



# City of Doncaster Council

## Agenda

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To all Members of the

# CABINET

**Notice is given that a Meeting of the Cabinet is to be held as follows:**

**Venue:** Council Chamber, Civic Office, Waterdale, Doncaster, DN1 3BU

**Date:** Wednesday, 24th May, 2023

**Time:** 10.00 am

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**Damian Allen  
Chief Executive**

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Issued on: Tuesday, 16 May 2023

**Governance Services Officer for this meeting:**

Andrea Hedges  
Tel. 01302 736716

City of Doncaster Council

[www.doncaster.gov.uk](http://www.doncaster.gov.uk)

## Items

1. Apologies for Absence.
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Public Questions and Statements.

**(A period not exceeding 20 minutes for questions and statements from members of the public and Elected Members to the Mayor of Doncaster, Ros Jones. Questions/Statements should relate specifically to an item of business on the agenda and be limited to a maximum of 100 words. As stated within Executive Procedure Rule 3.3 each person will be allowed to submit one question/statement per meeting. A question may only be asked if notice has been given by delivering it in writing or by e-mail to the Governance Team no later than 5.00 pm on 19th May 2023. Each question or statement must give the name and address of the person submitting it. Questions/Statements should be sent to the Governance Team, Floor 2, Civic Office, Waterdale, Doncaster, DN1 3BU, or by email to [Democratic.Services@doncaster.gov.uk](mailto:Democratic.Services@doncaster.gov.uk)).**

4. Declarations of Interest, if any.
  5. Decision Record Forms from the meeting held on 26th April 2023 for noting (previously circulated).
- A. Reports where the public and press may not be excluded**

### **Key Decisions**

6. Healthy Child Programme for 0-5 year olds and procurement of Health Visiting and Smoking in Pregnancy services.

## **Cabinet Members**

### **Cabinet Responsibility For:**

**Chair – Ros Jones, Mayor of  
Doncaster**

Budget and Policy Framework

**Vice-Chair – Deputy Mayor  
Councillor Glyn Jones**

Housing and Business

Councillor Lani-Mae Ball

Portfolio Holder for Education, Skills and Young  
People

Councillor Nigel Ball

Portfolio Holder for Public Health, Leisure, Culture  
and Planning

Councillor Joe Blackham

Portfolio Holder for Highways, Infrastructure and  
Enforcement

Councillor Rachael Blake

Portfolio Holder for Children’s Social Care,  
Communities and Equalities

Councillor Phil Cole

Portfolio Holder for Finance and Trading Services

Councillor Mark Houlbrook

Portfolio Holder for Sustainability and Waste

Councillor Jane Nightingale

Portfolio Holder for Corporate Resources

Councillor Andrea Robinson

Portfolio Holder for Adult Social Care

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## City of Doncaster Council

### Report

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Date: 24/05/23

To: Chair and Members of the Cabinet

Report Title: Healthy Child Programme for 0-5 year olds and procurement of Health Visiting and Smoking in Pregnancy services

Relevant Cabinet Member(s)	Wards Affected	Key Decision?
Councillor Nigel Ball, Cabinet Member for Public Health, Leisure and Culture	All	Yes

### EXECUTIVE SUMMARY

1. The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children aged 0-5 years. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the Healthy Child Programme (HCP) delivered via 5 mandated visits.
2. The 0-5 element of the HCP is led primarily by health visiting services, providing place-based services and working in partnership with other early year providers including midwifery, Family Hubs, and early years inclusion teams.
3. Doncaster incorporates smoking cessation services for pregnant and post-natal women into the 0-5 HCP pathway. This integrated model sees specialist stop smoking advisors sitting alongside and working with health visiting teams.
4. Both services perform well against their performance indicators and compare well against standardised indicators to other regional and national services. For this reason we do not recommend any major changes to the current delivery model.



5. The re-procurement of service does however offer an opportunity to review provision and identify opportunities where improvements might be made. Opportunities through the Start for Life programme have been identified to up-skill and expand health visiting remit, as well as support better partnership working with other early years providers.
6. The health visiting and smoking in pregnancy service are provided by Rotherham, Doncaster and South Humber NHS Trust (RDaSH). Both service contracts come to an end 31.03.2024. All contract extension options have been exhausted.

