AGENDA ITEM

REPORT TO CABINET

14 DECEMBER 2023

REPORT OF CORPORATE MANAGEMENT TEAM

Cabinet Member for Health, Leisure & Culture - Lead Cabinet Member - Cllr. Stephen Nelson
Deputy Leader of the Council & Cabinet Member for Children and Young People - Cllr Lisa Evans

PROPOSED PARTNERSHIP ARRANGEMENT WITH HARROGATE DISTRICT FOUNDATION TRUST FOR THE DELIVERY OF THE CHILDREN'S 0-19 HEALTH & WELLBEING PROGRAMME

SUMMARY

This report aims to provide the background and detail for the proposed partnership with Harrogate and District NHS Foundation Trust (HDFT) to deliver Public Health 0 to 19 Health & Wellbeing Programme through the mechanism of an **agreement** made under **section 75** of the National Health Services Act 2006 between partners (NHS bodies and local authorities).

The proposed **Section 75 agreement** includes arrangements for delegating the functions described in the report to the NHS partner. Delegation is permitted where it if it would lead to an improvement in the way those functions are exercised.

The health-related functions, detailed within the paper are part of a wider programme of support which consists of health visiting, school nursing and children and family's healthy weight, infant feeding and nutrition services. These services are more commonly known as '0 to 19' and 'Growing well, growing healthy'. Currently the services are delivered by HDFT through an existing contract which commenced 01 April 2018 and expires 31 March 2024.

The programme aims to promote the health and wellbeing of families and children aged 0-19 or up to age 25 with a Special Educational Need or Disability (SEND). It offers practical advice, interventions, and support on a range of topics related to parenting, health, and wellbeing. The service also works in partnership with other services and agencies to support and enable families to access health information and services appropriate to their needs – such as primary and secondary care, family hubs, children's services, voluntary organisations and nurseries amongst many others.

The report sets out:

- The background of the Programme
- The strategic alignment to the Local Authority's approach to Transformation, Powering our Future and the Fairer Stockton-on-Tees framework to improve outcomes for communities in the Borough and address inequalities, particularly health inequalities for children, young people and adults.
- The proposed use of a Section 75 Agreement to delegate the specific health-related functions to HDFT under the Section 75 of the National Health Act 2006

REASONS FOR RECOMMENDATION(S)/DECISION(S)

Cabinet is recommended to agree the use of a Section 75 Agreement for proposed partnership arrangements to ensure that the Council continues to meet the Local Authority statutory obligations for the provision of the mandated contacts of the Healthy Child Programme and National Child Measurement Programme. The proposed approach will lead to continued improvement in functions, efficient service delivery and quality with the aim to improve Public Health outcomes for children, young people, and families.

RECOMMENDATIONS

Cabinet is recommended to:

1. Note the background and the alignment to the strategic direction of the Council. The summary of evidence used to inform the commissioning approach is outlined in **APPENDIX 1**.

2. Agree the use of a Section 75 Agreement under Section 75 of The National Health Service Act 2006.

3. Delegate the responsibility for agreeing and finalising the terms of a new Section 75 Agreement to the Director of Adults, Health and Wellbeing and Director of Corporate Services through their authorised officers in line with the Council's Schemes of Delegation.

DETAIL

The recommendations in this report recognise that following the recent comprehensive review of the 0 to 19 Children's Health & Wellbeing Programme, the current service is performing well and is well received by stakeholders and communities. To maintain and improve services in the context of increasing pressures across the children's health and social care system, partnership and collaboration offer opportunities to improve outcomes for children, young people, and families.

Background

1. As determined by the Health and Social Care Act 2012, Local Authorities have held statutory responsibility for Public Health services including the provision of school nursing services in 2013 and then in 2015 Health Visiting services.
2. Local Authorities' specific-health related functions relating to this provision include providing information and advice, providing services to promote healthy living and providing services for the prevention, diagnosis or treatment of illness. Specifically, this includes, but is not limited to, child development reviews, weighing and measuring of children and medical inspection of pupils.
3. In 2018, Public Health commissioned HDFT to deliver the new integrated 0 to 19 wellbeing model and pathway. It was informed by evidence of what works to improve outcomes and developed collaboratively with Children's Services and partners. The 2018 procurement was a significant transformation with the integration of two separate services, the 0 to 5 Health Visiting service and the 5 to 19 School Nursing service, and the development of the children and family healthy weight offer and the family outreach and volunteering service (the latter now part of the strategic partnership for children's services with Family Action). It was designed to work in conjunction with other organisations and departments with a responsibility for children's health, wellbeing and social care, both within the Council and external to it.

4. In 2023, a programme of work was completed to determine the best way in which to provide these services in the future, to continue to improve outcomes for children and families, and build on existing partnerships working across the children's health and social care system, whilst acknowledging there are significant pressures on resources, finances, a growing level and complexity of need, health inequalities and poverty. All of which is increasing the level of demand for a service that is required to provide universal and targeted support.

5. The current contracts for both elements of the programme - the health visiting / school nursing offer (contract value £3,486,151) and the children and family healthy weight offer (contract value £687,199) are due to end on 31 March 2024.

6. Public Health have undertaken a significant amount of work with partners and families to consider the future of the provision and the best approach to improving outcomes for children, young people and families from 1 April 2024. This has been undertaken in the context of the post-COVID pressures, and changes in the NHS, Children's Services and Education since 2018.

Current Provision

7. The Public Health vision for children and young people (CYP) is to strengthen and support the foundations for children to be born, grow and develop safely, free from harm in an environment in which they can thrive. The aim is to give every child the best start in life and beyond through the further development of the public health CYP wellbeing programme, in line with evidence of best-practice and the national commissioning guidance to contribute to an improvement in health outcomes and a reduction in health inequalities for children and families.

