

Healthy Child Programme Commissioning Approach

To: Children and Young People Committee

Meeting Date: 8 October 2024

From: Patrick Warren-Higgs; Executive Director Adults, Health, and Commissioning

Electoral division(s): All

Key decision: Yes

Forward Plan ref: 2024/070

Executive Summary: This report follows an initial paper that came to Committee on 12th March 2024 where approval was granted to commission an integrated Healthy Child Programme (HCP) across both Cambridgeshire and Peterborough local authority areas. This was to maintain the stability of this service, to allow for improvements in delivery to be consolidated and to avoid a dip in performance. A lot of the background information and current commissioning arrangements are discussed in that report. [Council and committee meetings - Cambridgeshire County Council > Meetings \(cmis.uk.com\)](https://cmis.uk.com/Meetings/Council-and-committee-meetings-Cambridgeshire-County-Council).

This report is building on that decision and is presenting recommendations on:

- a) The service model and key elements included in the 0-5 and 5-19 elements of this programme; and
- b) The recommissioning approach, financial envelope and contract duration.

Recommendations: The Children and Young People Committee are recommended:

- a. To commission a Universal 0-19 HCP including Health Visiting and School Nursing that follows national commissioning guidance, has a focus on improving outcomes and reducing inequalities and allows flexibility to adapt to local needs by working in place-based integrated teams with other local authority (Education, Social Care and Community), Public Health and NHS services.
- b. For Cambridgeshire County Council (CCC) to enter into a Section 75 Partnering Arrangement with Cambridgeshire

Community Services (CCS) for delivery of this service starting on 1st April 2025 for a duration of 2 years with the option to extend for 2+2 years (Total 6 years).

- c. To agree the annual budget of £9,126,108 for 25-26 of which 3% shall only be paid to the NHS Trust subject to the achievement of performance/outcome targets agreed as part of the Section 75 Partnering Agreement's Annual Development Plan. The Annual budget may be subject to inflationary changes in subsequent years.
- d. To delegate responsibility for awarding and executing the Section 75 Partnering Arrangement for the provision of the Healthy Child Programme starting 1st April 2025 to the Executive Director Adults, Health and Commissioning in consultation with the Chair and Vice-chair of the Children & Young People's Committee with the option to extend the arrangement after each 2-year period for a total of 6 years to 31st March 2031.

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1. Creating a greener, fairer, and more caring Cambridgeshire

1.1 The HCP will support delivery of Cambridgeshire County Council's Strategic ambitions as detailed below.

1.2 *Ambition 1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.*

If selected as per recommendations, CCS, as an NHS organisation, is obliged to adhere to its commitment to net zero. CCS is committed to meeting the ambition and has its own Green Plan that lays out a number of commitments including further telephone and video consultations and holding staff meetings virtually.

Ambition 2: Travel across the county is safer and more environmentally sustainable.

A proportion of the services and meetings are provided virtually which means there is less travel across the area, affecting carbon emissions.

Providers are asked to adopt sustainable travel options whenever possible. If the recommendation for the Section 75 Partnering Arrangement is approved, the current provider is an NHS organisation and therefore is subject to obligations relating to its net zero emissions strategy. The provider also has its own "Green Plan" which has range of initiatives that will support ambitions one and two.

Ambition 3 Health inequalities are reduced.

The commissioned service is universal, but it is targeted at certain high-risk groups who often experience health inequalities and have overall poorer health outcomes. The HCP at its core is a service that enables and empowers families, children, and young people to lead healthy, independent lives prioritising the most vulnerable in society- 'Universal in Reach, Personalised in Response'.

Ambition 4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

Habits are formed early in life and hence prevention efforts focussed on the early years are most effective in promoting good health throughout life.

Ambition 5: People are helped out of poverty and income inequality.

The service aims to ensure the best possible health outcomes for the population and service users. As a local employer, it also works to reduce poverty through better employment and promoting early intervention and prevention measures to improve physical and mental health and wellbeing as part of the integrated care system. The service supports a 'grow your own scheme' with some staff starting as apprentices and moving up through professional development and completing the Specialist Community Public Health Nursing (SCPHN) training.

Ambition 6: Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

The service enables people to remain in good health. Children and vulnerable adults, are safeguarded in the context of their families, peers, schools and communities. Our children, young people, and their communities benefit from a whole system approach to improving outcomes.

Ambition 7 Children and young people have opportunities to thrive.

