

**RE-COMMISSIONING THE HEALTHY CHILD PROGRAMME - Proposed Section 75 Agreement for Health Visiting, Family Nurse Partnership, and School nursing**

*To:* **HEALTH COMMITTEE**

*Meeting Date:* **12 January 2017**

*From:* **DIRECTOR OF PUBLIC HEALTH**

*Electoral division(s):* **ALL**

*Forward Plan ref:* 2017/008 *Key decision:* **Yes**

*Purpose:* **What is the Committee being asked to consider?**  
To agree development of a Section 75 agreement to replace the existing Section 75 for School Nursing, and to incorporate Health Visiting and the Family Nurse Partnership into the same arrangement.

*Recommendation:* **It is recommended that the Committee:-**

- a) Confirm its approval for the development and implementation of a new Section 75 Agreement for School Nursing, Health Visiting and Family Nurse Partnership services until March 2019
- b) Delegate authority to the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to complete the negotiation of the proposed Section 75 agreement, finalise arrangements and to enter into the proposed agreement.

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## 1. BACKGROUND

- 1.1 In April 2013, commissioning arrangements for school nursing transferred from the NHS to Cambridgeshire County Council and from 1 September 2014, the Local Authority entered into a Section 75 agreement with Cambridgeshire Community Services to deliver the school nursing service across Cambridgeshire. In October 2015, the commissioning arrangements for the Health Visiting Service and the Family Nurse Partnership (FNP) changed, and the responsibility for commissioning these services was transferred from NHS England to the Local Authority. At this time the existing NHS contract was novated to Cambridgeshire County Council (as commissioner) and Cambridgeshire Community Services (as provider) to deliver the Health Visiting and Family Nurse Partnership services across Cambridgeshire.
- 1.2 Both agreements are due to expire on 31 March 2017, and arrangements need to be put in place to continue to operate the services, which constitute the Healthy Child Programme (0-19) as outlined in brief in Appendix 1, whilst the longer term integration of 0-19 years provision is finalised:

## 2. MAIN ISSUES

### Current position

- 2.1 Savings of £340 000 had been identified from the 2015/16 and 2016/17 budget from health visiting and FNP service. However, an additional £60 000 is to be invested in the school nursing service to provide school nursing support in Cambridgeshire's special schools. Therefore the 2017/18 budget position is as follows, and the 2018/19 budget will be agreed as part of the Council's Business Planning process:

2017/18		
Service	Provider	Total Contract Value
Health Visiting and Family Nurse Partnership	Cambridgeshire Community Services	£7 253 199
School Nursing	Cambridgeshire Community Services	£1 446 600

## 3. What is proposed?

- 3.1 Cambridgeshire County Council has been working closely with Peterborough City Council and the Cambridgeshire and Peterborough Clinical Commissioning Group to bring together a countywide age 0 – 19 service. The aim is to develop a streamlined service, based on local population needs, which reduces duplication in service delivery.
- 3.2 This involves bringing together a range of existing contracts across the three commissioning organisations which equates to more than 20 contracts and total contract value exceeding £50m. It is acknowledged that delivering a project of this size and complexity will need careful planning and time required to ensure that the appropriate specifications are drawn up as well as robust procurements routes confirmed.

- 3.3 The existing Section 75 agreement for school nursing services and the contract for the health visiting and FNP services expire on 31 March 2017, which is before the development of the streamlined service will be finalised. In order to ensure the ongoing service provision, it is proposed that all these services are continued under a Section 75 agreement between Cambridgeshire County Council and Cambridgeshire Community Services.

#### **4. ALIGNMENT WITH CORPORATE PRIORITIES**

##### **4.1 Developing the local economy for the benefit of all**

Giving children the best start in life will ensure they reach their full potential and contribute to society and the economy.

##### **4.2 Helping people live healthy and independent lives**

The health visiting, family nurse partnership and school nursing services support all families to live healthy lives, and promote independence

##### **4.3 Supporting and protecting vulnerable people**

The health visiting, family nurse partnership and school nursing services support and protect vulnerable families. Section 1 of this report outlines key aspects of the service which includes enhanced services for vulnerable people and safeguarding responsibilities.