8. The national healthy child programme (HCP) 0 to 19 aims to bring together health, education, and other main partners to deliver an offer for ill-health prevention and support. Effective delivery of this programme is reliant upon a wide range of partners and services working collaboratively, specifically the HCP aims to bring together the evidence of what is important to improve good health and wellbeing and resilience for all children now and in the future.

9. The national commissioning guidance and Healthy Child guidance prescribes that the delivery model is one of a graduated response starting from universal support and early prevention and increasing with level of need ('proportionate universalism'), promoting wellbeing, and contributing to reducing inequalities and vulnerabilities. It provides an invaluable opportunity to identify families that need additional help and support and protect children who are at risk of poor outcomes. It aims 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 promoting 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.
    - make sure children are prepared for and supported in all childcare, early years and education settings.
    - build integrated partnership across the 0 to 19 children's health and social care system.
    - empower children and families recognising the active role they play in improving outcomes.
    - focus on building community networks and resilience rather than a reliance on services (asset-based approach).

10. Locally, the commissioning of the 0 to 19 Health & Wellbeing Programme delivers on the Council's statutory responsibilities and is in line with the national direction and guidance. It is part of a universal Public Health pathway of support for children and families from the antenatal period through to adolescence. It includes the delivery of the mandated functions within the National Child Measurement Programme (NCMP) and mandated contacts within the Healthy Child Programme (HCP). The offer is led by Health Visitors and Public Health school nurses operating within a skills mixed team, along with the Children and Families Healthy Weight and lifestyle service. It provides families with a programme of health and development reviews, supplemented by advice and interventions around physical and emotional wellbeing and parenting support.

Commissioning Evidence

11. In planning for the re-commissioning of the services, a programme of work was completed overseen by a steering group chaired by the Director of Public Health which included partners from Children's Services, the Integrated Care Board (ICB), and Council procurement and contracting colleagues. A working group reporting to the steering group coordinated the work to establish the evidence needed to inform decision-making and the future direction for the service.

12. The following programme of work was undertaken, a summary of which is outlined below:
    - Rapid epidemiological health needs assessment
    - Service Review
    - Consultation & Engagement
    - Co-production
    - Options appraisal

    Colleagues across the ICB and Children's Services were engaged early to be involved in the work and provided with updates and opportunities to feedback and provide critical oversight into the decision making. A report was also taken to CMT in April 2023 to outline the approach and work programme.

13. The work undertaken formed the evidence base to inform commissioning intention and approach. An overview and summary of this evidence can be found in **APPENDIX 1** of this report including a summary of the consultation and engagement response from stakeholders and communities.

Recommendations from the evidence and consultation

14. From the breadth of work undertaken, there was a strong evidential basis for the future commissioning of the 0 to 19 Programme. In summary:

    - There are increasing health and wellbeing needs for children, young people and families and increasing complexity, including a significant number of safeguarding pressures.

    - The service is predominantly staff - resources are already tight, providing additional challenges in terms of growing complexity of need.

    - The service has adapted and been responsive to changes particularly within the organisation of the 0 to 19 children's health and social care system.

    - The service is well received by partners, children, and families however there are opportunities to improve awareness, knowledge, the SEND offer and communication.

    - There are significant wider system pressures that significantly impact service delivery and operation.

    - Where it is possible to benchmark, the service is performing highly and outperforms regional and national performance indicators; there is also a need to improve further develop performance monitoring and better utilise the available population health data.

    - Clarifying the role of the 5 to 19 nurses is important, ensuring their public health / early prevention skills are protected and maximised for the benefit of children, young people and families, in the context of increasing safeguarding pressures.

    - The service has drifted 'downstream' to more acute activity - the evidence reviews, and consultation feedback are clear that the service should maintain the public health focus upstream as a universal offer with early support and intervention where needed.

    - Strengthening the asset and community element of the service is important.

- Clarity of the role and contribution of the service to mental health and transition post-16 is needed.

- Flexibility to respond to population changes, changes in the system and national policy is fundamental to continue to provide the best services for children and families.

- Given the role the service has across a very large system, there is a growing need for partnership working, collaboration and strong system leadership.

Options Considered

15. The decision on the approach to commissioning was informed by all the available evidence, an options appraisal, and the need to continue to improve service functions and outcomes and align strategically with the Council and Public Health priorities.

16. For outsourcing, there is currently evidence of a very limited market, which was ascertained through market testing. The local NHS Foundation Trust determined that there were other opportunities in which they would engage meaningfully with the development of the 0 to 19 programme rather than direct provision. In addition, a commissioned contract would not provide the same flexibility to improve outcomes as identified by the review.

17. Based on collective advice, and the programme of work, it was determined that insourcing would not meet the objectives and address the findings of the evidence review and approach to improve service functions and outcomes. It was acknowledged that a clinical organisation of this size, complexity, and cost would require a significant amount of resource and time at a period of significant transformation and challenging budgets.

18. After careful consideration of the options, the recommendation is to enter into a Section 75 agreement with HDFT to deliver an integrated 0 to 19 Programme. This approach aligns with Public Health and wider system priorities including the need for a flexible and responsive offer that contributes to a shift to primary prevention and early intervention, co-production, and co-design to reduce health inequalities and improve service functions and outcomes. Furthermore, it reflects the broad range of interdependencies for the service and the need for strong strategic alignment, shared values, and principles across the children's health and wellbeing system. The recommendation was presented and considered by CMT in June 2023. CMT supported the programme of work and the recommendation. CMT also acknowledged that the limited market requires local system leadership to improve the position for any potential future commissioning and should be an important consideration by the Tees Valley ICP.