The service is provided to families from conception up to nineteen-year-olds (and up to 25 where appropriate for SEND young people). It assesses the particular needs of children and young people and shapes services to address these needs. It is the implementation vehicle for the Health and Wellbeing Priority One 'We will ensure our children are ready to enter education and exit, preparing them for the next phase of their lives'. At its core the Healthy Child Programme (HCP) is a service that enables and empowers families, children, and young people to lead healthy, independent lives prioritising the most vulnerable in society.

2. Background

- 2.1 The Healthy Child Programme (HCP) which includes Health Visiting for families with children aged 0-5, and School Nursing for families with children aged 5-19, is a national public health programme with an overarching ambition to achieve good outcomes for all children from pregnancy through to 19 years of age. It is funded through the Public Health Grant, and therefore local authorities are subject to the Public Health Grant conditions, which include prescribed (mandated) and non-prescribed (non-mandated) functions.
- 2.2 The national guidance relating to the HCP which was released in June 2023 has undergone modernisation ([Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19)). Whilst remaining universal in reach, it is personalised in response and continues to set out a range of interventions to improve outcomes for all children, reducing inequalities by providing extra support for vulnerable groups. This includes a schedule of interventions which range from community, universal, targeted and specialist support ([Healthy Child Programme Schedule of Interventions Guide - DHSC \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/healthy-child-programme/schedule-of-interventions)).

The updated model emphasises the health visitor and school nurse roles as leaders of the HCP, whilst acknowledging the important contribution of a range of delivery partners, encouraging collaborative work and more integrated delivery, across health, early years & education, children's services and community and voluntary sector partners.

- 2.3 Our local vision 'To improve health outcomes and reduce inequalities for Children and Young people by providing high quality, safe and accessible services' is outlined in Appendix 1. The national high-impact areas and local outcomes framework are summarised as follows.

Table 1: National High Impact Areas

Early years high impact areas are:	School-aged high impact areas are:
<ul style="list-style-type: none"> • supporting transition to parenthood and the early weeks • supporting maternal and infant mental health • supporting breastfeeding (initiation and duration) • supporting healthy weight and healthy nutrition • improving health literacy; reducing accidents and minor illnesses • supporting health, wellbeing and development. <p>Ready to learn, narrowing the 'word gap'</p>	<ul style="list-style-type: none"> • supporting resilience and wellbeing • improving health behaviours and reducing risk taking • supporting healthy lifestyles • supporting vulnerable young people and improving health inequalities • supporting complex and additional health and wellbeing needs • promoting self-care and improving health literacy

[Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/health-visiting-and-school-nursing-service-delivery-model)

Table 2: Local Children Young Peoples Outcomes Framework

Cambridgeshire and Peterborough CYP Outcomes Framework with Key Domains	
1. Maternity	3. Children & Young People are safe from harm
1.1 Increase prevalence of healthy birth weight	3.1 Intervene earlier and more effectively to support children and families at risk
1.2 Reduce Smoking in pregnancy	3.2 Reduce the number of children experiencing harm
1.3 Increase Breastfeeding prevalence	3.3 Fewer new child protection plans starting in the year per 10,000 population
2. Children & Young People lead healthy lives	3.4 Reduce teenage pregnancies
2.1. Reduce hospital admissions for specific conditions that could be managed in the community	3.5 Reduce relative child poverty
2.2 Increase the percentage of children who are a healthy weight and have good oral health	4. Children and young people are confident, resilient, thrive in their learning and are prepared for adulthood
2.3. Improve the emotional wellbeing of children and young people	4.1 Increase access to and take up of high-quality childcare
2.4. Improve the emotional health and wellbeing of new parents	4.2 Increase the percentage of children who are developing well at age 2.5 yrs
2.5. Protect children from infectious diseases	4.3 Increase the percentage of children who are 'school ready' and have a Good Level of Development at the end of Reception
2.6 Reduce hospital admissions for children and young people due to mental health conditions or self-harm	5. Children and Young People engage actively in their communities as young adults
2.7 Increase percentage of young people who report that they are in good health	5.1. Reduce the number of first-time entrants to and reoffending in the youth justice system
	5.2. Reduce proportion of 16- and 17-year-olds who are NEET (Not in Employment, Education or Training)

[CYP-Outcomes_Sept2023-Cambs-Insight.2.xlsx \(live.com\)](https://www.cambs.gov.uk/insight/2023/09/cyp-outcomes-sept2023-cambs-insight.2.xlsx)