#### **5. SIGNIFICANT IMPLICATIONS**

##### *Resource Implications*

There are no significant implications within this category.

##### *Statutory, Legal and Risk*

An agreement under section 75 of the NHS Act 2006 enables the local authority to enter into an arrangement with a prescribed body in the NHS in relation to prescribed health-related local authority functions if it is likely to lead to an improvement in the way in which the services are provided; this includes the exercise by an NHS body of those health related local authority functions in conjunction with the NHS body's prescribed functions. Users of the service will be consulted before the arrangement is entered into.

The arrangement differs from a procurement which would need to be carried out in accordance with the Public Contracts Regulations 2015 because it is a joint working arrangement whereby the NHS carries out the functions of the local authority on Cambridgeshire County Council's behalf in conjunction with its own NHS functions. There is a corresponding transfer of the budget to the NHS, rather than the payment for a service.

If a section 75 agreement is not put in place, there is a risk of having a period without local authority funded Health Visiting, FNP and School Nursing services.

##### *Equality and Diversity*

A Community Impact Assessment has been completed and is summarised in Appendix 2.

##### *Engagement and Communications*

The service provider, Cambridgeshire Community services (CCS) engages with stakeholders as an ongoing part of their service development proposals. Information on

this proposal was provided for the CCS newsletter. The impact of the transformation of Children's services in the Council and the NHS as part of the Sustainability and Transformation Plan (including transformation of mental health services) will be kept under review. Service user views will be taken into consideration during this wider consultation.

#### *Localism and Local Member Involvement*

There are no significant implications within this category.

#### *Public Health*

This report has been compiled by public health and all public health significant implications are addressed in the report.

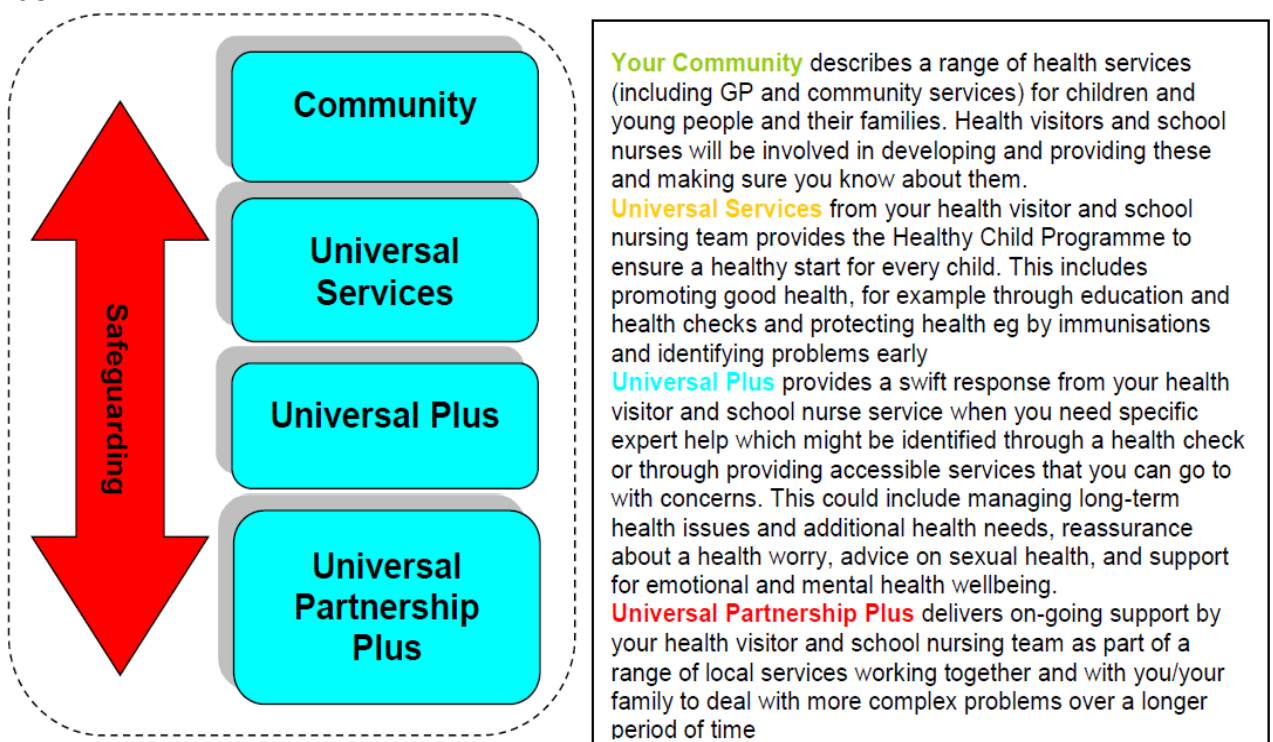
<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Clare Andrews
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Catherine Wilson
<b>Are there any Equality and Diversity implications?</b>	Community impact assessment has been completed Name of Officer: Dr Liz Robin
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes : 7 December 2016 Name of Officer: Matthew Hall
<b>Are there any Localism and Local Member involvement issues?</b>	No Name of Officer: Dr Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Dr Raj Lakshman

