

Overview Committee

Friday, 31 March 2023 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- 1 Apologies for Absence
- 2 Declarations of Interests by Members and Officers:- (see note below)
 - (a) Disclosable Pecuniary Interests
 - (b) Private Interests (pecuniary and non-pecuniary)
- 3 Call-in of Cabinet Decision - Nottinghamshire Healthy Families Programme 2024 and beyond 3 - 30

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

REPORT OF THE MONITORING OFFICER**CALL-IN OF CABINET DECISION – NOTTINGHAMSHIRE HEALTHY FAMILIES PROGRAMME: 2024 AND BEYOND****Purpose of the Report**

1. The Overview Committee is convened to consider a call-in of the Cabinet decision in relation to 'the Nottinghamshire Healthy Families Programme: 2024 and beyond'.

Information

2. The Cabinet considered and agreed the report 'Nottinghamshire Healthy Families Programme: 2024 and beyond' at its meeting on 9 March 2023. The report is attached as Appendix C to this report.
3. During the call-in period for this decision, a formal request to call-in the decision was received by the Monitoring Officer.
4. The request sought to call-in the decision on 3 grounds as set out in the letter attached as Appendix A. The response to the request by the Monitoring Officer is that the most appropriate way forward is to convene a meeting of Overview Committee to consider the matter as a call-in request. This response is attached as Appendix B.
5. The call-in Procedure is set out in Appendix 2 of the Overview and Select Committee Procedure Rules. The format of the meeting will be as set out in the Procedure Rules as follows:
 - Members who requested the call-in will each be able to speak for a maximum of 5 minutes
 - After making their speech call-in members will take no further part in the discussion.
 - The relevant Cabinet Member(s) will then be invited to make any comments (overall maximum time limit is 15 minutes)
 - The relevant Corporate Director, or their nominees, will advise members on the background, context and importance of the decision in achieving service priorities. (overall maximum time limit is 15 minutes).
 - Overview Committee members will ask questions of members and officers (maximum time limit 30 minutes).

- The Cabinet Member(s) will be invited to make any final comments (maximum time limit is 10 minutes).
6. In considering the call-in request, Overview Committee will make one of the following decisions as set out in paragraph 14ix of the Call-in Procedure (page 111 of the Constitution) summarised below:
- a. to take no further action, in which case the decision will take effect immediately
 - b. to refer the decision back to the decision-maker for further consideration which was Cabinet in this case. Cabinet is then required to re-consider the matter within a further 10 working days, taking into account the points raised by Overview Committee.
 - c. in exceptional cases, but only where the Overview Committee considers that a decision is contrary to the policy framework or is contrary to or not wholly in accordance with the budget, it may refer the matter to full Council, in which case paragraph 17 of the Call-in Procedure will apply.

Other Options Considered

7. Consideration has been given by the Monitoring Officer as to whether the call-in request is valid and it has been determined that that the issues raised should be considered by Overview Committee using the Call-in Procedure set out in the Constitution.

Reason/s for Recommendation/s

8. In Cabinet models of governance call-in is a legally required process and is set out in the Constitution. Once accepted as a call-in, Overview Committee must consider the matter and make its decision based on the information provided and in accordance with the provisions set out in the Constitution.

Statutory and Policy Implications

9. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

10. There are no financial implications arising directly from this report.

RECOMMENDATION

- 1) That the Overview Committee consider the information provided and make a decision as set out in paragraph 6 above.

**MARJORIE TOWARD
MONITORING OFFICER**

For any enquiries about this report please contact:

Sara Allmond, Advanced Democratic Services Officer, 0115 9773794,
sara.allmond@nottsc.gov.uk

Constitutional Comments (HD – 23/03/2023)

11. Overview Committee has the authority to make a decision in respect of a call-in pursuant to its terms of reference and the Overview and Scrutiny Procedure Rules.

Financial Comments (SES 21/03/2023)

12. There are no specific financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

Councillor Kate Foale
Leader of the Labour Group
Nottinghamshire County Council
County Hall
West Bridgford
Nottingham
NG2 7QP

0115 9774044
cllr.kate.foale@nottscc.gov.uk



Marjorie Toward,
Councillor Ben Bradley MP,
Councillor Matt Barney,
Councillor Boyd Elliott,
Councillor Glynn Gilfoyle
Nottinghamshire County Council
County Hall
Loughborough Road
NG2 7QP

Delivered via Email

13th March 2023

Intention to Call-In Cabinet Decision – Healthy Families Programme

Dear Marje and Cllrs Bradley, Barney, Elliott and Gilfoyle,

I am writing to inform you as the relevant Proper Officer, Leader, Cabinet Member and Overview and Scrutiny Chairs, that it is the intention of the signatories of this letter to initiate the Council's pre-call-in procedure for a Decision taken at Cabinet on Thursday 9th March, regarding 'Nottinghamshire Healthy Families Programme: 2024 and beyond'.

The purpose of this letter is therefore both to begin the pre-call-in procedure, as per page 108 the Constitution, to outline our areas of concern, and to indicate our intention to proceed with a Call-In, should the outcome of this pre-call-in procedure leave these concerns unresolved.

As outlined in the Constitution, we seek to call-in this decision under the following principles:

- a. Compliance with the law;
- f. where required by law or this Constitution, describing options considered and giving reasons for the decision; and
- g. in accordance with the Council's Budget and Policy Framework.

Under the heading 'Other options considered', paragraph 33 refers to a 'comprehensive options appraisal'. The Members contacted as part of the 'informal dialogue', referring to a meeting that I have expressed concerns about further at a later point in this letter, were not presented with a comprehensive options appraisal. This meant that they were not well enough informed to be supportive of this report as is suggested.