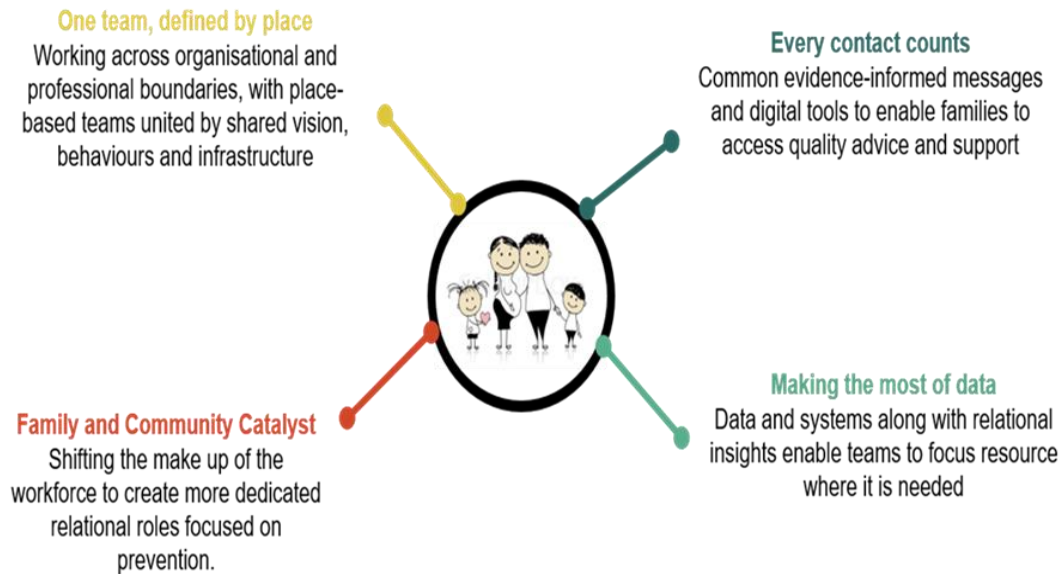
2.4 Locally the HCP supports the delivery of the Joint Health and Wellbeing Integrated Care System Strategy and contributes to improving outcomes outlined in the Cambridgeshire and Peterborough CYP Outcomes framework. As stated above, it mainly supports CCC's Ambition 7: Children and young people have opportunities to thrive, and contributes to Ambitions 3, 4 and 6.

3. Healthy Child Programme - Model of integrated place-based delivery

The HCP's service specification will be developed to ensure alignment and contribution to the below integrated approaches that have been agreed by partners across the local system. These are:

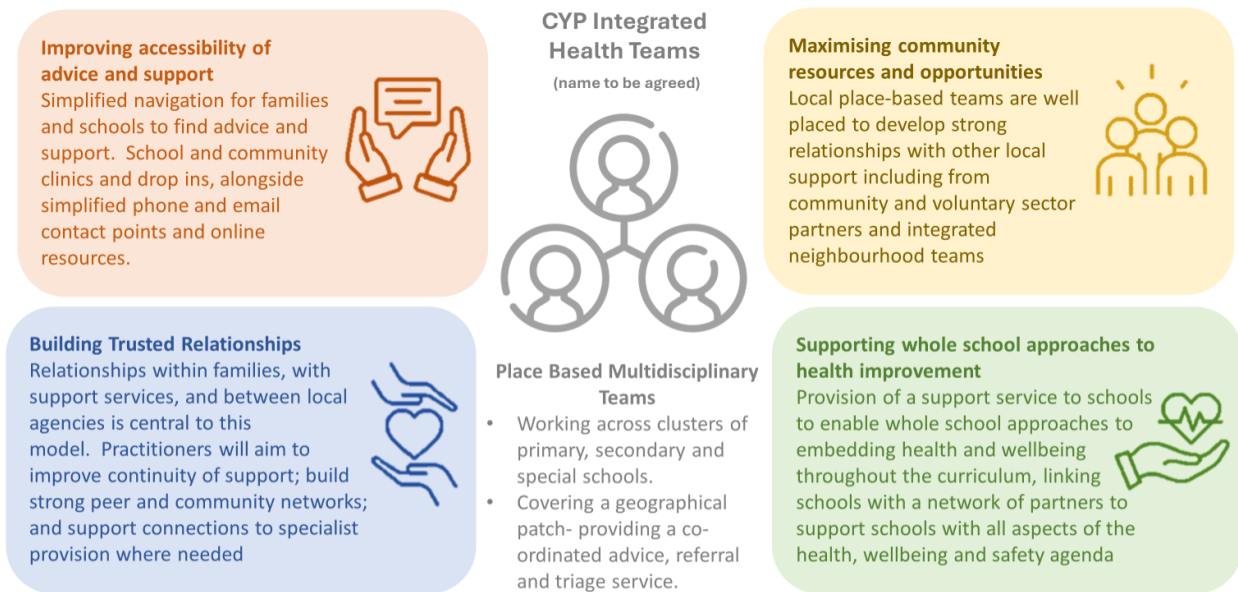
- 3.1 **Best Start in Life/ Family Hubs Programme:** This programme commenced in 2019 to co-ordinate action for the prebirth to 5years age group. The health visiting service (HCP 0-5) works closely with Family Hubs/Child and Family Centres, Early Years settings, local authority targeted support teams, Voluntary Sector organisations, Midwives, GPs, and other NHS services. The ethos is for a ‘one-team, making every contact count’ approach, built on consistent messaging (shared training and language), and making community connections. Several successful place-based pilots have been implemented through this programme, as well as new integrated delivery models rolled out countywide.