Source Documents	Location
Healthy Child Programme Commissioning Guides:	<a href="https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning">https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning</a>
Health Visitor service specification:	<a href="https://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf">https://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf</a>
Maximising the school nursing team contribution to the public health of school-aged children. Guidance to support the commissioning of public health provision for school aged children 5-19.	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf</a>
Health Committee Review of draft Revenue Business Planning Proposals for 2017/18 to 2021/22 (Health Committee December 2016)	<a href="https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/524/Committee/6/Default.aspx">https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/524/Committee/6/Default.aspx</a>

## APPENDIX 1: The Healthy Child Programme 0-19

### Healthy Child Programme (0-19)

- 1.1 The foundations for virtually every aspect of human development – physical, intellectual and emotional – are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The public health commissioned services included are Health Visiting (0-5), Family Nurse Partnership (for vulnerable teenagers), School Nursing (5-19)
- 1.2 The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme aims to:
- Help parents develop and sustain a strong bond with children
  - Encourage care that keeps children healthy and safe
  - Protect children from serious disease, through screening and immunisation
  - Reduce childhood obesity by promoting healthy eating and physical activity
  - Identify health issues early, so support can be provided in a timely manner
  - Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five.
- 1.3 The Healthy Child programme is a universal-progressive, needs based service delivered at four levels: Community; Universal Services; Universal Plus; and Universal Partnership Plus.



### Health Visiting Service (0-5)

- 1.4 The Health Visiting service consists of a workforce of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors (HVs) help to empower parents to make decisions that affect their family's health and wellbeing and their role is central to improving the health outcomes of populations and reducing inequalities.

- 1.5 The Health Visiting service lead on the delivery of services for babies and children 0 – 5 years and their families to improve public health outcomes. The six high-impact areas for the service are:
- Transition to parenthood and the early years (0-5)
  - Maternal mental health
  - Breastfeeding (initiation and duration)
  - Healthy weight, healthy nutrition and physical activity
  - Managing minor illness and reducing hospital attendance and admission
  - Health, wellbeing and development of the child age 2 – 2.5 year old review (integrated review) and support to be 'ready for school'.
- 1.6 The Health Visiting service is a critical service in supporting pregnant women, babies and young children (0 – 5 years) and their families, supporting them in the early years of the child's development. The service ensures that any issues are identified as early as possible and appropriate support provided, reducing the need for later more specialist intervention. The health visitors deliver 5 mandated visits for all families – an antenatal health promoting visit, a new baby review, a 6 – 8 week assessment, a 12 month visit and a 2 – 2½ year review.