Additionally, some Members were categorically unsupportive of the decision within this report, for reasons I have also outlined below.

This report contains a misrepresentation of their views.

Paragraph 49 of the report refers to 'informal dialogue'. This reference specifically pertains to a meeting which took place on 16 February 2023. This private meeting, taking place online and in person, was described in the meeting request as 'Pre Decision Scrutiny – Recommissioning the Notts Healthy Families Programme'. I believe this fact has been intentionally omitted from this report, due to the implications such a meeting would have.

I refer back to paragraph 9 of the Council's constitution, which states:

'[...] The Council (mainly through the scrutiny process and call-in of decisions) is ultimately responsible for holding the Cabinet to account.'

As outlined in a similar letter sent to you earlier today relating to similar meetings acknowledged within another Cabinet report, we understand these meetings to be unconstitutional, to have been undertaken improperly, to conflict with the Council's existing scrutiny process, and possibly to be in contravention of the 1972 Local Government Act.

On safeguarding, paragraph 51 for the report states:

"The Nottinghamshire HFP play an important role in safeguarding and promoting the welfare of unborn babies, children, and young people. These responsibilities are clearly defined in the current service specification."

During previous public Council meetings, as well as the aforementioned 'Pre Decision Scrutiny – Recommissioning the Notts Healthy Families Programme' meeting, Labour Members have raised serious safeguarding concerns regarding the re-commissioning of the Health Visitor service in its current delivery format.

Members are concerned that it is currently possible for the service to be delivered in its current format with significant periods, possibly the entirety of the service, to be delivered with no physical, in-person contact having been made between the recipients and the service providers, especially with families who have required the service during the Covid-19 lockdown periods.

This Decision does not take any of these concerns into consideration.

Due to the Council's statutory responsibilities as a Corporate Parent, these concerns must be addressed directly before any further commitments to recommissioning the service, including in 'principle' are made.

Furthermore, this report does not take into consideration any Environmental Implications.

I refer to the Council's Corporate Environmental Policy which states that the County Council will:

"Embed environmental considerations into its policies, plans, procurement and use of financial resources as well as an assessment of the implications for sustainability and the environment in all relevant reports to committees, which it is also required to do through the Council's Environmental Policy."

I wait in expectation that the issues raised above will be acknowledged in your response, and in lieu of a timely response, instruct the relevant Officers that the signatories to this letter request to proceed with the Call-In of this Decision.

Sincerely,



**County Councillor Kate Foale
Leader of Nottinghamshire County Council Labour Group
& Call-In Lead Member**

Additional Call-In Signatories



**Councillor Mike Pringle
Labour Group Deputy Leader**



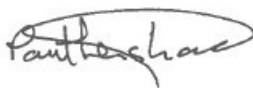
**Councillor Michelle Welsh
Labour Spokesperson for
Children & Families**



**Councillor Errol Henry
Labour Group Business Manager**



**Councillor Anne Callaghan
Labour Spokesperson**



**Councillor Paul Henshaw
Labour Group Spokesperson**



**Councillor Penny Gowland
Labour Group Spokesperson**

This matter is being dealt with by:
Marjorie Toward
Reference:
T 0115 9774404
E marjorie.toward@nottscc.gov.uk
W nottinghamshire.gov.uk

APPENDIX B

Private and Confidential
To be opened by addressee only

Councillor K Foale
Leader of the Labour Group
Nottinghamshire County Council

17 March 2023

Dear Councillor Foale,

I acknowledge receipt of your letter dated 13 March 2023 in respect of the Cabinet decision taken on March 9th in respect of the **Healthy Families Programme**.

Although you have initiated the pre-call in procedure you have also referenced the call-in procedure as well. In view of this, and given the time constraints of the procedure, I have decided to treat your letter as a request for call-in on this occasion.

The concerns you raise in your letter are that the above decision:

1. **May not have been made in accordance with the law**

The issues you raise here are about:

- (a) *The way the informal meeting of certain select committee members was conducted, that it may not have been done in accordance with the Council's recognised scrutiny procedures and the Local Government Act 1972 and how that activity has been reflected in the report* – I have written to you separately about similar matters in respect of the All-Age Carers Strategy and the points raised in that response are equally applicable here. In essence, we agree that the activity was not formal scrutiny but amounted to an informal dialogue with some select committee members. The purpose of the activity was to offer a broader range of members an opportunity to receive briefings on these future service arrangements and to ask questions and share views in advance of the decision in principle being taken. This is clearly set out in the Cabinet Report.

In our Council we recognise that our scrutiny approach is evolving and will take learning from this experience to capture our approach to scrutiny more clearly, beyond the specific legal framework and procedures set out in the constitution. I therefore propose the development of a Protocol between the Executive, Scrutiny and Officers to build the Council's approach and aid overall understanding. I intend to progress this through the established Members Working Group convened by Governance and Ethics Committee as part of the Council's review of the new Governance arrangements.

- (b) *Misrepresentation of members views* – you say that some members were “categorically unsupportive of the decision” whilst the report states that “members were supportive of the approach”. From my enquiries of officers, I understand that Labour members of the select

committees were willing to attend these briefings and to be involved in the discussion. Paragraphs 47 and 48 set out the questions raised, and answers given which I understand were captured in that way at the specific request of Labour members present. I also understand from Officers that Councillor Sam Smith asked members if they were broadly comfortable with the proposed outcome of the session and that the proposal would proceed on the basis outlined in the report. I understand that no specific concerns were raised at that time.

