

For Publication

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| REPORT TO: | Cabinet 12 July 2021 |
| SUBJECT: | Section 75 Partnership Agreement for Public Health Nursing |
| LEAD OFFICER: | Rachel Flowers and Debbie Jones - Executive Directors Pasquale Brammer - Head of Service |
| CABINET MEMBER: | Councillor Alisa Flemming Cabinet Member for Children, Young People and Learning |
| WARDS: | All |
| COUNCIL PRIORITIES 2020-2024 <u>Croydon Renewal Plan</u> These services are aligned to the council's new priorities and ways of working in which we will: <ul style="list-style-type: none">• Live within our means, balance the books and provide value for money for our residents.• Focus on tackling ingrained inequality and poverty in the borough.• Follow the evidence to tackle the underlying causes of inequality and hardship, like structural racism, environmental injustice and economic justice.• Focus on providing the best quality core service we can afford. The proposals in this paper meets the criteria for essential expenditure in accordance with the financial guidance. | |

FINANCIAL IMPACT

To enter into a new Section 75 Agreement for Public Health Nursing (comprising Health Visiting, School Nursing, and the Family Nurse Partnership) with Croydon Health Services NHS Trust (CHS) for the period 1 July 2021 to 31 March 2028, at a cost of £6.107m in year 1, including an additional £250k investment, but plus annual inflation uplifts (to be confirmed), including Agenda for Change (AfC) national salary uplifts, in order to prevent year on year staffing reductions.

Funding is sourced from the ring-fenced Public Health Grant, which has nationally specified requirements for delivery of prevention, health protection, health and well-being programmes, including the delivery of the Healthy Child Programme, which is delivered by Public Health Nursing Services.

Should the Public Health Grant allocation allow, future commissioning intentions are to prioritise investment of a further £350k from year 2 of the contract (from 1st July 2022), on a return to more normality of service provision, following the disruption caused by

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COVID-19. In addition to the caveat concerning PH Grant future funding allocations, this proposed further investment is also subject to satisfactory progress against targets in year 1 of the contract. This will bring the services to a minimum investment level to enable satisfactory delivery of the key mandated checks required as part of the national Healthy Child Programme.

Modelling work undertaken early last year demonstrates high caseloads within the service, with Croydon funding of Public Health Nursing services being one of the lowest in London. This has contributed to additional pressures on performance, particularly in the coverage and delivery of the five nationally mandated health checks. This modelling work, plus recommendations from a recent Care Quality Commission report, indicate that this further investment is needed to achieve a sustainable and satisfactory level of performance and to support necessary recruitment and retention of staffing.

The contract will be let for a maximum period of 7 years, with an initial term of 2 years, with options to extend for further periods of 2 years, plus 2 years, plus 1 year, subject to satisfactory progress in performance and at the discretion of the Council. This method allows for 3 break clauses in the contract to review service delivery and performance.

If the Public Health Grant to Croydon is reduced in future years, all commissioning related to this grant would need to be reviewed. This would include the overall financial envelope with CHS. Equally, the PHN budget will remain under review, should resources within the PH ring-fenced grant allow, to potentially increase the PHN budget further, to bring more into line with other boroughs and local need. Decisions would need to be taken at this time as to the most appropriate areas for funding reduction and changes to levels of service activity as required. The contract will need to have the ability to be flexed, should funding levels change.

FORWARD PLAN KEY DECISION REFERENCE NO.: 2821CAB

The notice of the decision will specify that the decision may not be implemented until after 13.00 hours on the 6th working day following the day on which the decision was taken unless referred to the Scrutiny and Overview Committee

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

1. RECOMMENDATIONS

- 1.1 The Cabinet is recommended by the Contracts and Commissioning Board to approve
 - 1.1.1 Entering into a Section 75 Agreement in accordance with Regulation 28.4(c) of the Council's Contracts and Tenders Regulations for Public Health Nursing to Croydon Health Services NHS Trust (CHS) for an initial term of 2 years commencing 1 July 2021 with extension periods of 2 + 2 + 1 years for a maximum agreement value of £6.107m per year, plus inflationary costs, plus additional investment of £350k from year 2.

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1.1.2 Future, nationally set, AfC salary uplifts and inflation rates are not known, but based on previous years they are assumed at 2.4% for 2022/23, then 2% per year thereafter. The total value of the contract therefore, including extension periods and with assumed inflationary costs, is estimated at a maximum value of £7.477m at year 7 (£48.982m for the full 7 years).

