

HEALTHY CHILD PROGRAMME UPDATE

To: Health Committee

Meeting Date: 6th December 2018

From: Dr Liz Robin, Director of Public Health

Electoral division(s): All

Forward Plan ref: N/A

Key decision: No

Purpose: The purpose of this report is to update the Health Committee on the workforce and financial issues in relation to the 0-19 Healthy Child Programme (0-19 HCP) and work undertaken to integrate the service across Cambridgeshire and Peterborough. To present an options appraisal regarding the service model with a reduced budget (annual savings of £398K in Cambridgeshire and £200K in Peterborough).

Recommendation:

- a) To note the workforce update on the Health Visiting and School Nursing service
- b) To note the proposed service model for the 0-19 HCP, including the options for the delivery of support to teenage mothers, and to endorse the model for implementation from April 2019

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1. BACKGROUND

1.1 Overview of 0-19 Healthy Child Programme

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are established in childhood. Good health, wellbeing and resilience are vital for all our children now and for the future of society. With 80% of brain development taking place by the age of 3, the experiences of children and their immediate care givers, during pregnancy and the first few years of life, are significant determinants of long-term health and wellbeing in adulthood. Mitigating risk factors in physical health, social and psychological development, including poor perinatal mental health, malnutrition and obesity, parental drug and alcohol misuse, and speech and language deficits, is therefore essential.

In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that need additional support and children who are at risk of poor outcomes.

Health Visitors and School Nurses, as Specialist Community Public Health Nurses, use a strength-based approach to build non-dependant relationships enabling them to work effectively with their population (children, young people and their families) to support behaviour change, promote health protection and to keep children safe.

The HCP identifies six high impact areas for the **0-5** years:

- **transition to parenthood** and the early weeks
- maternal (perinatal) **mental health**
- **breastfeeding** (initiation and duration)
- **healthy weight** (including healthy nutrition and physical activity)
- managing minor illness and **reducing hospital attendance** and admission
- health, wellbeing and development of children aged 2 and **school readiness**

The high impact areas for the **5-19 HCP** are

- **building resilience** and supporting **emotional wellbeing** as highlighted in 'Future in Mind', working closely with schools, parents and local services
- **keeping safe**, managing risk and reducing harm including child sexual abuse and exploitation; sexual and domestic abuse; neglect; PREVENT; alcohol and substance misuse; mental health issues
- improving **healthy lifestyles** and health literacy including reducing childhood obesity and increasing physical activity; smoking prevention and cessation; healthy relationships and positive sexual health
- maximising **learning** and achievement -helping children to realise their potential and reducing inequalities, and supporting additional health and wellbeing needs
- promotion of **immunisation and screening**
- seamless **transition**- specifically entry into Reception Year (ages 4/5years); changing school, leaving school; supporting the transfer into further and higher education. Preparing for adulthood aligning with the NHS Five Year Forward View (self-care and prevention)

agenda)

1.2 HCP Commissioning Responsibility and Plans for wider service integration

Public Health is responsible for commissioning the 0-19 Healthy Child Programme (HCP) which consists of Health Visiting (0-5yrs), Family Nurse Partnership (for vulnerable teenage parents), and School Nursing (5-19yrs) services. Commissioning arrangements for Health Visiting and FNP transferred to the Local Authority in October 2015. The Local Authority has commissioned school Nursing since April 2013 when Public Health responsibilities transferred from the NHS.

A Section 75 agreement is in place for Cambridgeshire Community Services NHS Trust (CCS) to deliver these services in Cambridgeshire. Peterborough City Council have a Section 75 agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT). These are both due to expire at the end of March 2019. Continuation of S75 approach is subject to Key Decision in January 2019.