- (c) *Safeguarding and Corporate Parenting responsibilities* – You have referenced Labour Members raising what are characterised as “a number of serious safeguarding concerns regarding recommissioning of the Health Visitor Services in its current delivery format”. The specific concern centres around the possibility of services being delivered with no physical, in-person contact, and that the decision does not take these concerns into consideration. The Cabinet report, in various places, including paragraphs 12 and 13, sets out how the HFP plays an important role in safeguarding as part of the overall approach to service delivery. You suggest that the report should have directly addressed the above safeguarding concerns in order to discharge the Council’s statutory Corporate Parent responsibilities. If you have specific safeguarding concerns, I would encourage you to raise these through Safeguarding leads in Children’s Services. However, I understand that Health Scrutiny Committee is considering Health Visitor Services later this month.

2. May not have sufficiently described options or given reasons

You state that members were not presented with a comprehensive options appraisal. In respect of options, there are references to options being discussed with Select Committee members as part of the informal dialogue briefing (para 45, bullet point 3). In addition, it appears that the options appraisal may have been shared along with a number of other documents prior to the informal meeting on 16th February, however this needs to be clarified.

3. May not be in accordance with the Council’s budget and policy framework

You reference the Council’s Environmental policy in this regard. Although this does not form part of the Council’s Budget and Policy Framework as set out in the Constitution, the Policy does however require consideration of environmental implications in all relevant reports to decision making bodies. Whilst this is important in terms of embedding environmental considerations in the work of the Council it may be more relevant when reaching a final decision rather than when taking a decision in principle.

Conclusion

Although in my assessment there is no clear-cut non-compliance with the law or Council procedures in any single aspect of the above, when taken together there is sufficient justification for further examination of the decision and approach taken. Considering the above, I am of the view that it would be most appropriate to convene a meeting of Overview Committee to consider this as a call-in request. This would enable the signatories to the call-in request to raise their concerns in respect of the specific grounds for call-in in a formal setting for Overview Committee to consider and determine whether it wishes to make any recommendations for review by Cabinet.

In reaching this view I have consulted with the Chief Executive, relevant Chief Officers, the Statutory Scrutiny Officer and the Chairman of Overview Committee.

I now propose calling a meeting of the Overview Committee as soon as reasonably practicable in accordance with the requirements of the Overview and Scrutiny Procedure rules. I will consult with the Chairman of the Committee regarding a date and time and will notify you, the other signatories

to the call-in notice and the Business Manager of the administration of that date as soon as I am able to.

If you would like to discuss this matter further, please let me know.

Yours sincerely

A handwritten signature in grey ink, appearing to read 'Marjorie Toward', with a stylized flourish at the end.

Marjorie Toward
Service Director – Customers, Governance and Employees and Monitoring Officer
Chief Executive's Department
Nottinghamshire County Council

REPORT OF THE CABINET MEMBER, ADULT SOCIAL CARE AND PUBLIC HEALTH

NOTTINGHAMSHIRE HEALTHY FAMILIES PROGRAMME: 2024 AND BEYOND

Purpose of the Report

1. This paper seeks approval to the principle of developing a co-operation arrangement between the Council and Nottinghamshire Healthcare NHS Foundation Trust (NHFT) for the design of the future Healthy Families Programme and its subsequent delivery. Under this arrangement, and subject to the satisfactory and affordable outcome of negotiation, the Council would enter into a new contract with NHFT, to be approved at a future meeting of the Cabinet.

Information

2. The Nottinghamshire Healthy Families Programme (HFP) is a public health nursing service that supports families to provide their children with the best start in life. The Nottinghamshire HFP prevents the escalation of health and wellbeing issues by identifying and acting on opportunities to intervene early. Supporting parents and carers to keep their children healthy and safe, enabling them to reach their full potential, is the key outcome of this service. The Healthy Families Programme in Nottinghamshire integrates several prescribed services which the Council has a duty to provide.
3. Behind the Council's commitment is the fact that giving children the best start in life is a fundamental part of improving health and reducing inequalities. This is because the foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status¹. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if a child receives appropriate support, they have a real chance of maximising their potential.
4. The Government's Healthy Child Programme is the national evidence based universal programme for children aged 0 to 19 and is its response to the strength of the evidence about giving children the best start. The government's requirements are at the heart of Nottinghamshire's HFP. It includes a universal offer for all children and families to ensure every child gets the good start they need, as well as a targeted offer, providing a personalised response and extra support for those who need it.

¹ Michael Marmot, 2010, Fair Society, Healthy Lives

5. Nottinghamshire's Best Start Strategy (2021-2025) sets out key steps towards a vision for every child in Nottinghamshire to have a good start in life. It is a priority in the Nottinghamshire Health and Wellbeing Strategy (2022-2026) and supports the delivery of several ambitions in the Council's Nottinghamshire Plan (2021-2031).
6. The current contract for the Nottinghamshire HFP ends on 31st March 2024. The current contract will continue for its remaining duration so that the Council fulfils its statutory responsibilities and sustains the delivery of good outcomes. The co-operation approach outlined in this paper, which will be set out in the new contract, will deliver and seek to strengthen those outcomes in the period beyond the current contract. The design of the new Healthy Families Programme will address the need for close integration with the Council's early help offer as it develops further over the duration of the new contract. A recommendation about entry into the new contract (including the service design for achieving this integration) will form a key decision to be brought to the Cabinet towards the end of the current contract period.

