a school nurse?



5.4 We have an online survey now live which is aimed at families with children aged over 5 which asks about parenting support, children’s centres, and access. In addition, we are working with local VCS partners to carry out targeted face to face sessions to explore what families need in more details. This will include families with children with SEND, dads, and families who may be digitally excluded.

5.5 We have carried out various sessions with professional partners to gather their insights and innovative ideas. These have included council services, health partners, amongst others. Initial findings include the range of opportunities for public health messages and support for families to be delivered in innovative settings. Also, it was clear that Oldham has a wide range of communities and how important it is for the service to be able to flex to respond to these.

## 6. Recommendations

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6.1 The Health Scrutiny committee are asked to note the progress on the transformation programme and support the ongoing actions to further develop the integrated model for 0-19 services in Oldham.