This paper outlines the first stage of the wider integration process for Children's Health and Wellbeing services in Cambridgeshire and Peterborough, which has been discussed with the Health Committee at the following meetings:

Date	Health Committee	Title of paper	Comments
14/6/17	Committee paper in public	0-19 Joint Commissioning of Children's Health and Wellbeing Services	Focus on the work of the children's health joint commissioning unit and integration of children's health services
14/12/17	Committee paper in public	Integrated commissioning of children's HWB services	Focus on the children's centre restructure and the links to health provision in children's centres (midwives, health visiting etc)
17/5/18	Committee paper in public	Children's Health Joint Commissioning Unit Integration Update	Focus on achievements of the children's health joint commissioning unit and progress towards integration of services

At its meeting on December 14th 2017, the Health Committee discussed savings proposals related to integration of Children's Health and Wellbeing Services as part of the agenda item 'Public Health Service Committee Review of Draft Revenue Business Planning Proposals for 2018/19 to 2022/23'. The Committee decided to 'Comment on the draft revenue savings proposals that are within the remit of the Health Committee for 2018/19 to 2022/23, and agree that the Committee's preferred option was to defer the 2018/19 savings relating to the 0-19 service and fund the £238k shortfall through the Public Health reserves, in order to develop a more transformational approach to integrated children's services across Cambridgeshire and Peterborough.

The proposed model for integration of HCP 0-19 outlined in this paper, is therefore the first stage of a wider ambition to further integrate children's health and wellbeing services across Cambridgeshire and Peterborough, developing a joint venture between the two health trusts currently delivering in the area. An overarching 'Best Start in Life' workstream is bringing together stakeholders from across the local system, to develop an overarching strategy for Early Years and design the new system offer.

1.3 Strategic Outcomes

The HCP directly contributes to the achievement of the Cambridgeshire & Peterborough Children and Young people's Outcomes Framework. The Framework consists of key national and local outcomes from the NHS Outcomes Framework, Public Health Outcomes Framework and Think Family Outcomes Framework.

The Cambridgeshire and Peterborough Children and Young Peoples (CYP) Outcomes Framework will be used by commissioners and providers in conjunction with local intelligence to inform strategic service planning and prioritisation in response to local health needs. It will provide a basis of annual service objective setting and service development planning overseen by commissioners. This will ensure that the HCP is working towards the same shared outcomes as other child health services in the local health and care system. These outcomes cannot be achieved by the HCP in isolation and are system-wide outcomes that can be achieved by greater integration of all Children and Young Peoples services.

The detailed Cambridgeshire and Peterborough District level CYP Outcomes framework is available as Appendix 1 and is available at the link <https://cambridgeshireinsight.org.uk/health/popgroups/cyp/> . The health and wellbeing of children and young people in Cambridgeshire is relatively positive in comparison to the experience of children in England with child poverty, breastfeeding prevalence at 6-8 weeks, teenage conceptions, excess weight, children in care, dental health, 16-17 year olds not in education, employment and training (NEET), pupil absence, A&E attendances and hospital admissions for asthma, mental health conditions and unintentional and deliberate injuries all statistically significantly better than the England averages. However, there are some outcomes where Cambridgeshire fares worse than England average such as:

Cambridgeshire- School readiness for children receiving free-school meals and hospital admissions for self-harm

Cambridge City- Admissions for self-harm and alcohol-related conditions

East Cambridgeshire- Admissions for self-harm

Fenland- Children living in poverty

Huntingdonshire- Admissions for alcohol-related conditions

South Cambridgeshire- Health of CYP is relatively good

1.4 Finance

Cambridgeshire

When the commissioning responsibility for Health Visiting and FNP (0-5 HCP) transferred over to the Local Authority in October 2015, the 2015/16 budget was £7,593,199. With the cut in the Public Health ring-fenced grant, £340K (4.5% reduction) savings were made over 2 years (£190K in 16/17 and £150K in 17/18), and the contract value in 2018/19 is **£7,253,199** (£238,000 savings proposals were deferred for the integration work to go ahead).

The School Nursing budget has been protected and in 2015/16 and 2016/17, the budget for school nursing was £1,446,540. In 2017/18 and an additional £60,000 investment was put into school nursing for the extension of coverage to special schools, taking the annual contract value to **£1,506,540** (4.1% increase).

Vision screening was added to the 0-19 HCP in April 2018 with a budget of **£167,000**

Total Cambridgeshire 0-19 HCP budget for **2018/19 is £8,926,739**. A saving proposal of £398K would take the budget for **19/20 to £8,528,739**.