2. EXECUTIVE SUMMARY

2.1 Local Authorities, through their Public Health Departments, are responsible for commissioning the Healthy Child Programme 0 -19 years. The purpose of this report is to seek permission to entering into a Section 75 Agreement under the NHS Act 2006 to CHS to deliver the Public Health Nursing service, which delivers the Healthy Child Programme 0-19 years, (comprising Health Visiting, School Nursing and Family Nurse Partnership), for the period 1 July 2021 to 31 March 2028.

2.2 The Authority must exercise a number of health service functions in respect of securing the provision of 'Best Start' Child and Family Life Chances Services and a public health nursing service for school aged children, referred to as the "Public Health Nursing Services" in the borough of Croydon, pursuant to section 2B of, and Schedule 1 to, the NHS Act 2006.

In order to satisfy these obligations, the Authority has been working in partnership with CHS (thereon referred to as 'the Partners') in order to deliver such provision on an integrated basis.

Section 75 of the 2006 Act gives powers to local authorities and health care providers to work together, including the delegation by local authorities of certain health-related functions to NHS bodies such as CHS.

The s75 sets out each Partner's role in the provision of the Services in order to achieve their agreed aims for the Services.

These aims are to:

- (i) improve the quality and efficiency of the Services;
- (ii) facilitate the integration of public health services with related aspects of healthcare provision;
- (iii) ensure the best possible start for children and improve health outcomes for children aged 0-19 in the borough.

2.3 The Partners enter into a S75 Agreement under section 75 of the NHS Act 2006 to provide integrated health and social care services that better meet the needs of the service users of Croydon than if the Partners were operating independently. This is in line with the Authorities strategic direction and builds on the One Croydon approach.

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- 2.4 The current s75 agreement periods ran from April 2016 to March 2018, and were subsequently extended on an annual basis, for a further three years (2018/19, 2019/20 and 2020/21, with the last extension being as a result of the COVID-19 pandemic). The agreement is scheduled to finish on 31 March 2021. *(Please see points 2.7 and 2.8, which outline how the service gap has been filled).*
- 2.5 Entering into agreement for the PHN services to CHS fully promotes the One Croydon approach and the direction of travel to develop an Integrated Care System in Croydon for children services. It mitigates safeguarding risks that would be heightened through delays and difficulties in the sharing of information and data governance, if an external provider were to provide these services.
- 2.6 The funding associated with these services is contained within the ring-fenced Public Health Grant. The assumed maximum cost of the service over 7 years is £48,982,267, with the proposal being that the agreement is let as 2 years + 2 years, + 2 years + 1 year. Funding for the service will be met completely from the ring-fenced Public Health Grant.
- 2.7 The commencement of this new agreement was originally due on 1st April 2021. As a result of the pandemic, NHS England instructed that existing health services agreements be rolled forward for the duration of 2020/21. These instructions were followed for the Local Authority health commissioned services, including Public Health Nursing (PHN).
- 2.8 NHS England have further recommended that agreements for health services be again rolled forward from 2020/21 to the first and second quarters of 2021/22, due to the continued need to focus on COVID-19 planning and delivery. For PHN, the existing agreement will be rolled forward for the first quarter of 2021/2, plus part of Quarter 2 as will be necessary to allow time for the formal sign off through Council governance processes to be completed.
- 2.9 It should be noted, that PH paid the full budget for 2020/21 for these services, which were not all delivered due to NHSE instruction and in order to respond to COVID-19. To this end, 50 % of PHN staff were diverted specifically to assist in the fight against the pandemic. The service is now in a period of recovery, meaning that undelivered, rolled over services will now be provided in the first 6 -9 months of 2021/22 in conjunction with delivering 21/22 services, making 2021/22 service delivery heavy. The additional investments, in years 1 and 2 of the contract, are essential to enable sustainable, continued quality of services, ensuring maximum reach to our most vulnerable children and families.
- PHN services are already operating at a higher child:HV population ratio in comparison with other London boroughs and, as a result, were already struggling to meet all the requirements stipulated, in terms of coverage levels for mandatory checks.
 - Safeguarding work, which has also increased over the last year, must be prioritised.

