

CABINET	AGENDA ITEM No. 8
17 September 2024	PUBLIC REPORT

Report of:	Dr Mike Robinson, Interim Director for Public Health	
Cabinet Member(s) responsible:	Councillor Shabina Qayyum, Cabinet Member for Adults and Health	
Contact Officer(s):	Saurabh Gupta, Public Health Consultant	Tel. 07950143524

HEALTHY CHILD PROGRAMME RECOMMISSIONING APPROACH

RECOMMENDATIONS	
FROM: <i>Interim Director for Public Health</i>	Deadline date: Sep 2024

The Cabinet is asked to approve the following recommendations:

1. To commission a Universal 0-19 Healthy Child Programme 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.
2. For Peterborough City Council to enter into a Section 75 Partnering Agreement with Cambridgeshire Community Services 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).
3. To agree the annual budget of £4,092,144.00 p.a.
4. To delegate authority to the Director of Public Health to exercise the option to extend the Section 75 Partnering Agreement after each 2-year period. Additionally, grant the discretion to the Director of Public Health to amend the extension period into shorter durations based on service requirements.

1. ORIGIN OF REPORT

1.1 This report follows an initial paper that came to Cabinet in March 2024 where agreement was granted to commission an integrated Healthy Child Programme (HCP) across both Cambridgeshire and Peterborough Local Authority areas (a copy of this Cabinet report can be found via the link at - [Agenda for Cabinet on Monday 11th March, 2024, 4.00 pm | Peterborough City Council](#)). A lot of the Background information and current commissioning arrangements are discussed in that paper.

The recommendation was:

For Peterborough City Council to jointly recommission the Healthy Child Programme as an integrated service with Cambridgeshire County Council, across Peterborough and Cambridgeshire. The parties shall collaborate for the duration of the joint commission of this service, which shall result in each local authority entering into separate contracts with the successful service provider(s).

The subsequent contractual arrangements, which shall commence on 1 April 2025, between Peterborough City Council and a successful service provider(s), including duration and value, will be presented to Cabinet for approval in advance of the new arrangement commencing.

This report is submitted to Cabinet following consultation with the Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) Directors of Children' Services, Procurement, Legal and Finance Teams.

This content of this report (for consideration by Cabinet on 17 Sep 2024 was reviewed by PCC Corporate Leadership Team (CLT) on 27 August 2024 and Cabinet Policy Forum on 3 September 2024.

2. PURPOSE AND REASON FOR REPORT

2.1 This report is to agree for the integrated Healthy Child Programme (HCP):

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.

2.2 *This report is for Cabinet to consider under its Terms of Reference No. 3.2.5:*

To make decisions on actions relating to the awarding, assigning and termination of contracts over £500k, and waiving or granting exemptions to Contract Regulations where contracts are over £500k, with the exception any time-critical, operational, or routine decision, which may be determined by the relevant portfolio holder.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	YES	If yes, date for Cabinet meeting	17 Sep 2024
---	------------	----------------------------------	-------------

4. BACKGROUND AND KEY ISSUES

4.1 CURRENT COMMISSIONING ARRANGEMENTS

As per the previous Cabinet report dated 11 March 2024, please find the key points below:

The Healthy Child Programme (HCP) which includes Health Visiting 0-5 and School Nursing 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

delivered at 4 levels-community, universal, targeted and specialist. It is 'Universal in Reach and Personalised in Response'.

Delivery of the Healthy Child Programme 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.

A single Section 75 Agreement has been in place as of 1st October 2019 between Cambridgeshire County Council (CCC), Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 HCP service covering Peterborough and Cambridgeshire, with the two NHS trusts working together delivering this service under a 'Joint Venture' agreement. Peterborough City Council (PCC) delegated the function to CCC by way of a Delegation and Partnering Agreement and CCC is the lead authority for purposes of the Section 75 Agreement.

The existing arrangements are in place until 31st March 2025.

The current 23/24 contract value for Peterborough is £4,092,144 per annum.

4.2 OVERVIEW OF THE HEALTHY CHILD PROGRAMME

4.2.1 The Healthy Child Programme (HCP) which includes Health Visiting 0-5 and School Nursing 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 (nonmandated) functions.

4.2.2 The national guidance relating to the Healthy Child Programme 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 ([Healthy Child Programme Schedule of Interventions Guide - DHSC \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/healthy-child-programme-schedule-of-interventions)) which range from community, universal, targeted and specialist support.

