

For General Release

REPORT TO:	CABINET 16 NOVEMBER 2015
AGENDA ITEM:	12.3
SUBJECT:	Commissioning Arrangements for Health Visiting and Family Nurse Partnership Services 2016 - 2018
LEAD OFFICER:	Paul Greenhalgh, Executive Director for People Brenda Scanlan, Director of Integrated Commissioning Unit
CABINET MEMBER:	Cllr Flemming, Cabinet Member for Children, Young People and Learning Cllr Hall, Cabinet Member for Finance and Treasury
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT

The proposed approach seeks to support the successful achievement of the following outcomes in Ambition Priority Two (Independence) of Croydon's Corporate Plan 2015-18:

- Early Intervention:
 - **Promise 21:** Provide high quality information, advice and guidance to support people living independent and healthier lives and improve their overall well-being
- Longer, healthier lives:
 - **Promise 27:** Work with partners to provide more integrated health, care and support in local communities.
- Safeguarding:
 - **Promise 33:** Work with our partners to ensure children and vulnerable adults are protected from harm, abuse and exploitation through effective and efficient safeguarding processes and procedures.
- Domestic abuse and sexual violence:
 - **Promise 35:** Work with partners to change attitudes in the community to domestic abuse and sexual violence, and child sexual exploitation.

The proposed approach will also contribute to the corporate outcome of Independence in the following ways:

- To help families be healthy and resilient and able to maximise their life chances and independence
- To help people from all communities live longer, healthier lives through positive lifestyle choices

AMBITIOUS FOR CROYDON & WHY ARE WE DOING THIS:

The proposed approach will also contribute to the following priorities within the Council's Independence Strategy:

Priority 2 – Enable residents to make informed choices about how to meet their needs, and how to live healthy lives, through the provision of high quality information, advice and guidance.

Priority 4 – Empower people to resolve issues early through the provision of joined up assessment and support.

We will work with partners to provide more integrated health, care and support in local communities.

Priority 5 – Enable children and adults to maximise their independence and ensure they are safe from harm through the provision of high quality specialist services.

FINANCIAL IMPACT

The budget for Health Visiting and Family Nurse Partnership included under this proposal is £5,459,457 per annum. This Section 75 is proposed for a period of two years, with a one year extension, the total value across 3 years is therefore £16,378,371.

The final budget for 2016/17 onwards will not be known until the Public Health Grant allocations are announced.

The cost of this service will be met from the Public Health Grant.

The contract will need to have the ability to be flexed, should funding levels change.

FORWARD PLAN KEY DECISION REFERENCE NO: 27/15/CAB

This is a Key Decision as defined in the Council's Constitution. The decision may be implemented from 1300 hours on the expiry of 5 working days after it is made, unless the decision is referred to the Scrutiny & Strategic Overview Committee by the requisite number of Councillors.

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

RECOMMENDATIONS

The Cabinet is recommended to:

- 1.1 Approve the arrangements for the provision of Health Visiting and Family Nurse Partnership Services by way of an agreement between Croydon Council and Croydon Health Services (CHS) under Section 75 of the National Health Service Act 2006 for the provision of Health Visiting and Family Nurse Partnership Services from 1st April 2016 for a term of two years, to 31st March 2018, with a possible 1 year extension to March 2019 and a total budget across three years of £16,378,371.
- 1.2 Consider the Council's public sector equalities duty and the analysis at paragraph 8 of this report and agree the mitigating actions which will be secured through the specification for services, under the Section 75 agreement.
- 1.3 Agree that the Executive Director – People, in consultation with the Cabinet member for Children, families and learning be given delegated authority to finalise the terms of the Section 75 agreement, including the service specification.