Figure 1: Best Start in Life/Family Hubs integrated place-based model



- 3.2 **School-aged Health Improvement Partnership:** Set up in 2023 to co-ordinate action and make best use of collective resources (Local Authority, NHS, VCSE, Schools, Communities and Families) for the 5-19 year olds (25yrs for children with SEND). The school nursing service (HCP 5-19) works closely with schools, other public health commissioned services (Behaviour Change, Sexual Health, Substance Misuse), NHS services (Mental Health Support Teams & Emotional Health and Wellbeing Teams, School-aged Immunisation Teams) and Local Authority Children’s Services (details in Appendix 2). A previous paper explored how this model could be supported further by expanding the remit of the current Healthy Schools Service to become an overarching School-aged Health Improvement and Prevention Service [Document.ashx \(cmis.uk.com\)](https://cmis.uk.com). The advantages of this are set out as follows:

Figure 2: School-aged health improvement integrated place-based model



3.3 These models align with the Cambridgeshire corporate priority of working closer to communities and updated guidance on ‘Working together to safeguard children’ which emphasises that successful outcomes for children depend on keeping a clear child-centred focus in strong multi-agency partnership working across the whole system of help, support and protection and effective work from all agencies with parents, carers, and families.

3.4 Service offer and interventions to be included in updated service specification

3.4.1 The interventions delivered by the HCP in collaboration with system partners aim to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers, or guardians in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner.
- ensure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be ‘ready to learn at 2 and ready for school by 5.

3.4.2 The interventions are delivered at 4 levels- Community, Universal, Targeted and Specialist. These are summarised in Appendix 3 and 4. A new service specification will be developed in consultation with local authority and NHS Children’s services to avoid siloed working and provide a coherent offer to early years settings, schools, children, and families.

3.4.3 Early identification and the facilitation of wider support for children with SEND through collaborative place-based working with other services will be prioritised. There will be a focus on identifying developmental delay and meeting needs at the earliest point so that needs do not escalate. This approach will also be used to improve outcomes for other vulnerable groups such as Children in Care, Care leavers, Young carers, Young offenders, Young parents, Children in alternative education provision, LGBTQ+, certain Ethnicities, Socio-economic deprivation (pupil premium), Traveller communities and other children vulnerable to poor outcomes.

4. Alternative Options Considered

4.1 Currently a single Section 75 Partnering Arrangement between Cambridgeshire County Council (CCC) and the 2 local NHS Trusts, Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) is in place. PCC currently delegates this function to CCC, and it is CCC as lead authority that partners with the NHS Bodies for arrangements to deliver the local authorities' prescribed health related functions. A delegation and partnering agreement operates between PCC and CCC.

4.2 There are 3 main options for recommissioning with differing approaches within these:

Option 1: Separate Section 75 partnering arrangement between the two local authorities and the NHS Trust, or single Section 75 partnering arrangement.

Option 2: Using the provider selection regime (PSR) to select a provider either via direct award (route C) or Competitive procedure.

Option 3: Bring the Healthy Child programme in-house.

Table 3: Commissioning Approach Options Appraisal

Option	Advantages/benefits	Disadvantages/risks
Separate S75 Partnering Arrangements for each Local Authority (i.e., a s75 agreement between PCC and NHS Body, and a s75 agreement between CCC and NHS Body)	<p>Each LA maintains separate s75 partnering arrangements, contractual and financial risks with the NHS Body/Bodies.</p> <p>Shared risk management as neither LA will be lead local authority for the purposes of the local authority health related function.</p> <p>Efficiencies identified from a cessation of internal monetary transfers between the two LAs.</p> <p>Continuity of service delivery and provision in the recommissioning process.</p> <p>Continuation of strong partnership working between LAs & NHS Provider/s.</p> <p>S75 arrangements can only be formed if it is likely to lead to an improvement in the way in which the functions are exercised, which can be demonstrated. This expectation supports a developmental approach to improvement.</p>	<p>Risks to continuity of service provision/service user impact and geographical disparities should LA wish to change arrangements during the contract term. However, this would be mitigated by the suggested 2+2+2 agreement term as we embed the new models.</p>
Single S75 Partnering Arrangement (Tri-partite between PCC, CCC and a NHS Body)	<p>Similar to above apart from the efficiencies from a cessation of monetary transfers between the two LAs.</p>	<p>More complex tri-partite arrangements between two local authorities and a NHS Body.</p> <p>However, potential to have added levels of complexities compared to 2 separate s75 agreements, as each LA will need to agree carefully how they will exercise any rights or obligations they have under the single agreement and will need to ensure the relationship from commencement is governed in such a manner to enable the collective discharge of rights and obligations under the single agreement/contract. Participant authorities may be jointly and severally liable to the NHS trust/s for their obligations under the agreement.</p>