The updated model emphasises the health visiting and school nursing roles as leaders of the Healthy Child Programme, 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.

4.2.3 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 below.

Early years high impact areas are:

School-aged high impact areas are:

- 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. Ready to learn, narrowing the 'word gap'
- 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 \(www.gov.uk\)](http://www.gov.uk)

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)

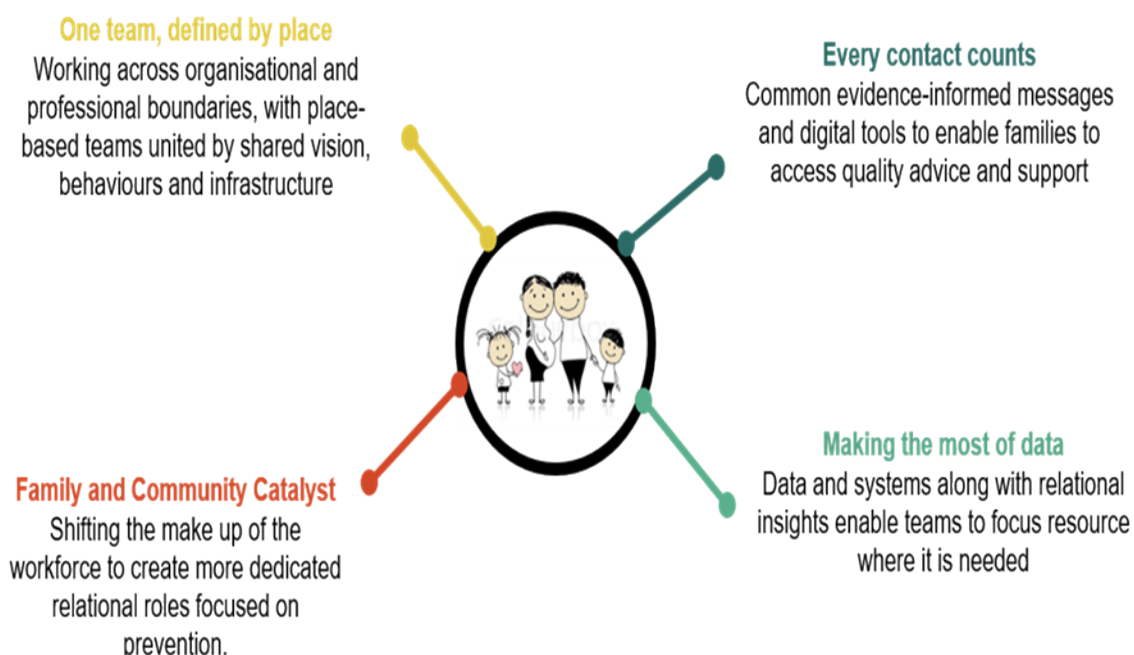
[CYP-Outcomes Sept2023-Cambs-Insight.2.xlsx \(live.com\)](http://live.com)

4.4 Locally the Healthy Child Programme supports the delivery of the Health and Wellbeing Integrated Care System Strategy and contributes to improving outcomes

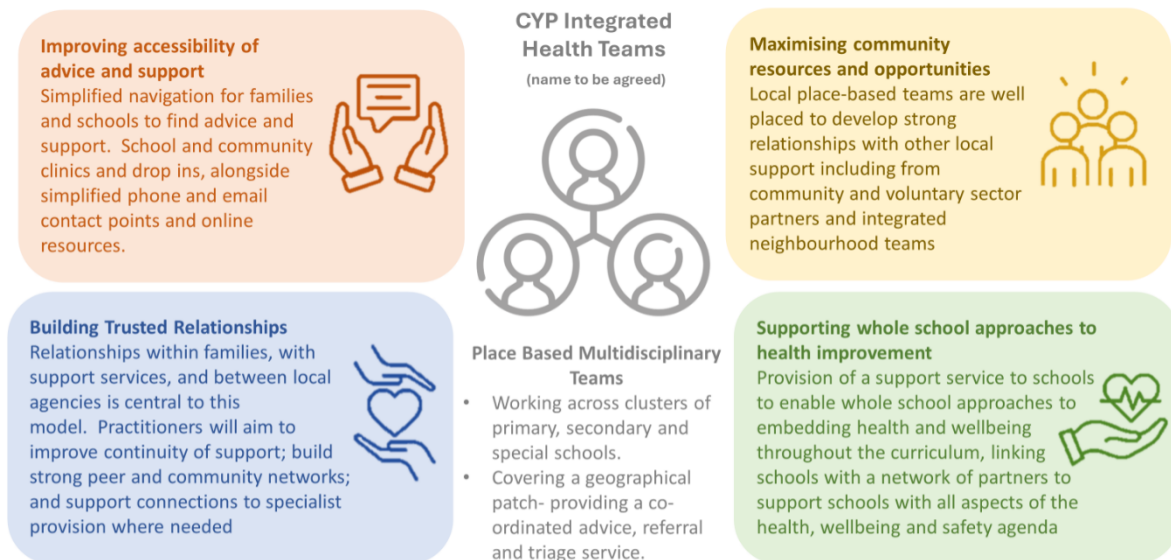
outlined in the Cambridgeshire and Peterborough CYP Outcomes framework. It also supports the Peterborough City Council's strategic priority of prevention, independence and resilience [Peterborough City Council - Our City Priorities - October 2022](#).