19. HDFT are a known provider which can, and do, work in partnership with the Local Authority to achieve better outcomes for children and families. They are recognised as valuable partners in the wider system and deliver the 0-19 services in various Local Authorities across the region and are nationally one of the largest providers of community services for Children, Young People and Families.

Strategic Alignment

20. The proposed section 75 partnership approach builds on existing working arrangements across the children's health and social care system and cements the opportunity to further embed early intervention and prevention and co-production through its design and development. The strategic objectives for the approach are:

    - Facilitating resilience and support for transitions including parenthood, early years, and adolescence.
    - Renewed focus on earlier (primary) prevention and early intervention.
    - Improving engagement with minoritised and marginalised groups

- Providing the right support at the right time for vulnerable children and families and children with health needs
- Core principles of the approach are focused on equity, fairness and being community centred.

21. The partnership outcomes are to be agreed as part of the final draft of the agreement. The proposed draft outcomes are:
    - More children and young people achieve positive physical and emotional milestones.
    - Achieve and sustain a high rate of completion of the mandated, and Stockton-additional, contacts, with increased universal contacts with children and families across the 0-19 provision.
    - Further development of the whole school approach to healthy weight with increased links and engagement with early years and education settings.
    - The voice of children, young people and families are at the heart of the offer, including their increased involvement in decision making and service development.
    - Increased engagement with families from priority groups and areas of deprivation across the provision and through co-production.
    - An increased number of families report a positive experience of using the service.
    - Through partnership working the needs of children and families are identified early ensuring they receive support from the right person/professional in the right place at the right time.
    - More children and young people, particularly those who are vulnerable, are supported through periods of transition.

Council Transformation Programme

22. The approach to the partnership through the use of a Section 75 Agreement contributes to the aims of the Council's objectives to deliver excellent and efficient services that are financially sustainable and reduce inequality and is in line with priorities of the Council Programme. As outlined in the Governance Board detail below, the Partnership set up under the Section 75 Agreement will embark on a process of development and improvements consistent with the transformation programme objectives.

23. As the service currently performs well, it will continue to operate in the same manner at the commencement of the proposed section 75 agreement. The Partnership Board will however develop a transformation programme where a set of agreed priorities will be developed into action plans and projects.

24. The priority areas for improvement will be developed in partnership and collaboration with key partners such as Children's Services, in acknowledgement of the significant financial pressures and demand within Children's services. The partnership provides an opportunity to consider shared priorities and complement the children's transformation agenda, particularly regarding the Early Help offer. It will be important to ensure opportunities to support the Early Help agenda are recognised as part of the service developments, and in line with evidence for the Healthy Child Programme, National Guidance for 0 to 19 provision and the evidence of what is needed to improve health and wellbeing outcomes for the children's population in the Borough.

25. In order to deliver on the breadth of the HCP, the Partnership Board will work across the VCSE, Health and Education and capitalise on the service's partnerships to ensure a coherent offer of support is available to meet the aims of the HCP.

26. As stated, the direction of travel is for the service to have increased capacity to focus on early (primary) prevention and early intervention. The research evidence is clear that investment in both early (primary prevention) prevention and early intervention helps create the best circumstances for children to thrive and be healthy and therefore also reduce need and demand on Council services over time.

27. A process of continuous quality improvement will be employed and will require system partners to input into design. The aim is to then implement changes within the existing structure in a well-planned and sequenced manner, recognising this will take time. Initial priority areas are:

    - Meaningful involvement of communities and families at the governance level and integrated throughout the quality improvement cycle.
    - Developing "realistic" minimum levels of service delivery (to estimate how much capacity could be re-allocated to support improvement areas I.e., more emphasis on early intervention and primary prevention).
    - Reprioritising the 5 to 19 offer of the service within current capacity
    - Improving monitoring and evaluation system for the service (performance, KPIs, contract management, as well as monitoring quality improvement)
    - Reviewing the safeguarding model and configuration as part of a wider system discussion
    - Build on the role of the service and partnership to influence the wider health and wellbeing offer across partner agencies for children, young people and families and build capacity across this system.

    Further areas for development based on findings from the review will then be agreed and developed through the Partnership Board and partners.

28. To support this work, a ring-fenced transformation budget will be identified to support the service development and transformation work, to cover costs associated with the plan and provide specific programme management support. Its use will be directed by the Partnership Board.

29. The partnership arrangement is also aligned with the wider Council programme of Powering our Future – contributing to workforce development, centring on communities, efficient services, and reducing inequalities. It also supports A Fairer Stockton-on-Tees, the Health & Wellbeing Strategy and the Children's Plan.

30. The partnership offers a collaborative approach to working with families to address their current and future needs. Through this, the intention is the service can continue to adapt and further integrate with the wider children's health and social care system where this makes sense, which would help maximise resources and remove traditional barriers to services for children and families.

31. Community asset-based approaches will be fundamental in the development, and delivery, of the service. Harnessing the skills, knowledge and lived experience of Stockton's families and other organisations is an important approach to building capacity, resilience, networks, and a sense of control over a family's own wellbeing. Through co-production Public Health has already started conversations to support shaping how the future of the service will be delivered. The partnership board will consider the voices of communities and system partners in its decision making. Co-production will be included in the specification and governance arrangements.