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- Qualified staff are limited in number nationally and recruitment and retention of staff is therefore always a priority.
 - We know that the world has faced an unprecedented crisis with the COVID-19 pandemic and the whole of the health and care service industry (plus other essential services) has had to flex to fight this challenge together, whilst managing business as usual risks.
 - The PHN agreement is a block agreement and no proviso was made within in it, with regard to the unprecedented global crisis the world found itself facing.
- 2.10 Commissioners, in conjunction with the service, have developed a new model of delivery and reviewed performance measures, which will offer synergy with the Council's Better Start in Life, Early Help and other children's improvement journey programmes. The ambition is a sustainable and comprehensive early help and prevention offer focusing on addressing needs at the earliest point.
- 2.11 The Healthy Child Programme has a statutory duty to deliver the following services to all families in Croydon;
- National Child Measurement Programme
 - Vision Screening
 - Antenatal health promotion
 - New baby health visit
 - 6-8 week health assessment
 - 1 year health review
 - 2-2½ year health review
- 2.12 Funding for Public Health Nursing has remained unchanged since 2016, at which time Croydon's spend was approximately £150 per head (preschool children) compared to the average across London boroughs of £217 per head. An additional £2.4 million per annum investment would be required for Croydon to achieve parity with the 2016 London average.
- 2.13 Alignment of services with the Council's Best Start in Life and Early Help programmes has commenced and is being driven by the Head of Public Health Nursing since appointment in March 2019. This has already delivered change to frontline service delivery, with greater numbers of families accessing services during 2019/20, prior to the disruption caused due to the pandemic. The Head of Public Health Nursing is an active member of the Best Start in Life and Early Help planning groups and the Safeguarding Partnership, working closely with the Heads of Services to proactively deliver a more nuanced approach across the six localities taking account of the information available through the locality profiles developed by the Council.
- 2.14 NHSE instructed all PHN services to cease provision of all mandated checks during Q1 2020/21, with the exception of antenatal contacts, New Birth Visits and safeguarding activities. During this time, 50% of PHN staff were redeployed to CHS hospital services to support the fight against COVID-19.

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- 2.15 Further NHSE instruction was received in June 2020 that 6-8 week health assessments be re-instated. The service has since been implementing a recovery plan to address delayed health assessments, due to the instruction to suspend services, and is also making good progress with 1 and 2-2½ health assessments.
- 2.16 The content of this report has been endorsed by the Contracts and Commissioning Board.

| CCB ref. number | CCB Approval Date |
|-----------------|-------------------|
| CCB1673/21-22 | 30/06/2021 |

3. DETAIL

Background Information

- 3.1 There are three elements to the Public Health Nursing Agreement – Health Visiting, Family Nurse Partnership and School Nursing. These services deliver the mandated Health Child Programme 0-19 years.

Health Visiting

- 3.2 Good health, wellbeing and resilience are vital for all our children now and for the future of our society. There is firm evidence about what is important to achieve this through robust children and young people’s public health¹.
- 3.3 The programme of work delivered by Health Visiting offers every family screening tests, immunisations, developmental health needs assessments and reviews, follow up intervention, or onward referral, and information and guidance relevant to young families. These services support effective parenting and healthy choices that enhance health and wellbeing.²
- 3.4 The service is delivered at 4 levels of intensity and complexity, Community, Universal, Universal Plus and Universal Partnership Plus where there is the greatest level of need. Health Visiting provides an essential safeguarding function through their work with families and in identifying, monitoring, supporting and referral on to appropriate specialist services, when necessary.
- 3.5 Pregnancy and the first years of life are the most important stages in the life cycle for child development, with the first 1001 days being critical to child development. This is when the foundations of future health and wellbeing are

¹ Best start in life and beyond: Improving public health outcomes for children, young people and families
Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services Commissioning Guide 1 Background Information on commissioning and service model; revised March 2018

² Healthy Child Programme Pregnancy and the first five years of life, Dr Sheila, Shribman, Kate Billingham, Published 27 October 2009.

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laid down and this is a time when parents are particularly receptive to learning and making changes. There is strong evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life. Neurological development and the impact of stress during pregnancy, and further recognition of the importance of attachment, all make early intervention and prevention an imperative to a child's outcomes (Centre on the Developing Child, 2007)³.