4.3 Healthy Child Programme- Model of integrated place-based delivery

4.3.1 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, consistent messaging (shared training and language), making community connections' approach. Several successful place-based pilots have been implemented through this programme.



4.3.2 School-aged Health Improvement Partnership: Set up in 2023 to co-ordinate action and make best use of collective resources (Local Authority, NHS, 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, Immunisation teams) and Local Authority Children's services (details in Appendix 2). A parallel paper explores how this model could work by expanding the remit of the current Healthy Schools Service to become an overarching School-aged Health Improvement and Prevention Service. The advantages of this are set out below.



4.3.3 The model aligns with the updated guidance on ‘Working together to safeguard children 2023’ 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.

4.4 **Service offer and interventions to be included in updated service specification.**

4.4.1 The interventions delivered by the Healthy Child Programme 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.

4.4.2 They 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.

5. **Re-commissioning approach options and recommendations**

5.1 Currently a single Section 75 Partnering Arrangement between Cambridgeshire County Council 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, setting out clear roles and responsibilities for both councils, including (but not limited to) liabilities, financial arrangements, information governance, data protection and performance management

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

Option 1: Section 75 partnering arrangement between both local authorities, or single local authority, and one or both NHS trusts (CCS and/or CPFT).

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.

The options are summarised below:

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)	<ul style="list-style-type: none"> • Each LA maintains separate s75 partnering arrangements, contractual and financial risks with the NHS Body/Bodies • Shared risk management as neither LA will be lead local authority for the purposes of the local authority health related function. • Efficiencies identified from a cessation of internal monetary transfers between the two LAs. • Continuity of service delivery and provision in the recommissioning process • Continuation of strong partnership working between LAs & NHS Provider/s • 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. 	Risks to continuity of service provision, service user impact and geographical disparities should if the local authority wishes to change arrangements during the contract term.
Single S75 Partnering Arrangement (Tri-partite between PCC, CCC and a NHS Body/NHS Bodies)	<ul style="list-style-type: none"> • Similar to above apart from the efficiencies from a cessation of monetary transfers between the two LAs. 	<ul style="list-style-type: none"> • More complex tri-partite arrangements between two local authorities and a NHS Body. • 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.
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	<ul style="list-style-type: none"> • Holds the potential to drive down costs and increase transformation/innovation (although this cannot be guaranteed) 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. • Risk of losing specialist workforce as there is a national shortage of health visitors and school nurses. <p>Risks of delivering a mandated Public Health service would transfer to the Local Authority</p>

5.3 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 a local authorities may exercise power to enter into Section 75 Partnering Arrangements.

- 5.4 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 \(cambspborochildrenshealth.nhs.uk\)](https://www.cambspborochildrenshealth.nhs.uk) which is funded nationally and the HCP 5-19 team works closely with them.
- 5.5 **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.
- 5.6 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)**. Additionally, grant the discretion to the Director of Public Health to amend the extension period into shorter durations based on service requirements. This would give the option to make any changes, including responding to any new national guidance and local priorities.
- 5.7 The current annual funding envelope for the Healthy Child programme is **£4,092,144 p.a.** This is split between the 0-5 programme with £3,314,637 and the 5-19 programme with £777,507. It is important to note that many of the posts work across the 0-19 age range and increasingly the workforce is dually accredited. 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 Change uplifts to date.
- 5.8 The annual budget in 2020_21 when the service was initially commissioned was £4,017,144 p.a. This was increased by £75,000 to £4,092,144 p.a. in 23_24 which is a 1.8% increase. This is much lower than the overall % NHS pay award increases over that period and lower than the cumulative change in CPI over the same period suggesting that it provides good value for money.