#### **Family Nurse Partnership (FNP)**

- 1.7 The FNP is an in-depth, structured, home visiting programme, aimed at first time parents under the age of 19 at time of conception. The FNP aims to improve pregnancy outcomes by supporting mothers-to-be to make informed choices about healthy pregnancy behaviours, as well as improving the future life course of young mothers, by supporting them to make changes to their lives and providing them and their babies with a better future.
- 1.8 The FNP programme consists of structured home visits from early on in pregnancy until the child is two, delivered by family nurses. The programme of visits as specified by FNP includes:
- 1 per week first month
  - Every other week during pregnancy
  - 1 per week first 6 weeks after delivery
  - Every other week until 21 months
  - Once a month until age 2
- 1.9 Visits last approximately one hour and cover the following domains:
- Personal health – women's health practices and mental health
  - Environmental health – adequacy of home and neighbourhood
  - Life course development – women's future goals
  - Maternal role – skills and knowledge to promote health and development of their child
  - Family and friends – helping to deal with relationship issues and enhance social support
  - Health and human services – linking to other services
- 1.10 In Cambridgeshire the FNP service does not have the capacity to work with all teenage mothers and from April 2017 will be offering a more targeted approach, focusing on those meeting specified high risk criteria. The FNP will be the core offer to those meeting the eligibility criteria.

### **School Nursing Service (5-19)**

1.11 The School Nursing Service is a workforce of specialist public health nurses who provide child-centred expert advice, support and interventions to school age children (5-19) and their families. The School Nursing team provides a young people focused service either in schools, the family home or a clinic environment between the hours of 09.00 – 17.00, Monday to Friday.

1.12 The school nursing service provides a range of activities that include:

#### **Health Promotion:**

- Promoting health and wellbeing
- Supporting accident prevention and reducing risk taking behaviours
- Contributing to Personal, Social and Health Education (PSHE)
- Offering information, signposting and appropriate guidance

#### **Identifying individual and population health needs:**

- Assessing the child's, young person's and family's strengths, needs and risks
- Assessing physical health, growth and development and immunisation status
- Obesity prevention, interventions and referrals working with the National Child Measurement Programme (delivered by a different provider- 'Everyone Health' in Cambridgeshire)
- Developing school health profiles and working with school health improvement services to address needs
- Identification of health needs through individual health needs assessment
- Providing children, young people and parents/carers the opportunity to discuss their health concerns and aspirations
- Identifying any mental or emotional health issues; providing early intervention, timely referral and support to school to manage need
- Ensuring that appropriate support is available to meet health needs such as speech, language and communication

The **Children and Families Act (2014)** provides that governing bodies must make arrangements for supporting pupils at school with medical conditions. The school nursing service will contribute to identifying support to schools as they take on this new statutory responsibility

#### **Health protection:**

- Identifying and reducing barriers to high coverage for all childhood immunisations in order to prevent serious communicable disease, particularly targeted at vulnerable groups
- Supporting school-based screening programmes e.g. chlamydia screening
- Emergency planning, including outbreak response in schools

#### **Safeguarding:**

- Providing universal public health interventions and preventative measures to reduce risk
- Working in partnership with other key stakeholders to safeguard and protect children and young people
- Working collaboratively to support children and young people where there are identified health needs, or where they are in the child protection system, providing therapeutic public health interventions for the child and family and referring children and families to specialist medical support where appropriate
- Working together to provide support for vulnerable groups, including Children in Care, young carers, children with disabilities, NEET and young offenders
- Working collaboratively to ensure there is clarity regarding respective roles and responsibilities of appropriate health as identified within local protocols and policies



in line with 'Working Together to Safeguard Children' and using the Safeguarding Pathway for health visitors and school nurses to provide clarity on roles and responsibilities

- Supporting safeguarding and access and contribution to targeted family support, including active engagement in the Together for Families (Troubled Families) Programme

**Supporting children, young people and families:**

- Ensuring that children, young people and families receive support that is appropriate for their needs with the most vulnerable families receiving interventions and coordinated integrated support, including support for Children in Care, children with disabilities, NEET (not in employment, education or training) and young offenders
- Supporting the development and strengthening of key interfaces across organisations, practitioners, children, young people and families, and their local communities
- Ensuring children not in employment, education or training, or children educated at home receive the universal offer