2. EXECUTIVE SUMMARY

- 2.1. Health Visiting & Family Nurse Partnership Services are currently provided by Croydon Health Services. Contracts were novated on the 1st October 2015 from NHS England to the Local Authority. The current contract ends on 31st March 2016 and new arrangements need to be made to ensure continuity of provision from April 2016.
- 2.2. The Health Visiting Service aims to promote the health and wellbeing of children aged 0-5 years and their families, and offers practical advice and support on a range of topics related to parenting. The service works in partnership with other agencies to support and enable families to access health information and services appropriate to their needs - these include family doctors (GPs), children's centres, voluntary organisations and nurseries. The Healthy Child Programme 0-5 years, is led by the Health Visiting Team.
- 2.3. The family nurse partnership (FNP) is a national evidence based programme for young parents, which aims to improve antenatal health, child health and development and parents' economic self sufficiency. Priority is given to women who can be enrolled onto the FNP programme by 16 weeks of gestation.
- 2.4. This report proposes the future arrangement for commissioning of these services through an agreement between Croydon Council and Croydon Health

Services under Section 75 of the National Health Service Act 2006 (NHS Act (2006)) to deliver Health Visiting & Family Nurse Partnership services from April 2016.

3. DETAIL

3.1. Background

3.1.1 The contracts for Health Visiting & Family Nurse Partnership Services were novated to the Local Authority from NHS England to the Local Authority on the 1st October 2015. This novation is for six months only, through to the 31st March 2016. New arrangements need to be made to ensure continuity of provision from the 1st April 2016 to the 31st March 2018.

3.2. Current service provision (2015/16 contract)

3.2.1. Health Visiting and Family Nurse Partnership Services were novated to the Local Authority on the standard NHS specification for these services on the 1st October 2015.

3.2.3 Local Authorities will be expected to ensure the same level of service is delivered by the provider at the point of transfer and act with a view to securing continuous improvement in the uptake of these reviews.

3.3 Sourcing/delivery options considered

3.3.1 The project team have considered other routes for arranging delivery of Health Visiting and Family Nurse Partnership Services.

3.3.2 Open or restricted tender:

The provider market is relatively underdeveloped, with NHS Trusts providing the bulk of provision. An open or restricted tender process has been discounted at this stage, as it is believed that the effectiveness of the service depends on local providers working collaboratively across all 0-5 service areas. It is not considered that an open tender process would improve value for money or quality over and above the proposed approach, at this point in time.

As the contract for Health Visiting was only novated to the Council on the 1st October 2015, there is insufficient time to run a competitive tender process, for a service to start on the 1st April 2016.

Additionally, it would not be appropriate to approach the market at this point in time due to the development of Croydon's Best Start service model. The strategy for an integrated model for 0-5 services, to be implemented in 2018, was approved by Cabinet by December 2014 through the paper 'Best Start for the Children in our Borough'.

3.3.3. Section 75 Agreement

Powers provided to local authorities and NHS bodies (such as CHS) under s75 NHS Act 2006 and associated Regulations provide that a local authority and an NHS body can each delegate certain prescribed functions to the other to exercise on their behalf, provided that the resultant partnership arrangements "are likely to lead to an improvement in the way in which those functions are exercised". The health-related functions that the Council could delegate to an NHS body include public health services.

In the context of the re-commissioning of Croydon's Health Visiting and Family Nurse Partnership services, the Council could consider approaching CHS as a Section 75 partner for the provision of Health Visiting and Family Nurse Partnership services. This will enable the the Local Authority and partners to develop the commissioning approach for the fully integrated 0-5 Best Start service model, which will be implemented in 2018.

3.3.4 In-house provision

In-house provision is not considered appropriate given the specialist nature of the majority of service provision.

3.4 Future service provision (April 2016 onwards)

3.4.1 It is anticipated that future Health Visiting and FNP service provision from the 1st April 2016 to the 31st March 2018 will follow the same standard NHS service specification which already allows for local adjustment.

3.4.2 CHS have committed to working with Croydon Council during the novated contract period (Oct 2015 – Mar 2016) on the development of the Best Start Programme, which will be fully implemented in 2018, resulting on an integrated service model for Children 0-5 years and their families.

3.4.3 The arrangements and details of the Section 75 agreement will be finalised by negotiation. The agreement will include a set of requirements for CHS to continue to deliver the service, in line with the agreed service specification. They will be required to supply improved performance data and meet key outcomes and performance indicators as at present.

3.4.4 In addition, a break clause will be included enabling termination of the agreement with 6 months notice, by the Local Authority, should this become necessary.