PSR – direct award C	N/A – option rejected as the current service has not been procured through a competitive process. Section 75 approach is more suited	N/A – option rejected as the current service has not been procured through a competitive process. Section 75 approach is more suited
PSR – competitive procedure	Holds the potential to drive down costs and increase transformation/innovation (although this cannot be guaranteed)	Likelihood is the outcome of this exercise would be to continue with existing provider/s due to the 5 evaluation criteria under PSR (quality and innovation; value; integration, collaboration & service sustainability; improving access, reducing health inequalities, and facilitating choice; social value) Any change of provider/s could result in significant service disruption. Time intensive to complete full competitive tender process within available timescales.
In-house provision	More integrated service with Early Help/Targeted Support, Children's Social Care, Education More transformation possible (although we have been able to transform the service through the term of the current Section 75). More control over the service provision but that comes with more risks.	Risk of losing specialist workforce as there is a national shortage of health visitors and school nurses. Risks of delivering a mandated Public Health service would transfer to the local authority. Requires significant change management with the local authority teams and structures. Lack of appetite from CLT for this option when discussed with earlier paper. Neither LA holds the necessary infrastructure for clinical oversight at present.

- 4.3 Where Section 75 Partnering Arrangements are likely to lead to an improvement in the way in which the function can be exercised, and consultation with interested parties has been fulfilled, then the local authorities may exercise power to enter into Section 75 Partnering Arrangements.
- 4.4 The recommendation is to move forward with a Section 75 Partnering Arrangement with the CCS for the following reasons:
- CCS are the leading regional provider of HCP services, with a strong track record and can draw on learning and practice from other areas.
 - CCS already have the necessary infrastructure in place to effectively deliver the functions – for example the website and digital offer.
 - A greater proportion of the leadership team are already CCS employees.
 - CCS lead on providing the required contract monitoring information and have the informatics systems in place to work with Commissioners around reporting development requirements.
 - CCS provide the Emotional Wellbeing Service and Mental Health Support Teams in Schools Cambridgeshire and Peterborough Mental Health Support Team (cambspborochildrenshealth.nhs.uk) which is funded nationally and the HCP 5-19 team works closely with them.
- 4.5 **In adopting two separate but parallel Section 75 Partnering Arrangements with the NHS trust and the two Councils** each Local Authority will maintain separate partnering, contractual and financial arrangements (by way of S75 Agreement) with the NHS trust and it reduces risk as neither organisation will be the 'Lead Authority' for the purposes of the partnering arrangement. It also allows for efficiencies identified from a cessation of internal monetary transfers between the two Authorities.
- 4.6 As we will be looking to embed significant new practices aligned to place based models described above and acknowledging the changing landscape as the Public Health directorate in the two local authorities separate, it is recommended that we consider this a developmental

period and support with **a duration of 2+2+2 years (total 6 years)**. This would give the option to make any changes, including responding to any new national guidance and local priorities.

- 4.7 The current annual funding envelope for the HCP is **£9,126,108 p.a.** This budget envelope reflects a new skill mix model agreed with the provider (which will improve recruitment and release savings) and incorporates all NHS pay awards and Agenda for Pay uplifts to date.
- 4.8 To ensure a strong focus on meeting key performance objectives this funding will include a percentage linked to performance and this will be reflected in the renegotiated Section 75 Partnering Agreement as set out in the recommendations i.e. the annual budget of £9,126,108 for 25_26 will be reduced by 3% to £8,852,325 p.a. and the additional amount (£273,783) will be paid subject to the achievement of performance/outcome targets agreed as part of the Annual Development Plan. The Annual budget may change in subsequent years to accommodate future NHS pay awards, inflation, changes to service delivery and further skill-mix.