Statutory responsibilities

7. Local Authorities have a statutory responsibility, under the Health and Social Care Act of 2012, to provide public health nursing services, including the Healthy Child Programme and the National Child Measurement Programme, which weighs and measures children in school, to their local population of children, young people, and families. More specifically, five universal health visitor reviews, from late pregnancy to age 2.5 years, are mandated for delivery.
8. The mandatory delivery of the Nottinghamshire HFP is vital to ensure that children, young people, and families receive the support they need to thrive in their formative years.

Summary of the Nottinghamshire Healthy Families Programme

9. A key role of the Nottinghamshire HFP is to identify children with specific health and care needs and risks and ensure these families receive targeted, personalised care at the earliest opportunity to prevent escalation to other services. Each of the 20 Healthy Family Teams work in partnership with a wide range of services as part of a joined-up health, social care, and early year's system to build resilience in families. They are uniquely placed to intervene early, building therapeutic relationships to prevent issues escalating by identifying and supporting families in need. The Nottinghamshire HFP deliver preventative and early help work to reduce the need for specialist interventions from a range of health and social care services.
10. The service promotes early intervention by identifying and delivering targeted support to families in need. Critical to identifying opportunities to support families is the programme of health and development reviews by public health nurses. As nursing professionals involved with the families, they are able to provide guidance which is relevant and effective in supporting child development, parenting and healthy choices.
11. The Nottinghamshire HFP contract also includes the delivery of the Family Nurse Partnership Programme, which is an intensive home-visiting programme for young first-time mothers. It also includes the National Child Measurement Programme, which local authorities are statutorily obliged to deliver. This programme weighs and measures children in school at Reception and Year 6.

12. Local Authorities have a statutory responsibility for safeguarding, in partnership with health. The Children Act 1989 places a duty on local authorities. The Nottinghamshire HFP are vital in enabling the Council to fulfil this duty.
13. Safeguarding is a core responsibility for the Nottinghamshire HFP as part of the Council's statutory duty to promote and safeguard the welfare of children in their area. The workforce promotes the welfare and safety of children and families, contributing to multi-agency decision-making, assessments, planning, and interventions relating to children in need, children at risk of harm and Looked After Children. A specialist practitioner from the Nottinghamshire HFP completes a comprehensive assessment of health need prior to all safeguarding meetings led by children's social care services, to inform the development of safeguarding plans. The therapeutic relationship built between the specialist practitioner and the family supports the Council to implement these plans.
14. The Nottinghamshire Healthcare NHS Foundation Trust (NHFT) is the current provider of the Nottinghamshire HFP and is also responsible for delivering almost all community health services for children and young people aged 0 to 19 across Nottinghamshire. Delivery of the Nottinghamshire HFP requires close partnership working with these services, and some elements are also integrated with wider NHS commissioned services for children and families (e.g. integrated posts to support children with special educational needs and disability (SEND), an integrated paediatric continence team comprising of HFP and ICB commissioned staff and an integrated speech, language and communication needs pathway spanning universal support through to specialist provision). This ensures that care pathways across NHFT, and with other NHS primary and secondary care services, deliver improved outcomes and experience for children and families.
15. Further detail on the full scope of the Nottinghamshire HFP service, including the National Child Measurement Programme and the Family Nurse Partnership Programme, can be found in Appendix 1.

Performance, contract management and continual service improvement

16. The Nottinghamshire HFP contract, which commenced 1st April 2017, integrated several previously separate contracts: the health visiting service, the school nursing service, the Family Nurse Partnership Programme, the National Child Measurement Programme, and infant feeding support services. This required NHFT to integrate the 0 to 19 workforce, resulting in significant workforce transformation. The integration reduced fragmentation and introduced family-centred care, supporting the improvement of outcomes for children, young people, and families.
17. Both the quality and performance of the Nottinghamshire HFP has been excellent, consistently benchmarking well for the mandated universal health visitor reviews when compared to the England average and statistical comparators.
18. Listening to feedback, experiences and ideas has helped shape the delivery of the Nottinghamshire HFP. Service user experience is closely monitored and in response to the question 'What did we do well?' recent feedback from 2022 includes:
 - *[Name] has been an amazing Health Visitor, she picks up the tiniest details and pays attention to myself and my baby. She provides multiple solutions to any concerns. She is very hard working and doesn't take anything for granted. Thank you [Name]!*

- *I had a text conversation with a lady called [Name] who was very kind, helpful and reassuring about some concerns I had about my new-born. She listened to me and answered all my questions. I felt much better afterwards.*
- *Just always so nice and reassuring and for a new mum who has a lot on you just generally made me feel great and that I was doing a good job Thankyou*
- *On time, professional, went through my concerns in more detail and told me what help we are entitled too, overall pleasant experience.*
- *"[Name] and [Name] at the BABES group in Netherfield were absolutely fantastic! They were kind and supportive and gave us the motivation to carry on and start breastfeeding exclusively! It changed everything for us, and I am so grateful to them!"*
- *[Name] was very thorough, explained everything very clearly and as a result I feel supported and aware of what to do if a problem was to arise.*
- *[Name] was very helpful at my sons 3-year review, in helping me in all the right directions thank you.*

19. Responses to 'What could be better?', alongside other engagement activity, shapes service development and continual improvement. For example, parents in Ashfield were reporting behaviour challenges with children aged 5 to 11, generating a high number of referrals for parenting support, which resulted in a potential delay in receiving timely support. In response, their local Healthy Family Team developed a behaviour workshop for families, using evidence-based tools. Following the workshop, parents reported that they were: better informed of how to manage unwanted behaviours, more confident to put routines in place, and did not feel that they needed additional support from more formal behaviour management services. Many reported that had they not received support from the Nottinghamshire HFP, they would have sought support from other statutory services.