3.6 A large proportion of the funding for Public Health Nursing is focused on the delivery of health visiting activity, with approximately 60 full-time staff supporting around 30,000 children aged under 5 years. For 2021/22 the cost of Health Visiting services will be £4.404m

3.7 The Health Visiting Service is based on the 4-5-6 model (see figure 1) which is:

4 Levels of service:

- i. Community
- ii. Universal
- iii. Universal Plus
- iv. Universal Partnership Plus

5 Universal health reviews

- i. Antenatal
- ii. New baby
- iii. 6-8 weeks
- iv. 1 year
- v. 2-2½ years

6 High impact areas:

- i. Transition to parenthood
- ii. Maternal mental health
- iii. Breastfeeding
- iv. Healthy weight
- v. Managing minor illness & accident prevention
- vi. Healthy 2 year olds & School readiness

Family Nurse Partnership

3.8 As part of the framework for prevention and early intervention, Croydon invests in the evidence-based Family Nurse Partnership programme, as an enhancement of the Health Visiting service. Families are partnered with a specially trained family nurse, who visits them regularly, from early pregnancy until their child is two⁴.

³ Health Child Programme Pregnancy and the first five years of life, Dr Sheila, Shribman, Kate Billingham, Published 27 October 2009.

⁴ <http://www.fnp.nhs.uk/about-us/the-programm> accessed on 3 July 2019

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- 3.9 The focus is on the most complex and vulnerable first time parents, including teenagers and care leavers, and provides a programme of intensive and structured home visits (and, more recently, virtual appointments). The FNP programme is shown to improve outcomes for both parent and child, including building resilience, independence and secure attachment. It also helps to identify and manage safeguarding issues quickly and effectively.
- 3.10 FNP is a preventive programme and has the potential to transform the life chances of the most disadvantaged children and families in Croydon, helping to improve social mobility and break the cycle of intergenerational disadvantage. Health in pregnancy, and the quality of the care babies receive during the first years of life have a long lasting impact on a child's future health, happiness, relationships and achievement.
- 3.11 In the financial year 2021/22, funding for the Family Nurse Partnership will be £530k and will support approximately 120 vulnerable young parents and their children.

School Nursing

- 3.12 School nurses support children and young people aged 5-19 attending school in the local authority area. The service is responsible for child health surveillance, health promotion, health protection, health improvement and support.
- 3.13 Health visitors and school nurses use strength-based approaches to build non-dependent relationships with children, young people and families. This approach supports behaviour change, promotes health protection and helps to keep children safe. Health Visiting and Family Nurse Partnership is the only workforce that has the regular opportunity to engage with all families in their own homes. This is essential for early identification of need and interventions which mitigate against problems worsening over time.
- 3.14 School Nursing is also based on the 4-5-6 model (figure 1)
- 4 Levels of service
 - i. Community
 - ii. Universal
 - iii. Universal Plus
 - iv. Universal Partnership Plus
 - 5 Universal reviews
 - i. 4-5 year old health needs assessment
 - ii. 10-11 year old health needs assessment
 - iii. 12-13 year old health needs assessment
 - iv. School leavers – post 16
 - v. Transition to adult services
 - 6 High impact areas

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- i. Resilience and wellbeing
- ii. Keeping safe
- iii. Healthy lifestyles
- iv. Maximising learning and achievement
- v. Supporting complex and additional health and wellbeing needs
- vi. Transition

3.15 School Nursing services are provided by approximately 11.51 whole time equivalent staff delivering to over 100 local schools. For the financial year 2021/22 funding will be £1,173,220.

3.16 In the new agreement school nursing will play an active role in providing a service to those children who are home schooled.