Peterborough

The contract value that was novated from NHS England was **£3,066,226** for Health Visiting and FNP. Similar to Cambridgeshire, a saving of £130K was made in 16/17 and the contract value in 2018/19 is **£2,936,226** (£200,000 savings proposals were deferred for the integration work to go ahead).

The SN budget has been protected and the 2018/19 value is the same as the transfer from NHSE i.e. **2018/19 budget £759,000** for school nursing (including NCMP, vision and hearing screening).

Total Peterborough 0-19 HCP budget for **2018/19 is £3,695,226**. A deferred saving of £200K approved in 2018/19 Peterborough Business Plan would take the budget for **19/20 to £3,495,226**.

The **19/20 Total Cambridgeshire and Peterborough** budget for the 0-19 HCP would be **£12,023,965**, a 5.3% reduction from the current budget of £12,621,965.

2 HEALTHY CHILD PROGRAMME SERVICE MODEL

2.1 The Healthy Child Programme is provided by CCS in Cambridgeshire and CPFT in Peterborough. CCS and CPFT have been working collaboratively to develop an integrated 0-19 years Healthy Child Programme (HCP) across Cambridgeshire and Peterborough within a reduced financial envelope – a reduction of £398k in Cambridgeshire and £200k in Peterborough.

The service offer is summarised below, and Appendix 2 sets out the proposed changes in more detail. If the proposed service model is supported, a detailed implementation plan will be developed (within four weeks of service decision), incorporating an engagement and communications plan. Both providers have confirmed an implementation timeline of 3-6 months to deliver the proposed model.

In order to ensure that the service model can achieve the best outcomes for children, young people and their families in Cambridgeshire and Peterborough, CCS and CPFT considered the following:

- public health data across Cambridgeshire and Peterborough
- current service offers provided by each provider
- evidence based practice
- extensive experience and learning from CCS as a provider of the 0-19 years Healthy Child Programme in other counties (Bedfordshire, Luton and Norfolk)
- other service models that are being implemented nationally
- current and future management arrangements required

2.2 The principles that underpin the HCP service model are that it will be:

Outcomes focused

- Service model will support the delivery of the Cambridgeshire and Peterborough Children and Young Peoples (CYP) Outcomes

Needs-led

- Interventions will be needs led and targeted to meet needs of different communities and vulnerabilities

Accessible and flexible

- The service will introduce a single point of access (SPA) to improve responsiveness and accessibility of advice and support
- In addition to access to clinicians via the SPA, support can be accessed from improved self-management resources on the internet and through the implementation of Parentline and Chathealth
- School community profiling and liaison with schools will enable themed support work to be developed, tailored to the needs of children in schools
- For school aged children and young people, venues and times that fit their needs will be identified

Integrated

- Integrated 0-19 years HCP service across Cambridgeshire and Peterborough, using a 3-locality based model (Peterborough, North Cambs and South Cambs)
- Integrated 0-19 years HCP service that is not age-focused and takes a “whole family” approach for children of mixed ages
- Integration with Early Years settings, Child & Family/Children’s Centres, Emotional Health and Wellbeing Service, Early Help teams, CAMHS etc
- Integrated antenatal and postnatal pathways that include maternity and primary care alongside community health service provision of the Healthy Child Programme

2.3 The service model for 0-5 years will include the following interventions:

Universal

- Antenatal contact
- New Birth visit (14 days)
- Post-natal contact (6-8 weeks)
- Healthy Child Clinics
- Feeding Clinics
- Introducing Solids workshop
- 9-12 months review
- Integrated approach to 2-2.5 year reviews and integrated reviews for children in more deprived areas of the County
- Health reviews for children transferring into the County
- Screening of A&E attendance notifications
- Access to 1:1 advice from a clinician in a Single Point of Access, either by phone or via Parentline (a text messaging service)

Universal Plus

- Behavioural and development support
- Nutritional support (complex feeding)
- Support for maternal/perinatal mental health concerns
- Neonatal blood spot screening
- Care of Next Infant following a death of a baby/infant
- A&E attendance follow ups following screening process
- An enhanced teenage parent pathway that includes Family Nurse Partnership for teenage parents from the most deprived areas/complex needs and a Teenage Parent Pathway for other teenage parents. (The options that were considered to best support teenage parents are outlined at Paragraph 2.6)