Proposed Section 75 Agreement

32. A Section 75 Agreement is made under Section 75 of the National Health Act 2006 and enables NHS bodies and local authorities to enter arrangements which are prescribed in secondary legislation. It allows local authorities to delegate health-related functions to NHS providers to deliver together with their NHS functions. Critical to the success of the partnership is a strong

agreement and relationship with HDFT. Their track record provides a solid foundation for further developing the partnership arrangements.

Consultation

33. The legislation requires the Council and HDFT to consult with relevant stakeholders on the proposal to enter into the section 75 arrangement. A survey was open from 15 September 23 to 06 November 23 and shared with stakeholders and partners across the system. The initial period of consultation was extended due to the low response rate.

34. The survey received a total of four responses: of these, three reported no concerns. Two of the three left a comment: 'there are no issues' and 'it is the best for SBC residents'. One of the respondents had answered that they had a 'question or concern'. The respondent stated they felt the provider was 'competent' but that reported experiences were 'not always excellent'. The respondent also reflected that the local ICB should be 'working to ensure that there are local services for local people to ensure investments remain locally'.

35. As noted within the section under 'Options Considered' on page 8 of this report, the limitations of the current market were acknowledged by the Council's CMT and market stimulation was proposed to be considered by the Tees Valley Integrated Care Partnership (ICP). As noted through all the evidence and surveys, where there are areas of development and improvements, the feedback from communities is positive and partners felt the current service to be an integral part of the system. Through the agreement, the partnership will consider Social Value alongside the approach to continuous quality improvement. Any significant future changes or developments because of the work of the Board will ensure all relevant stakeholders and communities are consulted as part of the process and, wherever possible, included in the development and design of services.

Terms of the Agreement

36. It is proposed that the Section 75 agreement with HDFT will start on 1 April 2024 incorporating Lot 1 (Healthy Child Programme), Lot 2 (Growing Well, Growing Healthy) and the Resilience Pilot. The proposed agreement has been developed in partnership between HDFT and Stockton Borough Council.

37. The Partnership shall commence on 01 April 2024 ('the Commencement Date') for a term of five (5) years ('the Initial Term") and terminate automatically on 31 March 2029 ('the Expiry Date') unless:

    - terminated earlier in accordance with Clause 31 (Termination) or other prior lawful termination; or
    - the Council shall have the option to extend the Initial Term for up to five (5) periods of twelve (12) months or such other period of combined twelve-month periods as agreed, in writing, with the Partner.

38. The term has been determined based on the need to allow time to achieve the necessary service transformation and developments, time for the partnership to evolve and for changes to embed into the system. The extension period allows for flexibility, prior to the end of the initial term an assessment can be made on the current context, the service and the position of the Local Authority. It allows the Council to enter into any combination of extensions e.g. 1 year, 3 years or the full five years. Both parties have the right to serve notice via a break clause, with 12 months' notice.

39. The financial envelope for the initial term is set at £4,173,350 p.a. and is allocated from the existing Public Health Grant.

40. Subject to resources available it is anticipated that there is a separate ring-fenced budget to support the transformation work outlined in the transformation section. The funding allocation for this will be determined on an annual basis.

41. The financial envelope for further extensions will be agreed at the time of determining the period of extension and will be agreed in line with usual financial processes. Further detail of finances is outlined in the finance section.

42. The arrangements and details of the Section 75 agreement will be finalised by negotiation. Through the Section 75 agreement, performance management of the service delivery remains a priority and it is clear that financial accountability remains with the Council. Service delivery will be expected within the financial envelope agreed and responsibility for mitigating any overspend will remain with HDFT. Agreement on how any underspend is used must be secured through the Healthy Child Board.

Governance

43. The agreement and the service will be governed through the establishment of a Healthy Child Board (**APPENDIX 3** sets out a draft Terms of Reference and overview). The Board will be chaired by the Director of Public Health and a Vice Chair will be nominated by HDFT. Additional members of the Board will be identified from the ICB, Children's Services and Public Health.

44. Representatives have been identified to ensure that the Service is cognisant of, and aligned with, NHS children's services that are delivered by other providers (for example, primary care services; ophthalmic services audiology; continence; speech and language; and other relevant Local Authority children's services such as Early Help, Family Hubs and Education Services).

45. An interim Board will be established prior to commencement of the agreement and a key priority will be to work with communities to determine how to meaningfully represent children and families within the Governance structure as a key part of decision-making processes.

46. The Board will embrace meaningful scrutiny and will work with identified strategic partnerships to develop a 'critical friends' function. The Board will identify and work with strategic partnerships and functions (e.g. Children and Young People's Partnership, Council Transformation Board, Health & Wellbeing Board, Integrated Care Partnership place sub-committee) and determine how best to achieve the 'Critical Friends' function. The function of the 'Critical Friends' is to acknowledge the legitimate interest of key stakeholders in the service's development within the wider 0 to 19 system and the shared strategic priorities.

COMMUNITY IMPACT IMPLICATIONS

47. As of the 1 April 2024 the service will continue to be delivered in the same way. This will maximise continuity for families and organisations in the Borough reflecting the important role that the Programme plays in the wider system. Nonetheless as previously outlined the ongoing transformation and quality improvement work may change some aspects of service delivery.

48. The transformation work is intended to improve outcomes. As and when transformation work takes place impact assessments, including health equity impact assessments, will be completed on any changes that may affect service delivery or groups within the community.

49. The aim of the approach is to embed co-production and the voice of families, therefore there will be on-going engagement, consultation, co-design and co-production within the principles of the agreement.

CORPORATE PARENTING IMPLICATIONS

50. We make a commitment to work together to be the best Corporate Parent that we can be and acknowledge the Partnership and the Board provides further opportunity to support this, with

HDFT committing to do their best as part of the 'extended family'. As a Partnership we will work collaboratively with the system to strengthening the health and wellbeing offer for Children in Our Care (CIOC) and Care Leavers.