6. CORPORATE PRIORITIES

6.1 *Consider how the recommendation links to the Council's Corporate Priorities:*

1. *The Economy & Inclusive Growth*
 - *Environment*

- *Carbon Impact Assessment (copy and paste the summary section from the approved Carbon Impact Assessment form)*
- *Homes and Workplaces*
- *Jobs and Money*

Giving every child the Best Start in Life and improving outcomes for children will provide a healthy workforce for the future. The current Providers are local NHS Community Trusts providing a range of services and attend career fairs at the Local University to publicise employment opportunities.

2. *Our Places & Communities*

- *Places and Safety (including any rural implications)*
- *Lives and Work*
- *Health and Wellbeing*

Subject to the outcome of the decision being taken, future reports outlining the impact of the decision will be presented detailing this in more depth. This decision directly corresponds to the following promise to improve outcomes for children:

Together we will create a healthier future – we will ensure our children are ready to enter education and exit, preparing them for the next phase of their lives while creating an environment that gives everyone the opportunity to be as healthy as they can be. We will reduce poverty through better employment and better housing and promoting early intervention and prevention measures to improve mental health and wellbeing and be part of the integrated care system work with primary care, the NHS and the voluntary sector to develop an integrated neighbourhoods approach.

3. *Prevention, Independence & Resilience*

- *Educations and Skills for All*
- *Adults*
- *Children*

This decision this service relates to will impact on the following promises:

We will ensure every Child gets the best start in life – with more children and young people in care finding permanent, safe and stable homes and where all care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs.

We see Safeguarding of our most vulnerable residents as a priority – the young and adults at risk 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 tackling the impact of crime. We have zero tolerance to domestic abuse and will drive local action that tackles underlying causes, challenges perpetrators, and empowers survivors.

We will support individuals and families during the cost-of-living crisis – by providing them with the required breathing space, so they can plan their finances without the pressures of overdue debt. We will reduce levels of debt and associated money issues in our communities through the adoption of an ethical, joined up and data driven approach to the collection, management and prevention of debt. This means making better use of data and insight to support proactive outreach and working more closely in partnership with civil society.

4. *Sustainable Future City Council*

- *How we Work*
- *How we Serve*
- *How we Enable*

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.

Further information on the Council's Priorities can be found here - [Link to Corporate Strategy and Priorities Webpage](#)

7. **RECOMMENDATION/DECISION REQUIRED**

7.1 To commission a Universal 0-19 Healthy Child Programme including Health Visiting and School Nursing that follows national commissioning guidance, focuses on improving outcomes and reducing inequalities while allowing 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.

7.2 For Peterborough City Council to enter into a Section 75 Partnering Arrangement with Cambridgeshire Community Services 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).

7.3 To delegate authority to the Director of Public Health to exercise the option to extend the Arrangement after each 2-year period. Additionally, grant the discretion to the Director of Public Health to amend the extension period into shorter durations based on service requirements.

8. **CONSULTATION**

8.1 Details about the Healthy Child Programme and the Annual Report have been discussed with the Cabinet Portfolio holders for Children and Young People during briefing sessions with the children's public health team. The HCP employ a co-production lead and the service model is continuously being updated to reflect changing needs. A number of co-production reports are available on request.

8.2 The Children and Young Peoples Needs Assessment which has been completed includes the relevant data and stakeholder engagement work. This will be published following ratification by the Health & Wellbeing Board expected in October 2024.

8.3 This report was presented to CLT on 26 Aug 2024 and incorporates changes requested by CLT.

9. **ANTICIPATED OUTCOMES OR IMPACT**

9.1 It is anticipated that the outcomes of the decisions made will impact the commissioning direction officers move forward with the recommissioning of the HCP including the service model ('what to include' in the 0-5 and 5-19 elements of the HCP) and the approach to commissioning (i.e. Section 75 Partnering Arrangement with CCS).

10. **REASON FOR THE RECOMMENDATION**

- 10.1 Delivery of the Healthy Child Programme is funded through the Public Health Grant, and therefore the Local Authorities are subject to the Public Health Grant conditions and are required to deliver the HCP across Peterborough and Cambridgeshire.