Universal Partnership Plus

- Safeguarding (Child Protection and Child in Need) – in addition to any intervention
- Undertaking Early Help Assessments
- Supporting families where there is domestic abuse

2.4 The HCP service model for school aged children (**5-19yrs**) will include the following:

Universal

- School community profiling and liaison with schools to agree themed workshops and support
- Health screening
 - Review and triage of digital health questionnaires at key transition points i.e. Reception, Year 6 and Year 9
 - Vision screening in Cambridgeshire
 - NCMP and vision screening in Peterborough
- Review of health records for young people transferring into the County
- Screening of A&E attendance notifications
- Access to same day, 1:1 advice from a clinician in a Single Point of Access, either by phone or via Chathealth (a text messaging service for young people)

Universal Plus

- Young People Appointment Clinics for secondary school aged children
- Appointment clinics for primary school aged children and their parents
- Medicines management support for more complex cases
- Themed sessions/workshops based on community profiling data
- Enuresis clinics
- A&E attendance follow ups following screening process
- Communicable disease outbreak control

Universal Partnership Plus

- Safeguarding (Child Protection and Child in Need) – in addition to any intervention
- Undertaking Early Help Assessments
- Support the development of Educational Health Care Plans

2.5 Healthy Child Programme 0-19 Workforce Modelling and Service Capacity Utilisation

The Benson-Wintere model is nationally recognised and utilised by over 40 Community NHS Trusts. The Benson model is a standardised demand forecasting model used to assist providers and commissioners with understanding and planning clinical workload, workforce and future service development. Benson draws on publically available data to profile local demographics, and uses local health intelligence to analyse historic service delivery and to validate the baseline model. Service and workforce profiles are derived from the trusts with assistance from Benson. These help to predict time needed to deliver the service safely and effectively, ensuring caseloads in each area are sensitised to reflect local needs. The outputs produced include predicted workloads, optimum workforce and costing.

The model also allows the breakdown of the workload to be categorised into the different levels of the Health Visiting and School Nursing offer as described in the Healthy Child Programme. The tables below demonstrate the workforce hours required to deliver the 0-5 and 5-19 elements of the HCP model that have been described in sections 2.3 and 2.4.

Workforce hours to deliver 0-5 years service offer

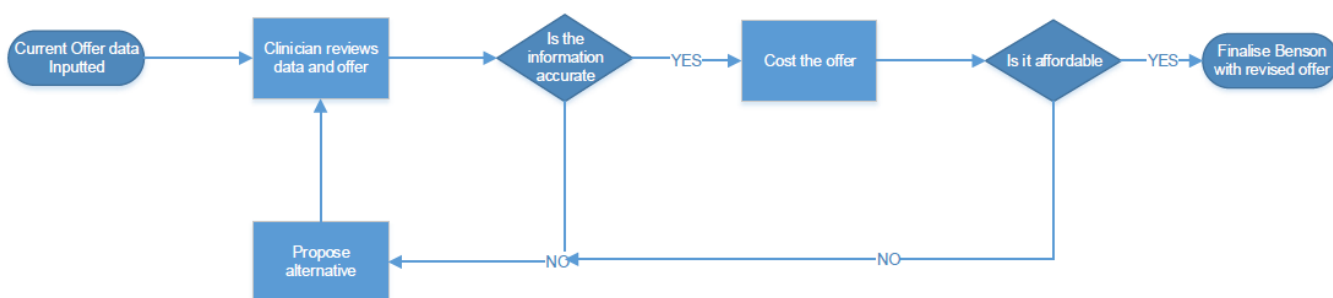
Service Potential	ALL	UNI	UNI+	UPP
Work force hrs required	175,344	115,334 (66%)	28,017 (16%)	31,992 (18%)

Workforce hours to deliver 5-19 years service offer

Service Potential	ALL	UNI	UNI+	UPP
Work force hrs required	43,454	13,590 (31%)	16,604 (38%)	13,259 (31%)

The above data also demonstrates the proportion of time that is required to deliver the different levels of the HCP model – Universal, Universal Plus and Universal Partnership Plus. It is worth noting that a significant proportion of the 0-19 team capacity is being utilised to support safeguarding work (Universal Partnership Plus) – 21% across the whole 0-19 team, 31% for School Nurses and 18% for Health Visitors. This demonstrates that staff resources are being prioritised to meet the needs of those children identified at being of greatest risk of poorest outcomes.