20. Public health commissioners have a well-established collaborative relationship with the children and young people's division of NHFT to manage the delivery of this service. Working through its public health function, the Council ensures that robust performance management and quality assurance mechanisms are in place, this includes financial scrutiny via an open book accounting arrangement with NHFT. This enables the Council to continually transform and enhance the service offer for the benefit of local children, young people, and families. See Appendix 1 for further detail.

Requirements of the Nottinghamshire Healthy Families Programme from 2024 onwards

21. The ambition for the future of the Nottinghamshire HFP is to improve outcomes for children, young people and families by maintaining the positive performance as well as continually improving and transforming the service in line with evidence and best practice. The Nottinghamshire HFP delivers outcomes which are integral to the development of Family Hubs and the early help system in Nottinghamshire. The design of the future programme must ensure that the service retains the flexibility to transform to meet the needs and opportunities of the wider system of which it remains an important and prescribed element.

22. The service specification for the Nottinghamshire HFP will describe elements of delivery that are integrated with other health services for children and families also provided by NHFT. The contract will set out clear requirements in relation to continual service improvement, maximising opportunities to explore further integration across the Council and NHS services, and the need to respond to changing policy, guidance, or emerging local need.

23. A high level of intersection and co-operation between the Nottinghamshire HFP and other Council and NHS functions is required. There are many activities and delivery areas where co-operation between the Nottinghamshire HFP and other community health services delivered by NHFT is essential, including:

- Posts that are shared across the Nottinghamshire HFP and other NHFT services,
- Integrated care pathways that operate across service areas,
- Shared triage and assessment, and smooth escalation and de-escalation of care across NHFT services,
- The management of a single clinical care record across NHFT services,
- Integrated safeguarding arrangements across NHFT services, amongst others.

24. This co-operation is essential to ensure that all children and young people grow up with the best health possible, are protected from harm, and can fulfil their potential, as described in the ten ambitions of the Council's Best Start Strategy.

25. The Nottinghamshire HFP will work together with the Council's children and family services and will be a core component of the early help system. Opportunities to further strengthen or integrate the provision of early help, intervention, and prevention for children and families in Nottinghamshire will be fully embraced.

Establishing a co-operation approach

26. Following a formal appraisal of the service goals and options available, the use of a contract between two public contracting authorities via co-operation ("a co-operation approach") has been assessed against competitive tender and potential contract extension. A co-operation approach enables two public contracting authorities to enter into a contract where there is sufficient evidence of co-operation between the contracting parties with a view to achieving objectives they have in common and where that is in the public interest for the delivery of their public services. The use of a co-operation approach and, following negotiation, entering into a contract with NHFT, emerged as the preferred option.

27. Co-operation and negotiation, rather than competitive tender, is recommended for several reasons:

- It enables the Nottinghamshire HFP to continue to be delivered alongside other community health services for children and young people,
- It enables integration to continue, including the integrated approach to safeguarding children across all care pathways that NHFT deliver for children and young people aged 0 to 19,
- It prevents the potential fragmentation of well-established services,
- It secures the well performing, high quality 0 to 19 service currently delivered,
- It is likely to reduce workforce attrition, when compared to the competitive tender option,
- It allows for adjustments to the budget, scope or specification of the services to be incorporated into the final contract.

28. The Health and Care Act of 2022 created a legislative framework that supports collaboration and partnership-working to integrate services to best meet the needs of the local population. A co-operative approach is fully consistent with this and NHFT have demonstrated a strong commitment to this over the life of the current Nottinghamshire HFP contract.

29. In recommending the co-operation approach, consideration has been given to the requirement to comply with the Public Contract Regulations 2015, and the need to deliver best value. Input from the Council's legal services has been obtained. There is evidence that the requirements for the co-operation approach are met in principle and so the route is, in legal terms, available for use. No procurement approach is without risk of legal challenge, therefore using the co-operation route, also carries some risk of challenge. However, this risk has been mitigated by the extensive work undertaken to ensure that both legal and procurement rules are being adhered to. As the co-operation arrangements are negotiated and developed there will be a need for further analysis to ensure that the final configuration of the agreement continues to meet the relevant legal tests for co-operation under the Public Contract Regulations.

Activities to be undertaken during development of the co-operation arrangements

30. There is a comprehensive project plan in place setting out the activities that will be undertaken as part of the co-operation process, including:

- A programme of engagement with children, young people and families, policy leads across public health and children's services, and with partner organisations,
- Joint work with the Council's children and family services to further explore opportunities to strengthen or integrate early support for families,
- A review of the evidence base and policy guidance and a refresh of the service specification, key performance indicators, outcome measures and quality monitoring requirements. These documents will clearly reflect any amendments to service design or delivery,
- Formal consultation, which will take place where required,
- Work, with input from legal services, to ensure the contract is sufficiently robust, and break clauses are included.

31. Agreeing the final service design and other matters to be included within the new contract will require a further decision from Cabinet. Before taking such a report, the Cabinet member for ASCPH will consult with the Cabinet member for CFS to ensure that the arrangements meet the requirements of both portfolios and meet and relevant statutory requirements for the services and their delivery.

32. The co-operation process will include a co-production approach that engages children, young people, and families who have lived experience of the Nottinghamshire HFP to shape, design and review the service offer and to ensure that the co-operation agreement reflects a division of responsibilities which reflects best use of each public body's knowledge, resources and expertise in order to deliver the best outcomes for people using these services.