5. Conclusion and reasons for recommendations

- 5.1 To commission a Universal 0-19 HCP including Health Visiting and School Nursing that follows national commissioning guidance, has a focus on improving outcomes and reducing inequalities and allows flexibility to adapt to local needs by working in place-based integrated teams with other Local Authority (Education, Social Care and Community), Public Health and NHS services.
- 5.2 For CCC to enter into a Section 75 Partnering Arrangement with CCS for delivery of this service starting on 1st April 2025 for a duration of 2 years with the option to extend for 2+2 years (Total 6 years).
- 5.3 To agree the annual budget of £9,126,108 for 25_26 of which 3% shall only be paid to the NHS Trust subject to the achievement of performance/outcome targets agreed as part of the Section 75 Partnering Agreement's Annual Development Plan. The annual budget may be subject to changes in subsequent years.
- 5.4 To delegate responsibility for awarding and executing the Section 75 Partnering Arrangement for the provision of the Healthy Child Programme starting 1st April 2025 to the Executive Director Adults, Health and Commissioning in consultation with the Chair and Vice-chair of the Children & Young People's Committee with the option to extend the arrangement after each 2-year period for a total of 6 years to 31st March 2031.

6. Significant Implications

6.1 Finance Implications

The HCP is funded from the Public Health Grant, Annual budget for 24/25 is £9,126,108. A detailed quarterly finance and staffing monitoring schedule is submitted, and any

underspends are returned to the council and overspends dealt with in year. These clauses will be strengthened in the new arrangements.

6.2 Legal Implications

A local authority may exercise its statutory power to arrange services in scope of Section 75 of the NHS Act 2006. A Partnering Arrangement made under Section 75 NHS Act 2006 for partnership arrangements between NHS bodies and local authorities can include making arrangements for the exercise of certain NHS and local authority health-related functions by the partner.

Section 75 NHS Act 2006 enables NHS bodies and local authorities to enter into arrangements which are prescribed in secondary legislation. The NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000, as amended, is the relevant secondary legislation that sets out details of the permitted arrangements, i.e., that NHS bodies can carry out local authorities' health-related functions together with their NHS functions. Such arrangements can only be formed if it is likely to lead to an improvement in the way in which the functions are exercised.

6.3 Risk Implications

The service submits a Business Continuity Plan which is included as a separate schedule in the Section 75 Partnering Arrangement and any service changes are agreed with the local authority.

6.4 Equality and Diversity Implications

A completed Equality, Impact Assessment (EqIA) form has been submitted (CCC620154694). It's main findings were based on the recent Children and Young People's Needs Assessment that clearly articulated that certain groups experienced health inequalities which reflected their knowledge and access to services.

The HCP is 'Universal in Reach and Personalised in Response'. A large part of their work is linked to safeguarding, SEND and supporting other vulnerable groups such as young parents, young carers, young offenders, parents with learning difficulties, physical or mental ill-health, substance misuse issues.

The new HCP will work with commissioners to shape their services to better address the needs of these groups.

6.5 Climate Change and Environment Implications

Climate Change/Carbon Impact: Incumbent NHS providers have a well-developed digital platform and since staff live locally travel is minimised. Sustainability is one of the ambitions of all NHS organisations.

Environmental: Incumbent providers share estates (child and family centres) and data with children's services.

In addition, the recommended Section 75 means that the current provider CCS, as an NHS organisation, is obliged to adhere to its commitment to net zero and CCS is committed to meeting the ambition. It has its own Green Plan that lays out a number of commitments which highlights some specific areas relating to these services.

6.6 Social Implications

Incumbent Providers are local and provide employment to residents. They have a 'grow your own' scheme which staff can enter at apprenticeship level and progress through SCPHN (specialist community public health nurse) training.

6.7 Human Resource Implications, including health and safety

Monitored at quarterly contract monitoring meetings and monthly checkpoint meetings.

6.8 Procurement or Commercial Implications

A Section 75 Partnering Arrangement reduces the Procurement burden while maintaining robust performance and finance monitoring. This has been advised and supported by Procurement & Legal colleagues.

7. Source Documents

https://cambridgeshire.cmis.uk.com/ccs_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/2089/Committee/4/Default.aspx

<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning/commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19>

<https://www.e-lfh.org.uk/pathways-healthy-child/>

[Health visiting and school nursing service delivery model - GOV.UK \(www.gov.uk\)](#)

[CYP-Outcomes Sept2023-Cambs-Insight.2.xlsx \(live.com\)](#)

[Document.ashx \(cmis.uk.com\)](#)

[\(Inflation calculator | Bank of England\)](#)

Cambridgeshire Provider Selection Regime Guidance: Procurement and Commercial Team: [Finance and Resources - Provider Selection Regime - All Documents \(sharepoint.com\)](#)

8. Appendices

Appendix 1- Cambridgeshire and Peterborough Healthy Child Programme Vision statement

Vision Statement: To improve health outcomes and reduce inequalities for Children and Young people by providing high quality, safe and accessible services.