The Benson modelling process is summarised in the following figure



2.6 Family Nurse Partnership: Options Considered

Service Model	Advantages	Disadvantages
Option 1: Service Model set out in section 6.2 below	<ul style="list-style-type: none"> • Sustainable, flexible, Integrated • Greater use of technology (Parentline, ChatHealth, single point of access) • Improved support for all teenage parents while maintaining FNP for the most vulnerable • Health questionnaires at transitions (new for Cambridgeshire) • Safeguarding procedures streamlined 	<ul style="list-style-type: none"> • Some areas where outcomes are good may see a reduction in the face-to-face clinics
Option 2: Decommission FNP to realise savings	<ul style="list-style-type: none"> • Savings easy to identify without service redesign 	<ul style="list-style-type: none"> • Lose all the benefits of having an FNP service which has a strong evidence base, measures of outcomes and support from the National Unit • Some of the most vulnerable teenagers who would have met the FNP criteria will not get this level of support and therefore the Universal 0-19 services would be managing more complex cases • The above could have an impact on:

		<ul style="list-style-type: none"> ○ Delivery of core mandated checks ○ Staff resilience – higher turnover of staff ● Loss of FNP skills and knowledge ● Increased costs to the system esp social care ● Increased safeguarding concerns ● No interventions to break the cycle of teenagers having children
Option 3: Maintain current service model	<ul style="list-style-type: none"> ● Users will not see any change 	<ul style="list-style-type: none"> ● Savings not realised and will have to be made from other Public Health services ● Not future-proof ● The current offer is to a small cohort, and not available to every teenage mother.

3 RECRUITMENT AND RETENTION STRATEGY

There are workforce challenges in the delivery of the Healthy Child Programme. Nationally, since the completion of Call to Action in 2015, the Health Visiting workforce has decreased by 10% per year, this figure is in part attributed to the age profile of the workforce with over 30% eligible for early retirement. Locally we have seen a similar picture summarised in Appendix 3. Staff resources are prioritised to certain aspects of service delivery such as new birth visits and 6-8 week checks and a focus on the needs of those children identified as being at greatest risk of poor outcomes. However, this prioritisation has impacted on the performance in other aspects of service delivery, in particular antenatal, 1 year and 2-2.5 year checks as set out in Appendices 4a and 4b.

Similarly to health visiting, between 2014 and 2018 nationally, the school nursing workforce has decreased. This national picture has been reflected locally and the Trusts are taking steps to address this. Central to this is the greater use of skill-mix in both the 0-5 and 5-19 workforce; best practice models identify the importance of the pathway being led by a workforce with a specialist public health nurse qualification (SCPHN) supported by an experienced, relevant skill mix resource.

Other measures that are being implemented to improve recruitment and retention within the

HCP service are:

- Increasing the number of students in training e.g. there are 9 Health Visitor and 5 School Nurse students who are due to qualify as Specialist Community Public Health Nurses (SCPHN) in August 2019
- Establishing a rolling programme of “Growing our own” from the Trusts current Band 4 workforce, so that there will always be people on the Nursing programme who once they have completed this, will then have the opportunity to do the SCPHN qualification. There are currently 3 Band 4 staff who have started the nursing programme, and this will be extended to other staff as part of the rolling programme.
- Within the service model the Trusts have included a Band 5 development role that will then lead to undertaking the SCPHN qualification
- The service model has also included new Band 5 roles within the 5-19 offer that do not require nursing qualification and therefore will attract other expertise such as graduate psychologists, youth workers etc.
- The Trusts have agreed a Recruitment and Retention Premium (RRP) across both organisations for roles within Cambridgeshire city, Peterborough and Fenland where there are recruitment hotspots.