Other Options Considered

33. A comprehensive options appraisal has been developed to consider the approaches to re-procurement of this contract that are available to the Council's commissioners. This includes consideration of both co-operative and competitive approaches (i.e., tender). Co-operation has emerged as the preferred option informed by commissioners, contracting leads, procurement colleagues and with the support of legal services. Public authority co-operation provides opportunities for integration, summarised in paragraph 23, that are not characteristic of competitive approaches.

Reason/s for Recommendation/s

34. The report recommends that the Council continues to invest in the Healthy Families Programme from April 2024 (for an initial period of five years, and up to a maximum of nine years) to continue to deliver improved health outcomes for children and young people, as this is a statutory requirement for local authorities.
35. As shown earlier in the report the Nottinghamshire HFP plays a fundamental role in giving children the best start in life and reducing inequalities. Monitoring and oversight of the NHFT provision has demonstrated excellent performance and quality.
36. In terms of the recommendation to develop the service using a co-operation approach, appraisal by colleagues within the Council has shown this will maintain the high performance demonstrated by the incumbent provider. This approach will retain the highly skilled and effective workforce, secure the continuation of integrated service delivery models for local families based on the most up-to-date evidence and current population need; and ensure value for money and delivery of high-quality care, resulting in improved outcomes for children, young people, and families.

Statutory and Policy Implications

37. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability, and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

38. The contract value for 2024-25 is currently predicted to be £14,862,418 per annum. Commissioners recommend the award of a five-year contract with the potential for an extension of up to four years. This would bring the maximum contract length to nine years, and the total potential contract value to £133,761,762. The precise values would be dependent on the negotiation and development of the co-operation agreement and further information will be provided when the matter is reported back to Cabinet for approval to enter into the agreement.
39. The 2024-25 financial envelope is based on the funding that is needed to ensure that the Council can fulfil its statutory responsibility to provide public health nursing services, including the Healthy Child Programme and the National Child Measurement Programme. The predicted funding is affordable within the public health ring-fenced grant and will continue to secure a high performing service for Nottinghamshire residents. It should be noted that this funding envelope is an indicative value which may need be adjusted according to the outcome of design work described in paragraph 6.
40. Public health services are funded via the public health ring-fenced grant, which the Council receives annually from the Department of Health and Social Care to fulfil its statutory duties to improve health and wellbeing. This is reserved for the delivery of specific public health functions. In 2022-23 the value of the grant to the Council is £43.16m. This represents an increase of 1.55% compared to 2021-22.

41. The financial implications of the proposed approach outlined in this paper can be contained within the public health grant, however it is important to note the assumptions and risks that are built into public-health forecasts for the period of the Council's medium-term financial strategy. Firstly, in lieu of information about the level of the grant in future years, the Section 151 Officer has agreed an assumption, for planning purposes, that the grant will increase by 1% annually within the period of the Council's medium-term financial strategy. Secondly, there is a degree of uncertainty about the ability of other services commissioned by public health to withstand inflationary and demand pressures within existing contract values. To manage these risks a contingency is held in grant reserves. This also ensures that use of the Council's general reserve will not be required.
42. NHS pay settlements must be paid to the Nottinghamshire HFP workforce in line with the requirements of the NHS Agenda for Change programme. Public Health has an obligation to pay NHS providers in line with Agenda for Change, including pay settlements, and the relevant funding for this is included in the public health ring-fenced grant.

In a letter dated 7th February 2022 from the Director General, Office for Health Improvement and Disparities, an obligation was placed on local authorities in the use of the Grant which stated: *The Public Health Grant will need to cover all pay pressures for 2022-23, including the impact of NHS pay settlements. Funding previously allocated to reflect the additional costs to local authorities of the 2018 NHS pay settlement is now baselined as part of the Grant.* The letter goes on to state: *The expectation is that ongoing funding for this pressure will be managed through business-as-usual arrangements.*

This means the contract value for the Nottinghamshire HFP may be subject to change in line with future pay settlements.

Consultation and dialogue with Select Committees

43. As the activity described in this paper progresses, timely advice will be taken regarding the requirement to consult. A programme of stakeholder engagement and co-production will be delivered in line with best practice, and formal consultation will take place where appropriate.
44. On 16 February 2023 members of the Adult Social Care and Public Health, and the Children and Families Select Committees received a briefing on the proposed recommissioning strategy for the Nottinghamshire Healthy Families Programme from 2024 from Jonathan Gribbin, Director of Public Health, Amanda Fletcher, Consultant in Public Health, Kerrie Adams, Senior Public Health and Commissioning Manager and Helena Cripps, Public Health and Commissioning Manager. The full draft Cabinet report had been circulated to members of the committee in advance of the meeting along with a number of appendices.
45. At the meeting, members received a full briefing that summarised the proposed commissioning approach that included information on:
- The current contract, due to end on 31 March 2024, and the work that has taken place with the provider, NHFT, over the term of the contract to transform and shape services provided by the programme, integrate into the wider early years offering, and improve performance across all services to better than regional and statistical neighbours.
 - The previous competitive tender process and the impact it had on staff and end user confidence.

- The formal options appraisal that set out the pros and cons of the three potential methods of procurement for the contract, including advice from legal and procurement colleagues, and how the co-operative approach afforded more opportunity for negotiation and flexibility within the contract, allowing service transformation to take place and to ensure that services remained cost effective.
- The national trend to move to a co-operative approach supported by the Health and Care Act 2022, allowing continued negotiation throughout the procurement process.
- The development of partnership working with the provider, for example the open book accounting allowing a high degree of financial scrutiny by the Council of the provider, ensuring budget is allocated appropriately to maximise outcomes for children.