Fundamental principles:

Universal in reach

- Ensuring staff feel **safe, motivated, valued, and supported** with access to effective clinical supervision, opportunities for professional development and a stronger sense of identity within roles, to provide enable them to deliver a **high-quality, safe, and effective service to families.**
- Specialist Community Public Health Nurse-led (SCPHNs) services which adopt a skill mixed approach to delivery, **recognising the skills of employees above qualification bandings**, to best respond to the needs of our communities and deliver an effective service.
- Maximising resource through working collaboratively with broader system partners and effective **utilisation of wider community assets.**
- A service which is **accessible and flexible**, using a range of digital, virtual, group and face-to-face support, including a robust self-help offer with easy access to health & wellbeing information and advice.
- Staff **make every contact count** by using **clinical judgement and public health expertise** to seek out and identify perceived, expressed, and assessed needs and vulnerabilities to improve outcomes.

Personalised in response.

- Delivered on days, at times, and in places that are **convenient for our families and young people.**
- Interventions will be **needs-led and targeted to meet needs** of different communities and vulnerabilities, using the principles of single session thinking wherever possible to reduce unnecessary referrals and waits for support.
- Where possible the service will introduce **continuity of carer.**
- **Champion relational working**, with our families and system partners.
- **Coproduction will underpin all aspects** of user-facing service improvements.

Enablers to achieving our vision:

One-team approach

- **Integrated 0-19 years HCP service** across Cambridgeshire and Peterborough, using a place-based model and takes a **'whole family' approach** for children of mixed ages.
- **Strong partnership working** with Early Years settings, Child & Family Centres, Voluntary organisations, Schools, Children's services, Children's Mental Health Services and other NHS services such as primary care, specialist therapies and community paediatrics.
- **Robust antenatal and postnatal pathways that include maternity and primary care** alongside community health service provision of the HCP
- **Works alongside other models** of the Integrated Care System such as Integrated Neighbourhood teams and Primary Care Networks.

- Make every contact count [Making Every Contact Count - eLearning for healthcare \(e-lfh.org.uk\)](#) and utilise consistent messaging across the system.

Outcomes-focused

- Service model will support the delivery of the Cambridgeshire and Peterborough Children and Young Peoples (CYP) Outcomes. [CYP-Outcomes Sept2023-Cambs-Insight.2.xlsx \(live.com\)](#)
- Delivery of outcomes at an individual, family and population level is central to the service.

Evidence-based

- Makes use of evidence from the Office of Health Inequalities and Disparities (OHID), National Institute for Care Excellence (NICE), Early Intervention Foundation (EIF) and other National resources
- Focus on health promotion, prevention, early intervention.

Appendix 2: Model of delivery for integrated place-based teams (5-19/25 yrs)



Contributing to the new 5-19/25 model

MASG panel representation (Peterborough)

Parent, Young Person, School or other professional identifies a health support need

(This could be related to a specific need including smoking or vaping, healthy weight or toileting; or more complex behavioural or emotional needs where more assessment is needed)

Contact is made with the CYP Integrated Health Team via:

- Referral, email, phone or text to the CYP Integrated Health Team
 - In person via school or community clinics/ drop in sessions
- (Calls, texts and emails are directed to the appropriate place-based team using address given)

Local CYP Integrated Health Team

This team will comprise of the following core services alongside capacity to co-ordinate activities:

- School nursing** (skill mix team led by School nurses, including registered nurses and assistant practitioners)
- MHSTs/ EHWS Service** (skill mix of clinicians who offer advice and direct interventions around mental health and emotional wellbeing)
- Early Help** (Access to parenting and wider family support at a community level and advice around EHAs)
- School-aged Health Improvement and prevention Service (SHIP)** (Programme co-ordinator will ensure links across all place-based teams)
- SEND Support** Reducing duplication in planning and delivery of interventions

These teams will triage incoming referrals, offering immediate help where possible (including information about self-help resources); triage and allocate to appropriate member of the team for interventions, coordinate support from specialist services and support access into community provision.

The Healthy Schools service (part of SHIP) will work with local schools on wider health needs that are identified via supporting strengthening whole school approaches and facilitating access to the wider local partnership.

Specialist Services

The local teams will support access to specialist provision, including those commissioned by PH, the NHS and LA's. These could include weight management, immunisations, mental health, sexual health or substance misuse support.