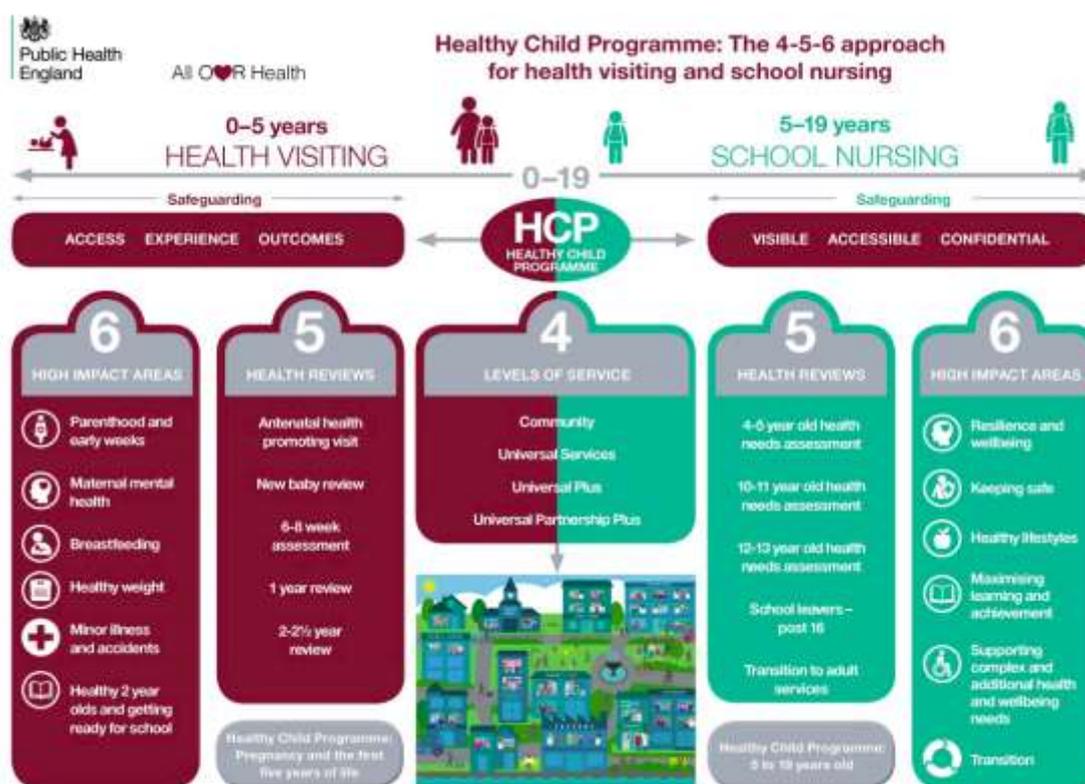


Figure 1: Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing

Agreement Award and Value

3.17 The services will be awarded to CHS through a Section 75 Agreement for the following reasons:

(a) CHS is trusted partner of Croydon CCG and Croydon Council

CHS is a member of One Croydon Alliance, partner of SWL CCG (Croydon) and a trusted partner of Croydon Council. The service is

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working closely with children's social care to deliver a more coordinated approach to early help services, with a focus on locality working, in tandem with the Council's Best Start in Life provision and targeting resources in ways that reach those with the greatest need.

The drive towards more integrated health and social care for children and young people will require an ongoing commitment from all partners, and the public health nursing service is a critical component of the future design. Continuing to work with a trusted partner is an important element of our long-term success in achieving truly integrated, high quality service, as part of the NHS Integrated Care Systems.

- (b) The service contract is part of an existing s75 agreement.

The Health Act flexibilities facilitate the integration of public health services with related aspects of healthcare provision (outlined further at points 2.2 and 2.3 above).

Further flexibilities within The Act may be applied under section 75 arrangements in future, should these be beneficial and a s75 arrangement provides for such future changes.

Powers provided to local authorities and NHS bodies (such as CHS) under s75 NHS Act 2006 and associated Regulations provide that a local authority and an NHS body can each delegate certain prescribed functions to the other to exercise on their behalf, provided that the resultant partnership arrangements "are likely to lead to an improvement in the way in which those functions are exercised". Resources and management structures can be integrated and functions can be reallocated between partners, and this has been the case between the Council and CHS.

- (c) Continuity of Care from 0-19 years

Public Health Nursing is part of the local health care arrangements delivered by our One Croydon Alliance partner, CHS. Through shared ICT and management systems there are strong links to maternity and perinatal mental health services that would be difficult to achieve with an external organisation. This is important to improving the wellbeing of our most vulnerable families. CHS are also the provider for paediatric health services, therapies and acute health services.

A project to redesign the Public Health Nursing offer, to better align with the council's Early Help 0-19 programme, is well underway, with CHS as a key partner and is already working on an integrated locality basis. A new Section 75 Agreement will allow this close working to continue throughout the second half of 2021/22, allowing a collaborative approach to alignment and redesign instead of a focus on complete tender preparation.

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(d) Added value through a entering into a S75 agreement

The Healthy Child Programme is funded from the ring-fenced Public Health Grant

By working in partnership, the service will achieve ongoing real-term savings, by way of increased reach to children and families, while delivering services to the growing population of Croydon.