4 SAFEGUARDING

Safeguarding is a critical and core part of the Healthy Child Programme. A significant proportion of the 0-19 team capacity is being utilised to support safeguarding work. Work is required to ensure that safeguarding responsibilities are met in a way that is efficient, effective, and less resource intensive.

In response to the pressure on resources from safeguarding and the significant proportion of time required to deliver the different levels of the HCP model both Trusts are working together to review the HCP involvement within the safeguarding arena. This is intended to review current processes and working practices to ensure they meet safeguarding requirements but remain resource efficient at the same time.

Current areas under review are:

- Attendance at initial case conferences (ICPC) and review case conferences for children aged 0-19 to ensure there is an agreed pathway across both areas
- Streamlining case conference reporting to ensure quality and consistency and greater use of electronic case recording system.

These changes will be supported by a multi-agency training package to support clinicians to increase their skills and knowledge around report writing and their role in an ICPC. The aim is to deliver this training in the new year to ensure the new process can be instigated from April 2019.

5 STAKEHOLDER ENGAGEMENT

The service model has been developed with clinical and operational leads from both Trusts. Public Health and Local Authority Commissioners have also been part of these discussions. Once the service model is agreed, there will be a range of staff engagement sessions to help the teams understand the service model – what remains the same and what will change. In addition to ongoing user engagement and feedback which has informed development of the

model, the service providers will develop a communications and engagement strategy which meets the consultation requirements of both the NHS and the Local Authorities.

6 HCP TRANSFORMATION: DEVELOPING THE MODEL AND DELIVERING THE CHANGE

6.1 Cambridgeshire Community Services NHS Trust (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT): provider alignment to share best practice and innovation

Both CCS and CPFT have successful experience of providing in-patient and community services to children and young people across the East of England. CCS is the provider of three other Healthy Child Programmes, including Norfolk, Bedfordshire and Luton. This provides opportunities for sharing learning; developing best practice; and creating a professional and learning environment to retain and recruit staff.

The Trusts are developing a joint partnership approach with the aim of promoting integrated working to ensure that children and families in Cambridgeshire and Peterborough are kept safe and healthy; have excellent health services; enjoy school, play and family life; are helped to help themselves; and have strong and inclusive networks of support. Specifically, the objectives of this joint working arrangement are:

- to improve outcomes for children, young people and families in Cambridgeshire and Peterborough, within a sustainable financial envelope;
- to provide responsive, integrated and consistent services that are delivered flexibly around the needs of children and families;
- to support families to be more in control of their own health by reducing avoidable conditions such as obesity and infections, and for families and communities to be more resilient in terms of emotional health and wellbeing;
- to consider the timing of support and interventions to maximise their impact;
- to offer a consistent core service which can be tailored based on local demographic needs, so that differentiated services can be delivered as appropriate; and
- provide services that are best value for money

To-date, CCS and CPFT have successfully:

- Developed a joint leadership and management structure for the Healthy Child Programme across Cambridgeshire and Peterborough; This has also been supported with the delivery of joint leadership development programme which is supporting joint working
- Used a workforce modelling tool, to develop a service model to deliver the Healthy Child Programme
- Engaged with current system work on a Best Start in Life strategy, which includes current providers of Child & Family/Children's Centres and Early Years to develop greater integrated models of delivery.
- Shared clinical leadership and joint working in Speech and Language Therapy, Occupational Therapy and Physiotherapy
- Developed a jointly run Emotional Health and Wellbeing Service.

6.2 Service integration to generate efficiencies

CCS and CPFT believe the new proposed offer provides a comprehensive integrated and targeted service across Cambridgeshire and Peterborough within the reduced cost envelope. This has been achieved through redesign and reallocation. A significant proportion of the service model will continue and the key changes which include enhancements to the service model are set out below:

Streamlining the Management Structure

By working effectively together across the Cambridgeshire and Peterborough geography the two Trusts have been able to integrate and rationalise the management structure as there are posts that span across the whole geography giving flexibility in supporting the identified health needs of our population, alongside a focussed locality delivery team with unique local knowledge, giving the service a robust management and leadership model moving forward.