46. Having received and considered the draft Cabinet report, its appendices and additional information around options appraisals, members of the committee took the opportunity to ask questions regarding the Nottinghamshire HFP and to consider any recommendations that they wished to make to the Cabinet Member for Adult Social Care and Public Health.

47. During the discussion members made several comments and queries including:

- What were the criteria used to categorise families as universal or targeted families?
- Were officers confident in the accuracy of data presented around health visiting statistics, specifically whether appointments took place in person or over the phone, and whether anomalies were potentially area based.
- Which professional should complete the 1-1.5-year development review assessments, a healthcare practitioner or a health visitor?
- What checks and balances were in place around the parent-led assessment model and how did practitioners ensure safeguarding issues were recognised?
- Was this the first instance of co-operative procurement that the Council has undertaken, and had external legal advice been sought?
- Concerns were raised about development of babies born through the pandemic and the impact that this had on their development as they grew up and started to access nursery settings. The Chairman of the Health Scrutiny Committee confirmed that health visiting would be considered by the Health Scrutiny Committee at its March meeting this year to look at this issue.

48. Officers providing the following responses to the queries raised:

- Families were assessed as either universal or targeted families via a comprehensive health assessment using a range of methods including the use of previous medical records such as GP records and hospital notes, and detail of previous or current contact with other agencies and/or services.

- The data submitted by NHFT had been subject to rigorous scrutiny. Officers confirmed they were confident in the accuracy of the data but would ask that it is checked again by NHFT to provide assurance to members. If the data could be broken down into district level detail this would be circulated to members. Covid restrictions were in place during parts of 2021 and checks and assessments took place in line with national guidance in place at the time.
 - 1-1.5-year development assessments may be carried out by other members of the Healthy Family Team, such as healthcare practitioners with nursery nurse and/or early years qualifications, rather than by health visitors. The checks at this age are not so clinical in nature, focusing instead on early child development, and other members of the Healthy Family Team have the knowledge and skills relevant to the kind of checks being completed. These reviews, when delivered by another member of the Healthy Family Team, are delegated and overseen by a health visitor.
 - Following on from parent-led assessment forms, families were invited into a community venue where further assessment and discussion would take place. The healthcare practitioner would ensure that the responses the parent has given on the assessment form match what they observe of the child in the community setting. This forms part of a wider system in place to support safeguarding.
 - Officers will establish if this is the first co-operative procurement approach taken by the Council and feed back to members. Legal and procurement colleagues have been involved in the development of this piece of work from an early stage and felt that it was not necessary to take formal external legal advice. They did consider the approach taken by colleagues from other Local Authorities who had undergone similar procurement routes. Legal and procurement colleagues were confident that the thresholds and criteria were met to allow the co-operative approach to move forward.
 - Officers were keen to see the issues discussed around health visiting brought to the March Health Scrutiny meeting to ensure that work could be completed going forward to develop services to best support this cohort of children as they grow up.
49. The outcome of the informal dialogue carried out was that those members of the Adult Social Care and Public Health Select Committee and the Children and Families Select Committee who were present were supportive of the proposed approach to commissioning the Nottinghamshire Healthy Families Programme 2024 and beyond. In addition, the members requested that further scrutiny activity takes place through the Adult Social Care and Public Health, and Children and Families Select committees throughout the period of service design for the recommissioned service.

Public Sector Equality Duty implications

50. At this stage of the formation of the proposals no specific impacts on particular groups are anticipated. However, as the proposals are developed, equality impacts will be assessed for consideration by Cabinet when reaching its decision on the co-operation agreement

Safeguarding of Children and Adults at Risk Implications

51. The Nottinghamshire HFP play an important role in safeguarding and promoting the welfare of unborn babies, children, and young people. These responsibilities are clearly defined in the current service specification. A co-operative arrangement will enable the continuation of the current robust governance process that facilitates an integrated approach to safeguarding children across all NHFT's community healthcare pathways for children and young people.

Implications for Residents

52. There will be no adverse impact for residents. Children, young people, and families will continue to receive a high-quality service from the Nottinghamshire HFP.

RECOMMENDATION/S

53. It is recommended that:

- a. The principle of developing a new contract for delivery of the Nottinghamshire Healthy Families Programme, for a period of up to nine years and based on the indicative costs detailed in the Financial Implications section of this report, be progressed via a co-operation arrangement between the Council and Nottinghamshire Healthcare NHS Foundation Trust (NHFT), subject to the satisfactory and affordable outcome of further negotiation and development activity described in the report.
- b. A further report be brought back to Cabinet for approval of the co-operation agreement, following development and negotiation of the co-operation agreement setting out how co-operation will operate and how each of the public authorities will deliver their respective obligations in the public interest.

COUNCILLOR MATT BARNEY

CABINET MEMBER – ADULT SOCIAL CARE AND PUBLIC HEALTH

For any enquiries about this report please contact:

Kerrie Adams | Senior Public Health Commissioning Manager | kerrie.adams@nottsccl.gov.uk | 0115 977 2198

Helena Cripps | Public Health Commissioning Manager | helena.cripps@nottsccl.gov.uk | 0115 977 2159

Constitutional Comments (SJF 06.12.22)

39. Cabinet has the authority to consider the report and determine the recommendations within it, since they are matters within the Terms of Reference of the Cabinet (Constitution Section 5, Part 2, CA.2 - page 73).