51. We have identified a need to improve support for transitions (as identified under the evidence summary section of the appendix) and will make the commitment to include Care Leavers to help determine the role of the service and offer for transitionary support, including how best to support Care Leavers to understand and take ownership of their own health and wellbeing needs. We will continue to support the wellbeing offer as outlined in the corporate care leavers policy.

52. We are committed to design and develop services with children and families, this includes ensuring where possible CIOC and Care Leavers are involved as part of the approach to co-production as described earlier in the report, increasing opportunities for them to express their views and wishes and have an active role in shaping services for children and young people across the Borough.

53. As we progress through the process of continuous quality improvement, we will consider the needs of CIOC and Care Leavers as part of our Equity Impact Assessments, to ensure that they are not disadvantaged by any changes or developments.

Contribution: Jane Smith, Service Lead Strategy Quality & Improvement

FINANCIAL IMPLICATIONS

54. The service will be funded from the Public Health Ring-Fenced Grant and its spending for this purpose is in line with the conditions of the Grant. The total value is £4,173,350 per annum. Subject to resources available it is anticipated that there is a separate ring-fenced budget to support the transformation plan. The funding for this will be determined on an annual basis in line with the Council priorities and position. Budgetary responsibility will remain with the Local Authority, but financial monitoring and oversight will be conducted via the Healthy Child Board.

55. The initial term of the agreement is for 5 years with the option to extend for a minimum of 12 months, with the option to extend up to a maximum of five years. The Section 75 Agreement includes an option to terminate the agreement with 12 months' notice.

- The total value per annum is set for the initial term so long as the Public Health ring-fenced grant continues. Any changes to the grant will require joint discussions between both parties to the agreement with final decisions made in line with current Council priorities and procedures. Any potential resulting impact on service provision will be a matter for Members.
- Budget for extensions will be negotiated and agreed in line with usual Council processes and will be determined based on the public health ring-fenced grant and Council position.
- Agenda for Change uplifts will be determined annually based on national direction and any potential uplifts to the ring-fenced grant.
- The transformation budget will be determined annually based on the Council priorities and public health ring-fenced grant and any potential uplifts in line with usual Council processes; this funding is not to be used for 'on-going spend' but to support transformation work.
- As part of the partnership annual review, a full financial review will be required against spend and delivery.
- Social value and value for money considerations are included in the Section 75 agreement alongside considerations of effectiveness, efficiency and impact and throughout any service developments as part of the process of continuous quality improvement.
- liability for any overspends shall sit with the Trust except where the Council and the Trust agree otherwise. Any underspend at the end of the Financial Year will be agreed between the Partners with the intention to reinvest in the Service. Any underspend on termination or expiry of the agreement shall be returned to the Council in full.

Contribution: Strategic Finance Manager

LEGAL IMPLICATIONS

56. The use of a Section 75 agreement is considered the most legally robust option for the Council in order for the Council to discharge its specific health-related functions prescribed in the Health and Social Care Act 2012.

57. Due to the nature of the services covered under this Act, there is a limited supplier market, particularly in relation to the provision of school nursing services, health visiting services, services to promote healthy living and services for the prevention, diagnosis or treatment of illness. A limited supplier market means that there is less flexibility if a procurement process is followed under the Public Contract Regulations 2015 as the predominant driver is commercial profit. This driver often restricts flexibility and creativity in the way services are improved and delivered throughout the duration of a contract, and often poses greater legal risk and challenge as to what can be delivered, within the contract price, over the duration of the contract.

58. Section 75 of the National Health Service Act 2006 allows Councils to commission their specific health-related functions to NHS bodies "...*if the arrangements are likely to lead to an improvement in the way in which those functions are exercised" (Section 75(1))*. Accordingly, the use of a section 75 Agreement between Councils and NHS bodies is, by it's statutory nature, driven by service improvement as opposed to profit. The legal implication of this means that it provides greater opportunity to engage meaningfully with the development of the 0 to 19 programme and to improve outcomes as identified by the review, within the set financial envelope. This will, more likely, lead to an improvement in the way those functions are exercised, as required under Section 75 of the National Health Service Act 2006.

Contribution: April Pilgrim, Lead Solicitor

RISK ASSESSMENT

59. There are several risks associated with the proposed approach for this service as set out in this report. These include:

- **Defining Outcomes:** There is a risk that the outcomes (see paragraph 21 of the report) desired from this service are not clearly defined in line with strategic objectives or are not achievable. **Mitigation**: a review of the service and outcomes has been undertaken with wide ranging consultation with stakeholders and service users. The review has included a health needs assessment.

- **Delivering Outcomes:** There is a risk that the partnership will not perform and deliver the required outcomes. **Mitigation**: Appropriate governance arrangements (Appendix 4) will be established to monitor the development and delivery of the service and to assess progress towards achieving the desired outcomes.

- **Financial Risk:** There is a risk that the service cannot deliver the desired outcomes within the agreed budget envelope. **Mitigation:** The budget has been established with the knowledge of the current service and budget. The budget will be monitored within the governance arrangements (Appendix 4). Liability for any overspends shall sit with the Trust except where the Council and the Trust agree otherwise.

Contribution: Martin Skipsey, Assistant Director, Procurement & Governance

WARDS AFFECTED AND CONSULTATION WITH WARD/COUNCILLORS

60. This service is universal and operates in all wards in the Borough. Families and organisations from across the Borough have been invited to take part in the service review, co-design and in consultation on the proposed Section 75 agreement. Their responses highlighted that service is an important part of the wider system but that there is scope for improvements as set out in the report. These views will be considered in the ongoing service developments.