## **EXEMPT REPORT**

7. There is no exempt information contained in the report

## **RECOMMENDATIONS**

8. Recommendation 1: Cabinet is asked to agree the delivery model for Healthy Child Programme (HCP) for children aged 0 to 5 years old via health visiting and smoking in pregnancy services.
9. Recommendation 2: Cabinet is asked to agree to commencement of a tender process to find a suitable provider or providers to deliver the HCP, including smoking in pregnancy services, for children aged 0 to 5 years old in Doncaster.
10. Recommendation 3: That Cabinet APPROVE the delegation of the contract award to the Director of Public Health, after consultation with the Portfolio Holder for Public Health and subject to compliance with the Council's Contract Procedure Rules.

## **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

11. The foundations for virtually every aspect of human development - physical, intellectual and emotional – are set in place during pregnancy and in early childhood. Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through robust children and young people's public health. This is brought together in the national HCP.
12. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP via 5 mandated universal checks and assessments. The HCP promotes child development and aims to improve child health outcomes. The 0-5 element of the HCP is led primarily by health visiting services, providing place-based services and working in partnership with other early year providers including midwifery, Family Hubs, and Early Years inclusion teams.

13. Doncaster incorporates smoking cessation services for pregnant and post-natal women into the 0-5 HCP pathway. This integrated model sees specialist stop smoking advisors sitting alongside and working with Health Visiting teams. This model has contributed to a reduction in smoking during pregnancy since its implementation in 2015. Smoking in pregnancy is a major contributor to higher infant mortality in the routine and manual socio-economic group. Continuing to support families during pregnancy and after the birth of their child to stop smoking is a child health priority and integral to reducing health inequalities.

## **BACKGROUND**

### **Delivery of the Healthy Child Programme (HCP) through health Visiting Services and smoking cessation services for pregnant women**

14. The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children aged 0-5 years. All families with a child aged 0-5 years and all pregnant women currently resident in the local authority area must be offered the HCP. At present, there are 5 mandated HCP universal checks and assessments: Antenatal contact; New Birth visit (NBV); 6-8 week visit; 12 month visit; 2-2 ½ year assessment.
15. The HCP 0-5 is a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.
16. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.
17. The 0-5 element of the HCP is led primarily by health visiting services, providing place-based services and working in partnership with other early year providers including midwifery, Family Hubs, and early years inclusion teams. Health visitors, as public health nurses, use strength-based approaches, building non-dependent relationships to enable efficient and effective working with parents and families to support behaviour change, promote health protection and to keep children safe.
18. The health visiting service utilises a multi-discipline team comprising of health visitors, nurses, community nursery nurses, and health promotion advisors, to deliver the HCP.

19. Health Visiting teams operate using the national '4-5-6' delivery model:
  - Four progressive tiers of health visiting practice – building community capacity; the universal elements of the HCP; targeted interventions to meet identified need, and partnership working to meet complex needs.
  - Five universal HCP checks and reviews in line with the proposed mandate of local authority commissioning of the five universal checks and reviews.
  - Six high impact areas – maternal and family mental health; transition to parenthood; breastfeeding; healthy weight and nutrition; child development and ready to learn; and managing minor illness/accident prevention.
  
20. The six high impact areas articulate the contribution of health visitors to the 0-5 agenda and describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities.
  
21. Health visitors undertake a holistic assessment in partnership with the family, which builds on their strengths as well as identifying any difficulties. It includes the parents' capacity to meet their infant's needs, the impact and influence of wider family, community and environmental circumstances.
  
22. This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered. Working with parents and families, health visitors identify the most appropriate level of support and intervention for their individual needs.
  
23. The health visiting offer should be personalised to respond to families' needs across time. For most families this will be met by the universal offer of 5 mandated health checks, however this is not the extent of the health visiting offer for families who may also require additional support.
  
24. The 4 progressive tiers of service intervention allows for flexibility to respond to the need of individuals and families. Universal reviews can be utilised to identify needs and to develop a support offer that can be delivered within service where appropriate, or signpost to community support or specialist services if required.