In this environment, an open tender process would potentially require a higher service budget to bring resources at a level comparable with other boroughs and would incur additional estate and capital costs.

(e) A revised edition of the Health Child Programme was published in March 2021 – the *Best Start in Life; A vision for the first 1001 critical days*. This revised policy document places further additional expectations on Public Health Nursing services, particularly Health Visiting. CHS is fully engaged with its partners as these new requirements are reviewed against existing service provision, local needs and is involved in the planning towards implementation.

(f) Addressing workforce challenges

Health Visiting, Family Nurse Partnership and School Nursing are a specialist workforce with recruitment challenges noted nationally. During 2019/20, CHS has redesigned the workforce in recognition of this ongoing challenge and to better align with the council's Early Help 0-19 programme. A change of provider at this time would introduce additional risk into the system as the Early Help programme continues to develop.

Benchmarking across London, suggests that recruitment and retention becomes more challenging when a non-NHS provider is appointed, as staff prefer to maintain NHS terms and conditions, including salary, pension, professional development and clinical supervision. Where non-NHS providers have been appointed, staff retention and recruitment has become more challenging as existing staff have in some cases chosen to take up positions with neighbouring NHS Trusts rather than accept TUPE opportunities.

Agreement and Performance Management

- 3.18 The day to day management of the Public Health Nursing agreement will be the responsibility of the Senior Commissioning Manager, Integrated Children's and Maternity Team, within the Commissioning & Procurement department. Contract Management will be a monthly activity, held in conjunction with Public Health colleagues. The overall performance of the agreement will be reported at these meetings on a quarterly basis with representation of senior management from both CHS and the Council.

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- 3.19 A specification has been developed for the service and includes Key Performance Indicators (KPIs), milestones and a yearly delivery plan setting out, how the service will meet the requirements for each new financial year. KPIs will be related to the mandated requirements of the various services with an emphasis on outcomes and alignment to the Best Start in Life, and Early Help programmes. The delivery plan will be reviewed and approved by commissioners by the end of Q4 of each Contract year.
- 3.20 Transfer of Undertakings Protection of Employment (TUPE) will not apply as the proposal is to enter in a new S75 agreement with the incumbent provider. Any staffing changes as a result of the specification and contract will be the responsibility of CHS.
- 3.21 KPIs for each service area already exist and have been further refined in line with Public Health, Children Services and Early Help and national guidance. A dashboard will be in place for each service's KPIs, and through rigorous monthly contract monitoring the service will be held accountable for delivery with relevant performance clauses within the contract. Progress against improvement plans will be reviewed on a quarterly basis at the senior level meetings.
- 3.22 The agreement will be let for a period of 2 years +2 years +2 years + 1 year. The Section 75 Agreement will have a form of wording which will allow flexibility to make changes to the specification during the length of the agreement.
- 3.23 This will be based on the form of S75 agreement previously used for the provision of these services. Further legal advice will be sought to ensure that the documented arrangements reflect proposed revisions referred to in this report and relevant legal requirements.
- 3.24 External legal advice was sought from B&J during 2019/20, prior to the contract being paused due to the pandemic. A case file had been drawn up for their legal input and costs in preparing the new s75. This was put on hold when contracts were rolled over.

4. CONSULTATION

- 4.1 The existing services receive positive feedback from parents and teachers. A health visiting survey was undertaken between December 2017 and January 2018, with 980 people completing all questions. 60% of respondents rated the overall service as good to excellent, though 48% would like to have more contact. The survey identified support around breastfeeding, immunisations and weaning as the most valued.
- 4.2 A schools' survey was undertaken in March 2019, with 83 schools responding. For school nursing. Headteachers identified an increasing need to support students in areas such as emotional wellbeing, substance misuse, and self-harming behaviours.