61. It is the Partnership's intention that families and communities continue to be included in the co-design and co-production of the 0-19 Wellbeing Programme and will be part of its governance structure as per the Section 75 Agreement. As there is no change to service provision, Councillors have not been consulted, but they will be as and when it is relevant for the transformation work.

BACKGROUND PAPERS

N/A in addition to those mentioned in body of the report.

Name of Contact Officer: Sarah Bowman-Abouna

Post Title: Director of Public Health

Contact: sarah.bowmanabouna@stockton.gov.uk

APPENDICES

APPENDIX 1

Summary of Evidence

Overview

62. Findings from the programme of work established that whilst some of the protective factors for children's health were improving such as educational attainment, and some other indicators such as teenage pregnancy and substance misuse had reduced, there are still increasing levels of need for children's health and wellbeing. This is in the context of widening inequalities, increasing poverty and deprivation and increasing social and emotional challenges (**APPENDIX 2** summarises some key figures).

63. This context poses significant challenges for both the 0 to 19 wellbeing programmes and the wider system. The programme works in partnership across the health and social care system, and as pressures have increased within the system, the current 0 to 19 programme has often become the default service for providing support. This creates additional pressures and challenges for a service that provides both universal and targeted provision and has had some impact on its ability to deliver on its early prevention responsibilities, particularly in the 5-19 age group.

64. Across the system there has been a lot of change in terms of health and social care configuration since 2018. COVID also changed both the needs of the population and the way health and social care operated. Reviewing the original specification, it has been clear that HDFT have exercised a degree of flexibility to respond to need and ensure the service provided was in line with system changes as well as continuing to support particularly the most vulnerable families during the height of the pandemic. This highlighted the importance of a flexible and responsive service.

65. The service cost is predominantly attributed to staffing - the 0-19 (25 SEND) and Growing Well, Growing Healthy services are delivered by a skills-mixed team of 79.51 WTE, ranging from Band 3 to Band 8, who are based in locations across the borough, including Family Hubs.

Healthy Child Programme

66. The service has consistently met its performance targets, and there have been no concerns regarding delivery of the contract. Whilst there was a dip in performance during COVID, this was the case nationally and the service bounced back quickly. Reviewing benchmarking of the mandated contacts, the 0 to 5 elements improved and they consistently outperform national, regional and common statistical neighbour comparators (**APPENDIX 2**).

67. As of September 2022, the service had over 9,700 children aged 0-5 on its caseload split between three locality teams made up of Health Visitors and Early Years Practitioners. The service has bucked the national trend in being able to recruit and retain staff but is stretched due to staff absence (mainly in health visiting and not always work-related) and the growing needs of families across the spectrum of need, including complexity in safeguarding.

68. Across the 5 to 19 element of the service through screening, emotional wellbeing support, resilience and mid-teen reviews, the service has on average around 2000 contacts with children and young people a month (April 22 to Jan 23). At June 2023, the generic nurses and junior public health nurses were supporting 130 children on their caseloads.

69. Both national guidance and the current local service specification for the 5-19 element of the service are less prescriptive than for the 0-5 element. Taken together with the significant changes in children's services, education and the NHS, this has resulted in a lack of clarity for the service, partners and families. Given the flexibility in the national guidance, there are different approaches nationally to commissioning this service, meaning that benchmarking is not feasible. However,

the local service review found there were significant challenges in achieving the level of intervention and support required for young people and families due to safeguarding pressures

70. In addition to its expected safeguarding duties, the service is fulfilling a safeguarding role as the 'health' representative on behalf of the wider 0 to 19 health system, which has significant implications for the 5-19 teams' ability to deliver its early intervention and prevention offer. This is a challenge that pre-dated the existing contract and accounts for an estimated 90% of generic Public Health nurse capacity at the time of review. The issue of 'health' representation in the safeguarding system is a challenge for the system as a whole to address, to ensure the most appropriate representation is available, through health professionals with knowledge of the child and their circumstances.

71. In early 2020, the model was expanded to include a resilience pilot focused on early intervention and community-based support for young people with emerging risk-taking behaviours and their families (e.g. low-level substance misuse, support for emotional wellbeing). The pilot is aimed at 10–19-year-olds (up to 25 SEND) and builds on the mid-teen reviews pilot work, which supports year 9 students with a range of needs including low-level substance misuse, body image and anxiety. The mid-teen review pilot slowed due to COVID, however in 2022, 5 secondary schools opted in. 881 Year 9 students had a health and wellbeing review, 46% required follow up by the service of which 32% were classified as 'urgent' by the service. Several children were identified who were previously unknown to services or schools who required further holistic support (more detailed reporting of these numbers is a priority for the future service).

Growing Well, Growing Healthy

72. In 2021/22, Stockton-on-Tees achieved a participation rate of 98.9% for the National Child Measurement Programme (NCMP), this is higher than both the regional and England average. The Growing Well, Growing Healthy Children and Families Healthy Weight offer, which provides interventions, training, educational programmes, and expertise to partners is an offer that is relatively unique to Stockton-on-Tees. It has frequently been described as an example of good practice across a range of partners and commissioners and as such, there are no similar services against which the service can be benchmarked.

73. In 2021/22 the Growing Well Growing Healthy Service screened over 1,130 children for healthy weight and provided sensitive initial support and advice to almost all the parents of those children with high BMI. They provided on-going interventions for over 300 children and families. Alongside interventions the team also trained a broad range of training to workforce across education and family hubs, supported the development of pathways between the service and secondary care, hosted a number of support groups and has been developing links to the borough's healthy schools programme.