The current arrangements are due to end on the 31st March 2025, therefore a decision is required to determine future commissioning arrangements in order to allow officers to proceed with the recommissioning process, finalising the service specification and Key Performance Indicators.

11. ALTERNATIVE OPTIONS CONSIDERED

- 11.1 No alternative options are required at this time as this report is for Cabinet members to decide which option to proceed with. To continue with the status quo is not viable as contractual arrangements are planned to end on the 31st March 2025 with no option to extend.

12. IMPLICATIONS

Financial Implications

- 12.1 The HCP is funded from the Public Health Grant, Annual budget for 24/25 is £4,092,144 p.a. 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.

Legal Implications

- 12.2 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.

Equalities Implications

- 12.3 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.

13. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 13.1 *List any documents and other information used to write this report. DO NOT include exempt items. Be specific as anything you list here must be available for public inspection for several years after the committee meeting.*

[Healthy child programme schedule of interventions - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Healthy child programme: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Previous Cabinet paper - Agenda for Cabinet on Monday 11th March, 2024, 4.00 pm | Peterborough City Council](#)

14. APPENDICES

14.1 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 Healthy Child Programme
- **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.

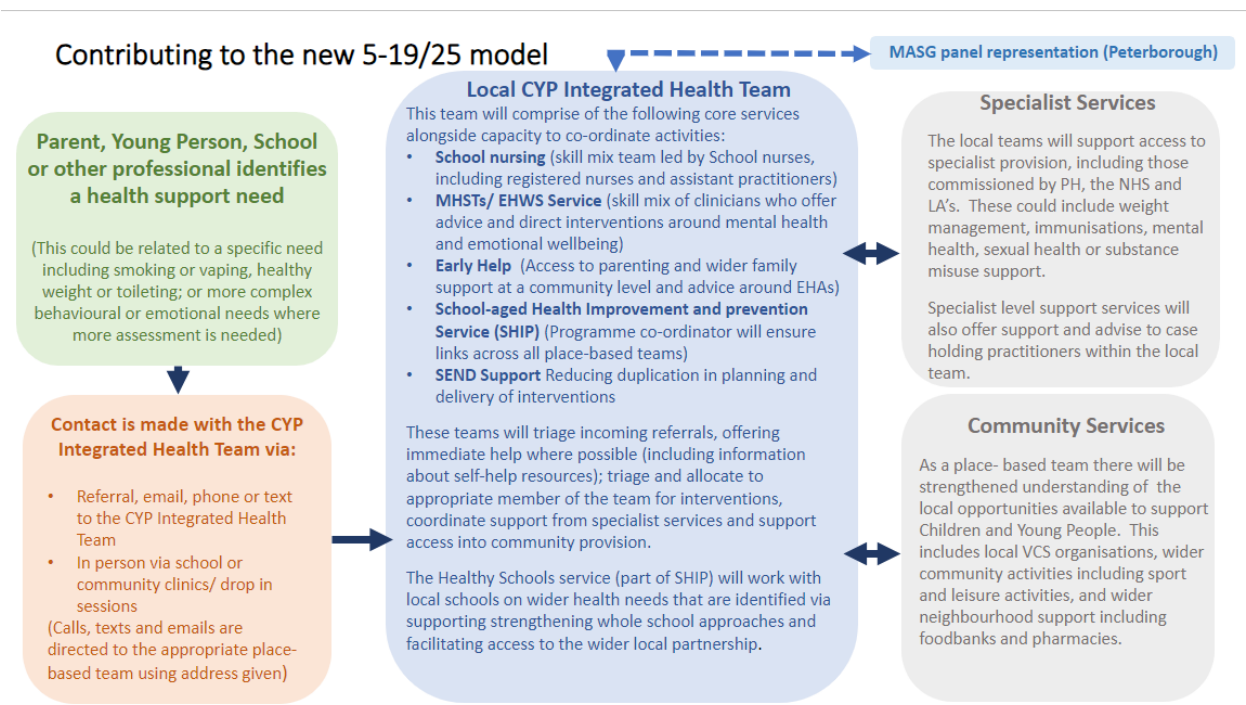
Outcomes-focused

- 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.

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



14.3 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.

14.4 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 	<ul style="list-style-type: none"> • Use community profiling to liaise with schools to agree support. • Health screening – Promote and review responses to ‘Getteing 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.

<ul style="list-style-type: none"> • 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"> • 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. <ul style="list-style-type: none"> • 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.

This page is intentionally left blank