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- 4.3 In February 2021, the provider and Public Health presented a service update report at the Children’s Safeguarding Partnership and Children’s Scrutiny Committee, receiving feedback from key partners and Members.
- 4.4 Family Nurse Partnership supports some of Croydon’s most vulnerable families. Client feedback reported in the March 2021 survey showed that 100% clients felt the service was either helpful or very helpful and 90.91% were extremely likely to recommend the services and that the service was particularly helpful for their baby’s health and development.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 The following table identifies the static funding arrangement for public health nursing services. This shows the revenue forecasting for the

Revenue and Capital consequences of report recommendations

| | Current year | Medium Term Financial Strategy – 3 year forecast | | |
|---------------------------------------|--------------|--|----------|----------|
| | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
| | £'000 | £'000 | £'000 | £'000 |
| Revenue Budget available | | | | |
| Expenditure | 5,857 | 6,107 | 6,457 | 6,457 |
| Income | | | | |
| Effect of decision from report | | | | |
| Expenditure | | 6,107 | 6,457 | 6,457 |
| Income | | | | |
| Remaining budget | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

(without inflationary costs)

- 5.2 The annual budget for the 3 services has remained unchanged from its 2016 value. The new Section 75 agreement will create one service with a combined budget (that is currently the three separate services), giving the provider greater scope to make efficiencies while delivering the outcomes attached to each service specification.
- 5.3 This alignment will support the development of greater integration between children’s health and social care services, across the Early Help programme.

Risks

- 5.4 The key risks include;
- (a) **Workforce:** The national shortage of Health Visiting, Family Nurse Partnership, and School Nursing staff creates ongoing risk to recruitment and

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retention especially across London. Developing a new service model with new support roles will contribute to a more stable workforce and career progression opportunities.

- (b) The service intends to recruit a number of Band 5 nurses to the new nationally developed programme, for Health Visitor apprenticeship roles, thus 'growing their own' into future qualified Health Visitor roles.
- (c) **Budget Pressures:** In keeping with the other public sector areas, budget pressures will continue to be felt. The collaborative partnership approach, will ensure maximum efficiency in delivery of the Public Health Nursing activities.
- (d) **Procurement challenge:** S75 NHS Act 2006 enables partnering arrangements between local authorities and NHS bodies. Regulation 12 of the Public Contracts Regulations 2015 enables public bodies to co-operate in the provision of public services in the public interest. The services are currently provided via s75 agreements drawn up with support from external legal advisers. This risk is deemed as low as the Public Contract Regulations allows these types of agreements. .

Recommendation

- 5.5 The recommendation is to enter into a S75 agreement with Croydon Health Services through the Section 75 flexibilities (NHS Act 2006). In practice, this means the service would continue to be delivered by one of the Council's trusted One Croydon Alliance partners, as part of the Early Help 0-19 programme. This option best meets the strategic direction of children's social care, to increase integration between health and social care services, and to enhance the Early Help offer across all localities of Croydon.

Future savings/efficiencies

- 5.6 Commissioners will continue to work with the service to identify future efficiencies to ensure that the service can meet its statutory duties within ongoing challenging circumstances.

Approved by: Kate Bingham, Head of Finance, HWA Finance, Investment & Risk

6. LEGAL CONSIDERATIONS

- 6.1 The Head of Commercial and Property Law comments on behalf of the Director of Law and Governance that, as stated in the report, S75 NHS Act 2006 enables partnering arrangements between local authorities and NHS bodies. The proposed contract represents a continuation of such arrangements which have been the subject of legal advice.

Approved by: Nigel Channer, Head of Commercial and Property Law, on behalf of the Director of Law and Governance

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7. HUMAN RESOURCES IMPACT

- 7.1 This report concerns the provision of services that will be provided by a third party organisation through a single provider framework. As such, the Council is not the employer of the staff working within the framework and there are no implications for Croydon employees.
- 7.2 This new agreement does not propose changes to service delivery beyond what is being undertaken although providers may have to adapt their delivery approach in order to achieve expected service outcomes.
- 7.3 As a London Living Wage borough, all applicable contracts will include the requirement to pay the London Living Wage. The Living Wage Foundation Living Wage will apply to contracts in other parts of the country.

Approved by: Approval not required from HR due to no effect or impact on staffing or HR.

8. EQUALITIES IMPACT

- 8.1 A full Equality Analysis has been completed. This found that there will be no negative impact on groups that share a protected characteristic.
- 8.2 The programme will help the Council meet its equality objective to reduce differences in life expectancy between communities, as it will ensure that every child gets the good start they need to lay the foundations of a healthy life. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. A healthy start in life gives each child an equal chance to thrive and grow into an adult who makes a positive contribution to the community.
- 8.3 All equalities priorities (Age, Disability, Gender, Gender Reassignment, Marriage or Civil Partnership, Religion or belief, Race, Sexual Orientation, Pregnancy or Maternity) have been addressed in this process.