74. The Growing Well, Growing Healthy service performs well; it is seen as an integral part of the offer of support for children and families within the Borough and has been flexible and responsive to need. In addition, areas were identified for future development. The service has worked closely with Family Action (which delivers family hubs in partnership with children's services), and the resilience offer is working with local youth and community groups. However, further work is needed to establish an asset-based approach and working into communities. The service is also still developing its prevention offer and its contribution to whole-school approaches. Capacity and the pandemic have been significant challenges to developing this to-date and the work will be a priority in the future model. It is clear there are opportunities to build on what works, particularly enhancing existing relationships with schools and the community and using these routes to expand the universal offer of support to families.

Consultation and Engagement

75. Throughout the work on the 0-19 programme, we have worked with children, young people, families and stakeholders to ensure that their voices are central to the review and our approach to developing the 0-19 programme. The consultation work ran from February to March 2023 and

included surveys, focus groups and a Healthwatch project on community engagement. In total we received 416 responses including:

- 176 Parents, Carers and Guardians
- 128 Stakeholders
- 15 Children and Young People
- 97 responses via Healthwatch

76. The responses recognised some of the good work the service already does to support local families and we heard from stakeholders and families who felt the input of the Public Health nurses was 'invaluable' and they appreciated the 'responsiveness and flexibility' of the service. Nonetheless, there were 4 key areas that were highlighted as opportunities for development:

    - Improved knowledge and understanding of the service
    - Improved communication, access and availability
    - Increased early intervention and prevention with timely support for ongoing needs with a focus on the identified health priorities (emotional wellbeing, risk-taking behaviours, child poverty, missed education, SEND/neurodiversity)
    - Improved awareness of, and access to, support for neurodiversity and SEND

77. Following the engagement work we held a system development session to review the feedback and provide an opportunity for partners to comment on the work so far and on future direction. The session was well attended and included staff from Children's services, Education, NHS Trusts and VCSE organisations.

78. Stakeholders were clear that there should be a renewed focus on early intervention and upstream prevention, improved partnership working and asset building within families and communities. The service should continue with their mandated contacts, including the mid-teen review and their holistic approach to children, young people and families, to aid understanding of the barriers and challenges that families are facing. The stakeholders felt that the programme's offer could be clearer and may be improved by better defining their criteria to manage expectations and workload. Transitions were recognised as a potential key point for support or intervention, including with SEND children.

79. We also worked with a group of families who attended several sessions to discuss the current service, health needs of families in the Borough values and principles that should underpin the future service. We will build on this work to embed the voice of families into the 0-19 programme.

APPENDIX 2 – KEY PERFORMANCE INFORMATION (CURRENT SERVICE)

For the first three quarters of 2022/23 the completion rate for the mandated contacts was between 93.5% and 97.0%. However, the national comparison data is only available for 2021/22, comparison with our service shows:

- 89.7% (1,716) of New Birth Visits were completed within 14 days, which is higher than the England average of 82.7%.
- 90.1% (1,694) of infants received a 6-to-8-week review, which is significantly higher than the England average of 81.6%.
- 94.1% (1,794) of children received a 12-month review, which is significantly higher than the England average of 82.0%.
- 89.1% (1,854) of children received a 2- 2 1/2-year review, which is significantly than the England average of 74.1%.

APPENDIX 3

0 to 19 Governance Interim Partnership Board (DRAFT – Pending agreement with the Board and partners)

Terms of Reference

1. **Role**
   - **1.1.** The Board will provide strategic oversight for the implementation of the Section 75 Partnership arrangement.
   - **1.2.** The Board will work according to the agreed Partnership Principles (see Appendix A).

2. **Background**
   - **2.1.** Stockton-on-Tees Borough Council Public Health team is proposing to enter into a Section 75 agreement with Harrogate and District NHS Foundation Trust (HDFT) for the ongoing delivery of the 0-19 service. This will create a formal partnership to provide the 0 to 19 Programme to the local population. The agreement is proposed to start in April 2024, subject to Stockton-on-Tees Borough Council Cabinet approval.
   - **2.2.** These Terms of Reference describe the responsibilities, functions and ways of working for the Governance Partnership Board.
   - **2.3.** There will be an Interim Governance Partnership Board to direct and oversee the work planned prior to the start of the agreement. This will include:
     - Approval of the Terms of Reference for the Governance Board and the Project Management Team.
     - Approval of initial design priority areas (using yet to be determined criteria).
     - Approval of design briefs for the Project Management Team.
   - **2.4.** The Interim Board will be superseded by the formal Governance Partnership Board.

3. **Membership**
   - **3.1.** The board membership will comprise:
     - **3.1.1.** Chair: The Director of Public Health for Stockton Borough Council
     - **3.1.2.** Vice Chair: HDFT Triumvirate Member
     - **3.1.3.** Consultant in Public Health
     - **3.1.4.** Public Health Strategic Health and Wellbeing Manager
     - **3.1.5.** HDFT General Manager 0-19
     - **3.1.6.** HDFT Service Manager 0-19
     - **3.1.7.** Project Manager
     - **3.1.8.** LA Children's Services
     - **3.1.9.** Health Commissioning (ICB)
     - **3.1.10.** Children and Families (Placeholder)
     - **3.1.11.** HR[1]
     - **3.1.12.** Contract Management[2]
     - **3.1.13.** Performance and Intelligence2
     - **3.1.14.** Finance2
     - **3.1.15.** Administrator2
   - **3.2.** It is expected that members will have adequate time to attend Board meetings, ensuring enough time for preparation and completion of any potential actions following the meeting where necessary.
   - **3.3.** In exceptional circumstances, if a member is unable to attend a meeting of the Board, they will be responsible for nominating a suitable deputy to attend in their absence.