Improving support for teenage parents- FNP and enhanced teenage parent pathway

Whilst a very important resource, with a sound evidence base and outcomes focussed approach, the Family Nurse Partnership only delivers to a small proportion of our teenage parent population. The Trusts are proposing a revised service offer for teenage parents (see diagram below):

- Continue to deliver FNP to 100 of our most at risk teenage parents (reduced from the current 200 which are often not taken up) and,
- Utilise some of the savings from this to create and deliver an enhanced pathway of care for all teenage parents who require additional support, which would be in addition to the universal mandated offer

Assessed need	Support provided	Provided by:
Teenage parents with complex needs (UPP)	Family Nurse Partnership Programme	FNP Nurses
Teenage parents with additional needs (UP)	Enhanced offer that includes, in addition to the mandated contacts: <ul style="list-style-type: none">• Up to 3 antenatal visits• 6 postnatal visits up to the age of 1 years• At age 1 year ASQ completed. At this point an assessment made as to whether they will be Universal or not• If not Universal, an additional 4 visits will be undertaken until the next ASQ is undertaken	HV is caseholder, supported by Teenage Parent Practitioners who are supervised by FNP nurses
Teenage parents with universal needs (U)	As per Universal pathway	As per Universal pathway

CCS is looking at collaborating with the national Family Nurse Partnership Unit to evaluate a similar model that is being delivered in Norfolk, so that an assessment of impact on outcomes for this cohort of young people, can be made.

Change in workforce skill mix to deliver the service model

The mandated reviews in the Healthy Child Programme offer a unique insight into the developmental needs of all children and their families living in Cambridgeshire and Peterborough. An analysis of the skills required to carry out these reviews using nationally benchmarked data, has been undertaken. This has enabled the Trusts to propose the introduction of a skill mixed team that includes:

- Additional nursery nurse capacity – an under-utilised resource who have the skills to support the 1-8 year old age group. The skill mix team will ensure that there is always support from a Health Visitor available for Nursery Nurses within the Single Point of Access, to have case discussions and to escalate any immediate concerns or challenges.
- As set out in Appendix 2, Health Visitors will carry out the antenatal, new birth and 6-8 week checks and support nursery nurses to carry out the 1 and 2-2.5 year checks for children on the universal pathway.
- Different roles within the 0-19 teams to support school aged children.

The skill mixed workforce will be supported by robust delegation and supervision processes which will include case management discussions which will enable safe, facilitated discussions on those cases that need a wider consideration from the 0-19years team expertise.

Redesigning access to advice

The service model has streamlined the provision of healthy child clinics by increasing access to immediate advice and support through an improved digital/intranet offer, Parentline (text messaging service for parents), Chathealth (text messaging service for young people) and support from clinicians in the Single Point of Access (SPA) – a resource for all families and in particular for those families who are not digitally literate or who do not have access to these platforms. These tools are intended to offer immediate and easy access to information and advice, as well as promoting self-help and self-care.

As the digital platform goes live and is publicised, the Trusts will assess the impact that this has on clinics and therefore, those less well attended would be closed. The Trusts intend to work in partnership with Children Centre's/Child and Family Centres and potentially Libraries to support access to a "self-weigh" model. This will rely on wider redesign of the services being undertaken as part of the Best Start in Life/Early Years strategy.

Weekend development review clinics

To improve access for families, the service model includes delivering development review clinics on a Saturday. This builds on the experience from piloting this in Cambridgeshire, where the feedback has been very positive with families and staff. It is envisaged that there will be one a month in each of the 3 localities. The service will look at extending this model based on uptake and feedback from service users.

7 NEXT STEPS

A paper will be brought to Health Committee in January/February following further consultation if required depending on whether the preferred option is significantly different to the current service. Legal and Procurement advice will be sought on this.

8 ALIGNMENT WITH CORPORATE PRIORITIES

8.1 Developing the local economy for the benefit of all

Children contribute to the future economy. Good physical and mental health of children is important to make the NHS and the economy sustainable.

8.2 Helping people live healthy and independent lives

See section 1.3. The 0-19 HCP aims to improve outcomes for all children and young people.