25. Additional visits can be provided where the need arises as demonstrated by the below case study:

Case Study	
<b>Family background</b>	Single female parent aged 22 years. Just ended relationship with partner. He was reported to be emotionally controlling. Mum was on a child protection plan as a teenager and her younger sisters still are. Past history of occasional self-harming as a teenager. History of post-natal depression following births of Boy A and Boy B. Managed with antidepressants. Previous history of “sofa surfing” with Boy A & B but continuously returned to live with ex-partner and became pregnant.
<b>Summary of care provided</b>	<p>6-8 week review completed. Postnatal Promotional Guide used. Breastfeeding but mum struggling to cope with low mood and managing 3 young children and breastfeeding. Mum wants to continue breastfeeding. Emotional support and tips to help to sustain breastfeeding.</p> <p>Refused Early Help, counselling and support from Changing Lives, GP support. Refused to complete the PHQ/GAD7 as she reports that the last time she did one she had counselling and didn’t find the counselling useful. Agreed referral to Family hub to help mum take children to local growing friends.</p> <p>Mum very tearful. Due to mums low mood and history of post-natal depression, agreed for HV to commence listening visits.</p> <p><b>9 home visits were completed.</b> Contents of visits included:</p> <p>Used motivational interviewing and discussed cognitive thoughts and used basic CBT to commence plan of care to set realistic short and long term goals. Explained mindfulness techniques. Reflected on her previous and current coping strategies. Discussed views on parenting and her relationships with ex-partner and her own parenting experiences. Mum was very engaging with HV. After 5 visits, eventually her self-esteem was raised. She started making new friends and accepting help from them. She started to realise that she was a “worthwhile” person and started to meet her own needs too. She used all techniques discussed and at one point said that this was the first time she had ever felt emotionally healthy and happy living on her own. She declined to recommence a relationship with her ex-partner and reported that she “deserves better”. Mum did not attend counselling or recommence antidepressants. She is using the learnt coping strategies. No low mood. At all times mum managed to meet the needs of her children.</p>
<b>Parent Feedback</b>	Mum is now applying for college with support from the parent engagement worker and looking forward to getting a job. She has lots of friends and knows she can contact HV if support out of universal core programme needed. HV to complete baby girls 10-12month review (mum requested this)

26. Further case studies can be found at the end of this report.

27. The health visiting delivery model for Doncaster offer also incorporates additional elements to support health and wellbeing needs of Doncaster children and families:
- a. The smoking in pregnancy service sits within the health visiting pathway and offers women who smoke and their families support to stop smoking and maintain a smoke free home environment. It is a robust opt out service that continues to offer support to engaging and non-engaging clients from conception up to the child's first birthday.
  - b. The enhanced pathway support vulnerable parents from pregnancy offering additional intensive support for families who need extra support over and above the universal offer. Mothers with vulnerabilities including substance abuse issues, mental health issues, and domestic abuse are eligible for the enhanced health visiting pathway.
  - c. Health visiting teams support good oral health through the distribution of oral health packs to all families in the first year after the birth of their baby. Packs include toothbrush and toothpaste, bed time story book, and information for carers on good oral health.
  - d. All pregnant women in Doncaster receive a supply of Healthy Start vitamins. Healthy Start is a national means tested programme providing pregnancy vitamins and food vouchers for families in receipt of certain benefits. All women in Doncaster receive pregnancy vitamins, regardless of eligibility for the national programme, to support a healthy pregnancy and this is administered via our health visiting service.
28. The health visiting and smoking in pregnancy service are provided by Rotherham, Doncaster and South Humber NHS Trust (RDaSH). Both service contracts come to an end 31.03.2024. All contract extension options have been exhausted.

### **Local data – key points**

29. Doncaster still has some way to go in improving health outcomes for children (see Table1). Despite Doncaster being worse than the national average for some outcomes, recent data indicates improvements in several areas including smoking during pregnancy, breastfeeding at 6-8 weeks, and tooth decay in 5 year olds. Deep rooted social and systemic causes of poor health require whole systems approaches to tackle, and universal child health services such as health visiting and smoking in pregnancy service play a key role.