## APPENDIX 2: Community Impact Assessment

Directorate / Service Area		Officer undertaking the assessment
Public Health		Name: Dr Raj Lakshman Job Title: Consultant in Public Health Medicine  Contact details: raj.lakshman@cambridgeshire.gov.uk .....  Date completed: 23 <sup>rd</sup> December 2017 .....  Date approved: .....
Service / Document / Function being assessed		
Recommissioning the Healthy Child Programme 0-19: Health Visiting (HV), Family Nurse Partnership (FNP), School Nursing (SN)		
Business Plan Proposal Number (if relevant)	ER 6-012	
Aims and Objectives of Service / Document / Function		
<p>In April 2013, commissioning arrangements for school nursing transferred from the NHS to Cambridgeshire County Council and from 1 September 2014, the Local Authority entered into a Section 75 agreement with Cambridgeshire Community Services to deliver the school nursing service across Cambridgeshire. In October 2015, the commissioning arrangements for the Health Visiting Service and the Family Nurse Partnership (FNP) changed and the responsibility for commissioning these services was transferred from NHS England to the Local Authority. At this time the existing NHS contract was novated to Cambridgeshire County Council (as commissioner) and Cambridgeshire Community Services (as provider) to deliver the Health Visiting and Family Nurse Partnership services across Cambridgeshire.</p> <p>Both agreements are due to expire on 31 March 2017, and arrangements need to be put in place to continue to operate the services, which constitute the Healthy Child Programme (0-19), whilst a the longer term integration of 0-19 years provision as part of the Cambridgeshire &amp; Peterborough Sustainability &amp; Transformation Plan (STP) is finalized.</p>		
What is changing?		
Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.		
<p>The Health Visiting and FNP contract is being changed to a section 75 agreement with the same provider, Cambridgeshire Community Services (CCS) and we have been working closely with the provider to agree the Service Specifications, Outcomes and Key Performance Indicators. Savings of £340 000 had been identified from the 2015/16 and 2016/17 budget from health visiting and FNP service. A new Section 75 agreement will be drawn up for the school nursing service and an additional £60 000 is to be invested in the school nursing service to provide school nursing support in Cambridgeshire's special schools. Therefore the 2017/18 budget position is as follows: Health Visiting and FNP £7 253 199 and school nursing £1 446 600. A Community Impact Assessment for the savings, and details of service changes, were presented in the 2017-2021 Public Health Business Planning paper which was approved by Health Committee in December 2016.</p>		

CCS are talking with head teachers of schools (stakeholders) regarding changes to the school nursing service. Discussions are ongoing between CFA, CCS and Public Health to facilitate better integration.

The Cambridgeshire & Peterborough STP refers to an integrated child health service (the future model) <http://www.fitforfuture.org.uk/what-were-doing/publications/> .

This recommissioning is an interim arrangement to provide continuity of care till the future model is consulted on and agreed.

#### Who is involved in this impact assessment?

E.g. Council officers, partners, service users and community representatives.

**Cambridgeshire County Council, Peterborough City Council and Cambridgeshire & Peterborough CCG through the Joint Commissioning Unit and Cambridgeshire Community Services NHS Trust (current service provider).**

#### What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability	X		
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

<b>Positive Impact</b>
<p>A new Universal Offer to 6 Special Schools in Cambridgeshire</p> <p>There will be an introduction of digital technology in some areas of the service, i.e. Chat Health. This will improve the accessibility of the service for a greater number of young people</p> <p>An enhanced, equitable and consistent offer to primary schools</p> <p>Closer working relationships with Children Centres, Localities and Emotional Health &amp; Wellbeing (Early Help) will enhance synergy and maximise resource usage</p>
<b>Negative Impact</b>
<p>If the HV, FNP and SN services were not recommissioned to ensure continuity, there would be a gap in service provision for an essential component of services for children, young people and families in Cambridgeshire. It would also lead to the loss of a skilled workforce. However this proposal avoids this potential negative impact.</p>
<b>Neutral Impact</b>
<p>The status quo will be maintained across some of the service while work is progressed towards a new fully integrated model for Children's services.</p>
<b>Issues or Opportunities that may need to be addressed</b>
<p>Service improvement / redesign opportunities will be taken.</p>

## Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

Providing integrated Children, Young People and Families Health service across the Council has the potential to improve community cohesion.

## Version Control

Version no.	Date	Updates / amendments	Author(s)
1	23.12.16	First Draft	Raj Lakshman
2	3.1.17	Second draft	Raj Lakshman/Liz Robin