4. **Functions/Purpose**

Overall, the Board will provide strategic oversight and accountability of the successful implementation of the Section 75 partnership agreement.

[1] As and when required
[2] May submit reports or attend depending on the agenda

4.1. The Board will provide oversight for on-going service delivery.
4.2. The Board will provide oversight for the programme of transformational change work.
4.2.1. Decide upon a priority list for, and sequence of, (re)design projects.
4.2.2. Review and agree a design brief for each design project.
4.2.3. Review and decide upon the design solution proposed by the project management team.
4.3. The Board will discuss and agree the procedures and processes for how the Transformation budget is to be disseminated and accounted for.

5. Accountability and Reporting

5.1. The Board will report into their respective organisational structures.
5.2. The Project Manager will report directly to the Board as per clause 6.4 of the Section 75 Partnership Agreement.
5.3. The Project Team will escalate any identified risks or challenges to the Board in accordance with clause 11.5 of the Section 75 Partnership Agreement.

6. Decision Making and Quoracy

6.1. For a Board meeting to proceed, there must be at least two representatives from each of the partner organisations.
6.2. The following members shall be considered voting-members:
6.2.1. Chair
6.2.2. Vice-chair
6.2.3. Consultant in Public Health
6.2.4. Strategic Health and Wellbeing Manager
6.2.5. HDFT General Manager 0-19
6.2.6. HDFT Service Manager 0-19
6.3. The aim will be for the Board to reach full consensus on decisions. If no consensus can be reached, then a majority vote of two thirds shall apply.
6.4. Any issues that arise pertaining to the Section 75 Partnership Agreement will defer to the Dispute Resolution section (item 30) of the Partnership Agreement.
6.5. Voting rights will be reviewed on an annual basis
6.6. The Board will set a framework for the Project Team so there is absolute clarity regarding the parameters for decision making, as opposed to the decisions of the Board itself.

7. Frequency of Meetings

7.1. In year one, the Board will meet every 8 weeks, with every other meeting conducted in person.
7.2. It is expected that the following meetings shall always be conducted in person and that members will ensure their availability to attend:
7.2.1. Annual Performance Reviews
7.2.2. Financial
7.2.3. Disputes

8. Secretariat

8.1. Administration support will be provided by SBC in relation to the circulation of agendas and minutes for meetings.

9. Review

9.1. The composition and functioning of the Board can be reviewed and adapted to ensure it remains fit for purpose throughout the lifetimes of the Section 75 agreement.
9.2. At minimum, the Terms of Reference will be reviewed at the following Partnership Agreement key timeframes:
9.2.1. At commencement of assembling the formal Governance Partnership Board.
9.2.2. Six months after the formal Board is established.
9.2.3. At the annual review.
9.3. An extemporaneous review can be called if the Partnership deems it necessary.

Terms of Reference Appendix A

Principles

The Partners agree to adopt the following principles for partnership working:

1. To be openly accountable for the performance of the Partners' respective roles and responsibilities set out in this Section 75.
2. To take joint ownership of challenges and problems encountered during the delivery of the section 75 whilst considering the different perspective of each organisation.
3. To communicate openly and transparently about major concerns, issues or opportunities relating to the delivery of this Section 75, the service, and the partnership at the earliest opportunity.
4. To commit to learn, develop, and seek to achieve full potential from the Service and the wider 0 – 19 Children's System.
5. To share information, experience, knowledge, and skills to learn from each other and develop effective working practices.
6. Take a strength based, solution focussed approach to collaboration and partnership working, especially to identify ways to address issues and concerns, eliminate duplication of effort, mitigate risk, and reduce cost.
7. To adopt a positive outlook and behave in a positive, proactive manner.
8. To act in the best interests of Service Users and their families and to ensure that they are always at the forefront of decision making.
9. To acknowledge that the Section 75 is delivered within a wider 0 to 19 children's system and the role that the service and partners have within that system.
10. To commit to keeping the workforce and staff in mind, recognising that they are fundamentally the service and hold expertise and experience that is valuable to the delivery of the Section 75.
11. To commit to acting with openness, integrity, and kindness during the operation of the partnership, particularly in the context of decision making and constructive challenge
12. Recognise that partners have an equal voice and should be heard and respected, whilst acknowledging the partner's distinct roles and responsibilities.
13. To commit to working towards and always aiming for co-production in approach to the partnership

The Partners agree to adopt the following principles to working together with families:

1. To work with children and families from a position of strength, and value family's' intrinsic and extrinsic assets, resources, skills and knowledge
2. To commit to working towards and always aiming for co-production in approach to the partnership
3. To work towards embedding an approach of relational practice with children, families, and communities.
4. To recognise that children and families are experts by experience.
5. To take a holistic approach to support and, where appropriate, be an advocate for families

The Partners agree to adopt the following principles for service design:

1. To maintain the principles of a whole system approach to service development and partnership working
2. To be realistic, recognising that we need to ensure that we work in the most effective way, and use resources in the most efficient way.
2. In conjunction with 3.1 the partnership will ensure through service development that we are clear that we operate from the position of where we can provide the best expertise and additionality, working to ensure families receive the support at the right time from the right professional.
3. Service design will embed the principles of equity and fairness, with the aim of addressing inequalities in service provision, and across the system.

APPENDIX 4 – GOVERNANCE