Approved by: Yvonne Okiyo, Equalities Manager

9. ENVIRONMENTAL IMPACT

- 9.1 It is considered that there are no increased or decreased environmental sustainability impacts, from the proposed contract award contained in this report.

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10. CRIME AND DISORDER REDUCTION IMPACT

10.1 Public Health Nursing plays an important part in detecting and offering support to its clients who may be experiencing domestic violence or sexual exploitation. In terms of the Family Nurse Partnership programme the nurses help some of the most vulnerable clients, some of whom may be in gangs, offering the support needed to the young person, ensuring that they receive the right help at the right time.

10.2 It is considered that there are no increased impacts and that the Healthy Child Programme delivery through this contract award will promote a decrease in crime & disorder impact.

The agreement award within this report will promote working towards a reduction in crime and disorder. Through close working relationship, robust quality assurance, regular communications and professional strategies and networks across partners, clients are supported to make healthy life choices. Contextual safeguarding is regularly reviewed with the aim to mitigate risk and increase awareness and protection.

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 To approve entering into a Section 75 agreement with Croydon Health Services in order to deliver the Healthy Child Programme.

12. OPTIONS CONSIDERED AND REJECTED

The alternate options considered for delivering the service are summarised below.

| Option | Pros | Cons |
|--|---|--|
| 1. Do nothing | 1. Not considered viable. | 2. The Council would not meet its statutory obligations to deliver the mandated Healthy Child Programme and would undermine its commitment to the best start in life for all children. |
| 2. Recommended Option Enter into a Section 75 agreement with CHS | 1. CHS is currently delivering these services. 2. A new service delivery model designed with commissioners, Public Health, Early Help, and the service became operational in late 2019, which will be further, enhanced by continuity of provider and developed relationships. 3. Working with a trusted partner that is already committed to working towards integrated health | 1. The lack of a formal tender exercise prevents market testing of the incumbent provider and the sufficiency of the 2016 static budget is inadequate to deliver a safe service and all of the key mandated checks.. |

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| | <p>and social care ensures the Council can influence pace and scale of change, using established channels.</p> <ol style="list-style-type: none"> 4. The new Head of Public Health Nursing appointed in March 2019 has been instrumental in driving forward the changes to date and has become a core member of the relevant planning groups driving forward the children's improvement journey. 5. Efficiencies are achieved through all resources being focused on service provision, rather than a tendering exercise, 6. Data governance and safeguarding risks are mitigated through working with a trusted partner, use of integrated ICT systems and CHS investment in local services. | |
| 3 Open Tender | <ol style="list-style-type: none"> 1. Fair and transparent process is undertaken. 2. Opportunity to test the market for other NHS and non-NHS organisations. | <ol style="list-style-type: none"> 1. With no change to the budget since 2016 there is risk that no bidders will submit. 2. The Early Help estate will not be available for the start of the contract across the six localities. Providers will need to acquire and rent suitable premises, increasing the cost of the service. 3. Workforce National shortage of specialist nurses is acknowledged. Benchmarking suggests that significant numbers of current staff would not agree to TUPE to a non-NHS provider due to impact on pensions and other terms and condition. |

Table 1 Options Analysis for procurement

13. DATA PROTECTION IMPLICATIONS

13.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

YES

For Publication

The name, age, address and NHS Number will be used by the provider to deliver the service on a day to day basis. This and personal and sensitive health information will be passed to the agreed partners, as appropriate, as part of a referral to safeguarding team. All other referrals will require prior consent of the parent/guardian.

As sensitive data on children and families may be shared, processed and stored by partners, when appropriate, robust and compliant processes are already in place to adhere to data governance requirements. This includes:

- Information Sharing Agreement between safeguarding partners;
- All parties having published Privacy Notices;
- Compliance with GDPR;
- All information shared securely, e.g. use of nhs.net accounts; EGRESS;

13.2 **HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

YES

The DPIA is currently being developed and will be available for review prior to sign off the contract.

Approved by: Rachel Flowers, Director of Public Health

CONTACT OFFICER:

Jane McAllister, Senior Commissioning Manager, Children and Maternity Services.

BACKGROUND PAPERS

The following papers were used for the report

Best start in life and beyond: Improving Public Health Outcomes for children, young people and families;

The Healthy Child Programme 0-19 years and A Best Start in Life; the first 1001 critical days.