8.3 Supporting and protecting vulnerable people

The 0-19 HCP aims to narrow the gap in outcomes between the most vulnerable children and their peers.

9 SIGNIFICANT IMPLICATIONS

9.1 Resource Implications

As detailed in Section 1.4, the 19/20 Total Cambridgeshire and Peterborough budget for the 0-19 HCP would be £12,023,965, a 5.3% reduction from the current budget of £12,621,965 over a two year period. This is in line with the reduction in the Public Health grant.

9.2 Procurement/Contractual/Council Contract Procedure Rules Implications

Advice has been sought from the strategic Procurement manager for Cambridgeshire (LGSS).

Under Section 75 of the NHS Act 2006 (as amended), the Secretary of State can make provision for local authorities and National Health Service (NHS) bodies to enter into partnership arrangements in relation to certain functions, where these arrangements are likely to lead to an improvement in the way in which those functions are exercised. The specific provision for these arrangements is set out in the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. The regulations set out how partners can enter into arrangements whereby an NHS body may exercise the prescribed health-related functions of local authorities.

There are also a number of contracts that are excluded from the scope of the Public Contracts Directive. Articles 12 of the Directive outline situations whereby Public contracts between entities within the public sector are excluded. The establishment of a section 75 whereby delegation of duties is assigned to the Health Authority are not required to be procured.

The risks of pursuing this option may be mitigated by issuing a Voluntary Ex-Ante Transparency Notice (VEAT) outlining the proposed arrangement. A VEAT notice is a means of advertising the intention to let a contract without opening it up to formal competition evidencing that under the "Duty of Best Value" the arrangements being proposed secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

9.3 Statutory, Legal and Risk Implications

Since the value of the Cambridgeshire budget is higher, it is proposed that Cambridgeshire County Council will act as the lead commissioner on behalf of Cambridgeshire County Council (CCC) and Peterborough City Council (PCC). A Memorandum of delegation is required between CCC and PCC.

9.4 Equality and Diversity Implications

See section 3. This scope of this project includes all children in Cambridgeshire and Peterborough between the ages of 0-19. It considers Universal, Universal Plus and Universal Partnership Plus services within the 0-19 Healthy Child Programme (HCP) including Health Visiting, FNP (0-5 HCP) and School Nursing (0-19 HCP). The Healthy Child Programme starts before birth so also includes pregnant women.

9.5 Engagement and Communications Implications

See section 5. This paper is prepared in conjunction with the current providers CCS and CPFT. The integration work is overseen by the Joint Children's Transformation Board.

9.6 Localism and Local Member Involvement

Some areas where outcomes are good may see a reduction in service in order to target areas of highest need.

9.7 Public Health Implications

The foundations for virtually every aspect of human development including physical, intellectual and emotional; are established in early childhood. Professor Sir Michael Marmot and the Chief Medical Officer have highlighted the importance of giving every child the best start in life and reducing health inequalities throughout life through universal provision and targeted support. The success of an integrated (across Cambridgeshire and Peterborough) 0-19 service in achieving improved outcomes for children while also delivering on the savings will be essential to improving population health now and in the future.

The Health and wellbeing strategy seeks to ensure a positive start to life for children, young people and their families. The provision of a high quality, 0-19 HCP will be fundamental to this.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Clare Andrew
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk	Yes

implications been cleared by LGSS Law?	Name of Legal Officer: Allis Karim
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Dr Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Dr Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Dr Liz Robin

Source Documents	Location
<i>Commissioning guides and evidence reviews</i>	https://www.gov.uk/government/publications/healthy-child-programme-0-health-visitor-and-school-nurse-commissioning https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children http://www.eif.org.uk/publication/what-works-to-enhance-the-effectiveness-the-healthy-child-programme-an-evidence-update/ https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life Healthy Child Programme: Pregnancy and the first five years of life Healthy Child Programme: From 5-19 years old http://www.nhs.uk/conditions/pregnancy-and-baby/pages/baby-reviews.aspx
<i>Child health profiles</i>	https://cambridgeshireinsight.org.uk/health/popgroups/cyp/ https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-4-health-of-children-in-the-early-years