	Doncaster	England	Recent trend
Low birth weight of term babies	2.9%	2.9%	No change
Smoking at time of delivery	14.1%	9.6%	Improving
Breastfeeding initiation	62.9%	67.4%	No change
Breastfeeding at 6-8 weeks	33.5%	47.6%	Improving
Obese children (4-5 years)	12.3%	9.9%	Getting worse
5 year olds with dental decay	32.7%	23.7%	Improving

Table 1.

30. Ill health is not equally distributed within the population, and this is also true when it comes to the health of young children. We know that children from more deprived areas suffer more incidence of overweight and obesity, have worse oral health, and higher incidence of infant mortality. Women who smoke during pregnancy are more likely to be from deprived backgrounds.

### **Delivery model going forward**

31. All indications are that both health visiting and smoking in pregnancy services can operate effectively given the current 'ask' and resource available. In a recent benchmarking exercise against 26 other health visiting services across England, Doncaster services were above average for the number of contacts per service user, the time spent in face-to-face contacts with service users, and the number of NHS band 5 and band 6 clinical staff (qualified nurses and health visitors).
32. Both services perform well against their contractual performance indicators and compare well against most standardised indicators to other regional and national services. For this reason, we do not recommend any major changes to the current delivery model.

33. The re-procurement of service does however offer an opportunity to review provision and identify opportunities where improvements might be made. Whilst consultation is ongoing, several key themes for improvement have already been identified including more support with infant feeding and nutrition, better support for women and partners with perinatal mental health issues, and improved communication with early year's settings to support children with developmental delay.
34. The implementation of the Start for Life programme has been identified an opportunity to up-skill and expand health visiting remit, as well as support better partnership working with other early years providers. The additional monies supporting the early years offer means additional resource to support training and in some cases, temporarily fund specialist posts.
35. Regardless of Start for Life programme requirements, ensuring more robust partnerships with other key early years providers will be a key focus in the service specification. Changes to working patterns and the COVID-19 pandemic have impacted on relationships between services and the provider from April 2024 will be expected to detail how they intend to improve working relationships for the commencement of the new contract.
36. The proposed contract length for the service to deliver HCP, including smoking in pregnancy services, is 4 years plus the option to extend for a further 2 years.

## **OPTIONS CONSIDERED**





37. Option 1 – To retender HCP for 0-5 year olds using current service delivery model with minor amendments to improve offer in those areas identified through consultation
38. Option 2 – To retender HCP for 0-5 year olds using an alternative delivery model
39. Option 3 – Do nothing
40. Option 1 is the preferred option.





## **REASONS FOR RECOMMENDED OPTION**

41. Providing the 5 mandated HCP visits is a requirement of the Local Authority under the Health and Social care act 2012. The current service delivery model in general, works well in the Doncaster context. Whilst there is room for improvement, major changes to the service delivery model or requirements of the service offer may result in a less efficient, poorer quality service overall.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

42.

Great 8 Priority	Positive Overall	Mix of Positive & Negative	Trade-offs to consider – Negative overall	Neutral or No implications
 <b>Tackling Climate Change</b>				✓
 <b>Developing the skills to thrive in life and in work</b>	✓			
<p>Early childhood is an important period of rapid brain growth. Attachment and good maternal mental health shapes a child's later emotional, behavioural and intellectual development. Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. Health visitors lead the 2 to 2 and a half year health and development review as part of the HCP. This review enables health visiting teams to assess a child's progress, aiming to optimise child development and emotional wellbeing, reduce health inequalities and promote school readiness.</p>				
 <b>Making Doncaster the best place to do business and create good jobs</b>				✓
<p>Comments:</p>				
 <b>Building opportunities for healthier, happier and longer lives for all</b>	✓			
<p>The HCP 0-5 years offers every family an evidence-base programme of interventions, including screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. It is a prevention and early intervention public health programme aiming to support parents at this crucial stage of life, promote child development, improve child</p>				

health outcomes and ensure that families at risk are identified at the earliest opportunity.				
 <b>Creating safer, stronger, greener and cleaner communities where everyone belongs</b>				✓
Comments:				
 <b>Nurturing a child and family-friendly borough</b>	✓			
The HCP is a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.				
 <b>Building Transport and digital connections fit for the future</b>				✓
Comments:				
 <b>Promoting the borough and its cultural, sporting, and heritage opportunities</b>				✓
Comments:				
<b>Fair &amp; Inclusive</b>	✓			
The universal nature of the health visiting service means that the service will work hard to ensure all families have to opportunity to be seen, at the very least at the mandated visit times. Coverage is good with some of the mandated visits exceeding 95% of families within specified timeframes. Visits usually take place in the family home ensuring accessibility to the service is not an issue. Health visitors are generally well accepted by families from all walks				

of life, but in particular by families who have been traditionally underserved by health services for example, in Gypsy, Roma, and Traveller communities.