Specialist level support services will also offer support and advise to case holding practitioners within the local team.

Community Services

As a place-based team there will be strengthened understanding of the local opportunities available to support Children and Young People. This includes local VCS organisations, wider community activities including sport and leisure activities, and wider neighbourhood support including foodbanks and pharmacies.

Appendix 3- Interventions underpinning 0-5 Healthy Child Programme

Community	Universal
<ul style="list-style-type: none"> • Deliver place-based support, basing services from accessible community venues. • Use the most up to date local needs assessment data and local service mapping to ensure the best use of local assets to support families. • Promote local services and encourage community connections, being aware of the impact of wider determinants of health including poverty, housing, employment and education. • Use available communication channels to promote healthy lifestyles. This will include healthy diet and physical activity, oral health, immunisations, and emotional wellbeing. 	<p>In addition to core contact points (antenatal health promoting review, new baby review, 6–8-week review, 1 year review, 2-2.5 year review) the following elements will be universally available to all families:</p> <ul style="list-style-type: none"> • A variety of thematic clinics (e.g., weighing, infant feeding, sleep). • Health reviews for children transferring into the area from another country and screening of records for children transferring into the area from within the UK. • Screening of A&E attendance notifications. • Access to 1:1 advice from a clinician in a Single Point of Access, either by phone, text, or chatbot. • A digital platform (website) which offers information, advice and signposting.
Targeted	Specialist
<ul style="list-style-type: none"> • Behavioural and development support. • Nutritional support (including infant feeding). • Support for maternal/perinatal mental health concerns. • Care of Next Infant following a death of a baby/infant. • Sleep & excessive crying. • Health Reviews for children transferring into the county following screening process. 	<ul style="list-style-type: none"> • Support the identification and addressing of health needs for children on Child Protection pathways. • Undertake Early Help Assessments, working as part of the team around the family and acting as lead professional when appropriate. • Enhanced support for vulnerable families (learning difficulties, Mental health, substance misuse). • Family Nurse Partnership programme for our most vulnerable teenage parents.

Appendix 4 - Interventions underpinning 5-19 Healthy Child Programme

Community	Universal
<ul style="list-style-type: none"> ● Collect and analyse data to ensure that Service understands local priorities and works across the wider system to build community capacity. ● Have a broad knowledge of community needs and resources for the 5-19 age group. ● Where possible support co-production of appropriate services with young people and families ● Signpost children and young people to other sources of health and wellbeing advice and information and/or to other services that already exist locally as needed. ● Influence other agencies and sectors to improve health outcomes. ● Use available communication channels to promote healthy lifestyles. ● Promotion of the service within schools and community spaces, and with those educated at home or in other provisions. 	<ul style="list-style-type: none"> ● Use community profiling to liaise with schools to agree support. ● Health screening – Promote and review responses to 'Getting Ready for Change' digital health questionnaires at key transition points i.e. Reception, Year 6, Year 9 and post 16. ● Delivery of School clinics (prioritising secondary schools) to be planned using local knowledge and health profiling data. ● Reception aged vision screening programme. ● Health reviews for children transferring into the area from another country and screening of records for children transferring into the area from within the UK. ● Screening of A&E attendance notifications. ● Access for parents and CYP to same day, 1:1 advice from a clinician in a Single Point of Access, either by phone, text or online option. ● Online Medication Management training for schools covering asthma, Type 1 diabetes, Epilepsy, Anaphylaxis.
Targeted	Specialist
<ul style="list-style-type: none"> ● Accept referrals (including self-referrals from parents and young people) to offer support, advice, and signposting around the following topics: <ul style="list-style-type: none"> ● Concerns relating to child or young person's health. ● Being healthy and making positive choices including supporting maintaining a healthy weight. ● Relationships and sexual health. ● School transition. ● Healthy bladder and bowel advice, including continence support. ● Support with health needs (SEND, long-term conditions) ● Vulnerabilities impacting health or education. ● 1:1 work to include Health Needs Assessment and provide appropriate interventions. Impact evaluated using appropriate goal-based outcome tool, evaluated at each contact. ● Provision of clinics to support with toileting issues such as bed-wetting and constipation. ● Support the development of Educational Health Care Plans as appropriate. 	<ul style="list-style-type: none"> ● Support Safeguarding processes and undertake work addressing the health needs for children on Child Protection pathways. ● Attendance at Child Protection Case conferences if practitioner is the most appropriate health representative. ● Health Needs Assessments offered if clinically valuable as part of the Child Protection process. ● Undertaking Early Help Assessments, working as part of the team around the family and acting as lead professional when appropriate.