3.4.5 Subject to approval of these recommendations, the following is an indicative timetable:

Date	Activity
23 November 15	Key decision implementation date
24 November - 23 December 15	Negotiation of arrangements with CHS
1 December - 15 January 16	Drawing up of s75 Agreement
W/c 18 January 16	Signing of s75 Agreement
January - March 16	Mobilisation / Implementation of service

3.5 Term of arrangements

3.5.1 The proposed term for the Section 75 agreement is two years, 1st April 2016 to the 31st March 2018, with a one year extension to 31st March 2019.

3.6.1 Social value

3.6.2 CHS are committed to improving outcomes for the residents of Croydon. Through the recommended Section 75 they will continue to deliver positive outcomes for Children and families in the Borough.

3.6.3 Ensuring that staff are paid the London Living Wage will form part of the Section 75 agreement.

3.7 Service and outcome monitoring

3.7.1 Monitoring of the service and the Section 75 agreement will be undertaken by the Integrated Commissioning Unit (ICU) in the main, with strategic contract management undertaken by the Strategy, Communities and Commissioning (SCC) team.

3.7.2 CHS will be expected to report on outcomes, key performance and quality indicators and information requirements to be specified within the Section 75 agreement. This will include data on the five mandated checks for Health Visiting.

4 CONSULTATION

4.1 The Health Visiting Service is one of only two HV services taking part in a pilot being conducted by the Picker Institute to survey patient experiences of the service. This will provide valuable information to improve service delivery for Croydon's residents.

4.2 A period of comprehensive service user, stakeholder and community engagement is being undertaken as part of the detailed planning of the new Best Start Programme model and will be completed prior to the procurement of the redesigned services for 2018. This process will be used to shape the service delivery model and outcomes.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 Revenue and Capital consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
Revenue Budget available				
Expenditure	2,730	5,459	5,459	5,459
Income				
Effect of decision from report				
Expenditure	2,730	5,459	5,459	5,459
Income				
Remaining budget	0	0	0	0
Capital Budget available				
Expenditure	0	0	0	0
Effect of decision from report				
Expenditure	0	0	0	0
Remaining budget	0	0	0	0

Final 2016/17 allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and on the fair shares formula developed following advice from the Advisory Committee on Resource Allocation (ACRA). This funding will inform the future commissioning programme for the Services.

5.2 The effect of the decision

The value of the contract is £5,459,457 per annum, £10,918,914 over two years and £16,378,371 over three years.

5.3 Risks

The Public Health budgets will not be confirmed until after the Comprehensive Spending Review, therefore there is a risk that the funding available for this activity will reduce.

There is a risk that the service will not have the capacity to fully deliver the Healthy Child Programme, which includes the five mandated child development reviews, if the 0-5 population continues to rise at the projected level. This risk is mitigated through a shared workforce approach across Best Start Programme teams. This approach will add capacity to areas of provision where a range of

professional disciplines can contribute collectively to shared outcomes without compromising professional expertise or clinical governance.

5.4 Options

If the Public Health Grant to Croydon is reduced, all commissioning related to this grant would need to be reviewed. This would include the overall financial envelope with Croydon Health Services. Decisions would need to be taken at this time as to the most appropriate areas for funding reduction and changes to levels of service activity as required. The contract will need to have the ability to be flexed, should funding levels change.

5.5 Future savings/efficiencies

National research is clear that there are overall savings and efficiencies in support budgets such as children's social care, achieved by early intervention, particularly in the early years. The consensus from a wide range of published studies is a return on investment of between £1.37 and £9.20 for every pound invested in the early years.

Approved by: Lisa Taylor, Head of Finance and Deputy S151 Officer

6 COMMENTS OF THE BOROUGH SOLICITOR AND MONITORING OFFICER

- 6.1 The Council Solicitor comments that the terms and conditions of the partnership and the way in which the delegation of functions will work would be captured in the Section 75 agreement. While there should be certain key elements, such as around how pooled funding is arranged, beyond that, the content of a s75 agreement is for the agreement of the parties. Consequently it could include detailed provisions around what services CHS would provide pursuant to the delegated functions, the terms on which those services are to be provided, agreed approaches to the procurement of sub-contractors, required outcomes, performance management and reporting, funding etc.