**Legal Implications [Officer Initials: PCol \_\_ | Date: \_17<sup>th</sup> April 23\_\_\_\_\_]**

43. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do.
44. Section 111 of the Local Government Act 1972 gives the Council the power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.
45. Section 2B of the National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) places a duty on Councils in England to take appropriate steps to improve the health of the people who live in their area.
46. The procurement of a provider must be undertaken in accordance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.
47. Legal Services should be consulted at the earliest opportunity to provide the contractual documentation.

**Financial Implications [Officer initials: HR Date: 20/04/23]**

48. The Council receives a ring fenced Public Health grant annually (£26.1m in 23/24) from which there are a number of prescribed and non-prescribed functions to be funded from this grant which both include Children's 0-5 Service. The current Children's 0-5 Commissioned service has an annual budget of £6.496m which is fully funded from the Public Health Grant. Any future increase to the cost of the new contract will need to be met from the Public Health grant.
49. Where the council receives an uplift in the Public Health grant specifically to cover NHS pay increases this is currently passed on to the provider if relevant via a contract variation and therefore increases the overall annual cost of the service. If the council does not receive this uplift the contract needs to be clear where the responsibility of meeting these additional costs sit in order to avoid future financial pressures on the Public Health grant.

**Human Resources Implications [Officer Initials: EL | Date: 18/04/23]**

50. There are no specific human resource implications with this report.

**Technology Implications [Officer Initials: PW | Date: 12/04/23]**

51. There are no anticipated technology implications in relation to this report.

## RISKS AND ASSUMPTIONS

52. Failure to fulfil the local authority's statutory responsibility for commissioning delivery of 5 mandated HCP visits for children aged 0-5 years.
53. Substantial change in size or status of ring-fenced public health grant. This option assumes that the public health grant continues to be ring fenced and is of a similar quantum. A reduction in the grant will require additional savings and if the ring fence is removed, the Council may choose to use the grant differently and/or take money out of contracts.
54. Insufficient volume in contracts. As reductions in investment in any programme are almost entirely related to staff costs there is a possibility that clinical or 'face to face' hours will be reduced and waiting lists will have to be introduced. Risks associated with this scenario include:
  - Emerging issues with vulnerable and at-risk children and families are missed due to reduced opportunities to have sight of them
  - Increased time between referral and intervention thus there is potential for service users conditions to get worse thus requiring more intensive, costly treatment
  - The reduced hours of provision may mean that staff are not able to adequately support children and families with multiple and complex needs, this may mean costs in other areas.
55. Regionally and nationally services have experienced difficulty recruiting Health Visitors during the COVID-19 pandemic. The service we has an ageing workforce and leading up to the changes in the NHS pension scheme that came into play in April 2022 there was an upsurge in requests to flexibly retire.

## CONSULTATION

56. Consultation with public and other stakeholders is currently ongoing.

## BACKGROUND PAPERS

57. Health visiting and smoking in pregnancy service case studies:



Case studies\_1.docx Case studies\_2.docx

58. Child Health Profiles

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Healthy Child Programme: 0- to 5 years

[Healthy Child Programme: Pregnancy and the First 5 Years of Life - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



Universal Health Visiting service: Mandation review  
[Universal health visiting service: mandation review - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Family Hubs and Start for Life Programme: Local Authority Guide  
[Family Hubs and Start for Life programme: local authority guide - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

59.

HCP	Healthy Child Programme
RDaSH	Rotherham, Doncaster and South Humber NHS Trust
NBV	New Birth Visit
NHS	National Health Service

## **REPORT AUTHOR & CONTRIBUTORS**

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