Approved by Gabriel Macgregor, Head of Corporate Law on behalf of the Council Solicitor & Monitoring Officer

7 HUMAN RESOURCES IMPACT

- 7.1 A section 75 agreement should have appropriate employment protections, risk mitigations and policy signposting. There are no other immediate human resources considerations that arise from the recommended approach for Croydon Council employees.

Approved by Deborah Calliste on behalf of Heather Daley, Director of Human Resources.

8 EQUALITIES IMPACT

- 8.1 The Health Visiting Service and the Family Nurse Partnership aims to promote the health and wellbeing of children aged 0-5 years and their families, and offers practical advice and support on a range of topics related to parenting. The service works in partnership with other agencies to support and enable

families to access health information and services appropriate to their needs - these include family doctors (GPs), children's centres, voluntary organisations and nurseries. The Healthy Child Programme 0-5 years, is led by the Health Visiting Team.

8.2 The contracts for Health Visiting and Family Nurse Partnership Services were novated from NHS England to the Local Authority on the standard NHS specification for these services on 1st October 2015. As a part of the transfer, the Local Authority is expected to ensure the same level of service is delivered by the provider at the point of transfer and act with a view to securing continuous improvement in the uptake of these services.

8.3 An equality analysis was undertaken in March 2015 for the HV transfer of services. The analysis found that:

The Healthy Child Programme 0 – 5 is a universally progressive offer delivered in the main by the Health Visiting Service and is open to all children and their families living in Croydon. The Family Nurse Partnership Service is a specialist team working with first time teenage parents living in Croydon from the antenatal period until the child reaches age 2. The analysis concluded the new model of commissioning and delivering services is likely to have a significant positive impact on “age” as a protected characteristic as it would provide access to health improvement services for children aged 0-5 from all equality groups that share a “protected characteristic”. It would also have an impact on children with a “disability” as it would work with individual children who have complex or special needs. No potential negative impacts were identified.

8.4 The wider Health Visitor Programme will focus on improving and revitalising support for all parents and the provision of assistance when needed by families. It aims to improve access to evidence based interventions, improve the experience of children and families, improve health and well-being outcomes for under-fives and reduce health inequalities between groups that share a “protected characteristic” and those that do not by undertaking the following activities:

- Antenatal health promoting visits;
- New baby review;
- 6-8 week assessment;
- 1 year assessment;
- 2-2½ review

Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions). These elements are delivered by health visitors or (less often) through FNP as part of an on-going relationship with families and communities.

8.5 The delivery of the Health Visiting and Family Nurse Partnership programme will enable the Council to progress the following equality and inclusion objectives and priorities that are set out in the Council's Equality and Inclusion Policy 2014-16:

- Make Croydon a place of opportunity and fairness by tackling inequality, disadvantage and exclusion
- Work with statutory and community partners to address health inequalities within the borough through targeted interventions that help people to be resilient able to maximise their life chances
- Encourage local people to be independent and resilience by providing responsive and accessible services offering excellent customer care.

9 ENVIRONMENTAL IMPACT

9.1 Not applicable.

10 CRIME AND DISORDER REDUCTION IMPACT

10.1 There is a long term positive impact as evidenced by the research on early intervention that well attached and healthy young children are less likely to be involved within the criminal justice system.

11 REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 The proposed approach is recommended to ensure continued provision of Health Visiting and Family Nurse Partnership services in Croydon and ensure the Council fulfils its obligations under The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

11.2 The proposed Section 75 approach enables the Council the appropriate time to develop the fully integrated Best Start Model which is due to be implemented in 2018 through a single, integrated commissioning framework.

12. OPTIONS CONSIDERED AND REJECTED

12.1 Please refer to Paragraph 3.3 'Sourcing/delivery options considered'.

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BACKGROUND PAPERS

Best Start for the Children in our Borough - Cabinet Paper December 2014 – available on the Council website – www.croydon.gov.uk

Initial equality analysis of Best Start model