Financial Comments (DG 09.12.2022)

40. The annual contract value (commencing 2024-25) is currently predicted to be £14,862,418 per annum, which will be met from the Public Health Grant. Any inflationary increases over the life of the contract (between 5 and 9 years) will be managed within the Public Health Grant and its reserves

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Healthy Child Programme 0 to 19: health visitor and school nurse commissioning (commissioner guidance), Public Health England, 2016 (updated March 2021), available [here](#).
- Nottinghamshire's Best Start Strategy, 2015-25, available [here](#).
- The Best Start for Life, a vision for the critical 1,001 days, HM Government, 2021, available [here](#).

Electoral Division(s) and Member(s) Affected

- 'All'

Appendix One: Procurement of the Nottinghamshire Healthy Families Programme

Part One: Summary of the Nottinghamshire Healthy Families Programme

What is the Nottinghamshire Healthy Families Programme?

An early intervention and prevention public health nursing service, delivering the Government's Healthy Child Programme. Local Authorities have a statutory responsibility to deliver the Healthy Child Programme, including the National Child Measurement Programme, which weighs and measures children in school. More specifically, five universal health visitor reviews are mandated for delivery.

The service is known locally as the Nottinghamshire Healthy Families Programme (HFP) and is delivered by 20 local Healthy Family Teams who provide care to children, young people, and families from before birth to their late teens (0 to 19 years). Care for families is delivered by specialist public health practitioners (health visitors and school nurses) and supported by a highly skilled team made up of a number of clinical and non-clinical professionals.

The Nottinghamshire HFP also includes the Family Nurse Partnership Programme for first time parents under the age of 20, delivered by specially trained Family Nurses.

What do Healthy Family Teams deliver?

Healthy Family Teams (HFT) are universal in reach and personalised in response: support is offered to all families in Nottinghamshire - most family's needs will be met by the universal offer, with targeted, evidence-based support given to those who need it, as early as possible.

HFT's use strengths-based approaches to:

- Provide evidence-based interventions and motivational interviewing
- Assess child development and undertake holistic assessments
- Provide advice and promote health, wellbeing and development to children and families
- Promote health protection and keep children safe

Safeguarding is a core responsibility for HFT's who work to promote the welfare and safety of children and families. Across 2021-22 HFT's attended 14,727 individual safeguarding meetings, and as of September 2022 HFT's had 3,109 children and young people under safeguarding caseloads.

In the **early years** HFT's deliver:

- Antenatal contact (in pregnancy)
- New baby review (health, wellbeing, and development)
- 6 to 8-week review (health, wellbeing, and development)
- 1-year health and development review (comprehensive assessment of a child's health, social, emotional, behavioural and language development)
- 2 to 2.5-year health and development review (comprehensive assessment of a child's health, social, emotional, behavioural and language development)
- Advice and support around parenting, child development and healthy choices, including infant feeding support from birth, through home visits and bookable sessions in community settings
- Focus on maternal mental health, including programmes of support
- Extra support and contacts for families with identified needs, including a targeted review at age 3 to support school entry

For **school age** children and young people, HFT's deliver:

- Health review, information and support for primary and secondary school-age children and young people
- Advice and support at school entry and Year 7, and an assessment of health and wellbeing at Year 9, via online questionnaire
- Programme of sessions for emotional health and wellbeing including anger, anxiety, eating, low mood, self-esteem, self-harm, and sleep, delivered on a one-to-one basis
- Brief intervention or short session of support, including group support, for alcohol, healthy relationships, online safety and sexual health
- Continence support: assessment, care planning, review and provision of products

HFT's also offer digital support including:

- Websites: Health for Under 5's, Health for Kids, Health for Teens
- Text messaging: Parentline (parents and carers) and Chat Health (young people)
- HFT advice line (telephone), where colleagues answered more than 10,000 calls in 2021-22
- Electronic 'information prescription' (RECAP)

The Government identifies [high impact areas](#), six in the early years, and six for school aged children and young people, which underpin the work of HFT's.

What is the Family Nurse Partnership Programme?

An evidenced-based home visiting programme for vulnerable first-time teenage parents and their children. Specially trained Family Nurses work intensively with young parents throughout pregnancy and until their child is aged 2. Family Nurses are experts in the parent-infant relationship and early child development and work closely with young families to ensure they have the knowledge and tools they need to give their child the best possible start in life.

In 2021-22 a total of 203 clients successfully graduated from the Family Nurse Partnership Programme, to be supported by universal services, such as Healthy Family Teams and Children's Centre Services. A further 252 clients enrolled in the programme, beginning their journey with a Family Nurse.

What is the National Child Measurement Programme?

A nationally mandated programme of height and weight checks, which involves measuring the height and weight of all school children in Reception and Year 6. HFT's co-ordinate and deliver the programme in all maintained schools in Nottinghamshire, including academies.

Part Two: Contract and Performance

The Nottinghamshire HFP contract commenced 1st April 2017 and ran for an initial period of three years with a four-year extension enacted, bringing the contract end date to 31st March 2024. Notably, NHFT were the sole bidder for this competitively tendered contract, despite a programme of market engagement aimed at identifying and supporting all potential bidders.

Robust contract management processes are in place to ensure a well performing, high-quality and value-for-money service is available for the population of Nottinghamshire. These processes include:





- Financial scrutiny, applied via an open book accounting agreement with NHFT where queries and challenges are formally raised and resolved,

- A quarterly Contract and Quality Review Meeting (CQRM), where scrutiny is applied to the data within the performance framework and quality schedule, and any plans for improvement are assessed for progress,
- A performance framework, applied to the contract based on evidence of what works to improve outcomes for children, young people and families and underpinned by national guidance,
- A quality schedule, applied to the contract based on local and national NHS quality dashboards and guidance,
- A service review meeting held for each element of the service following review of the performance schedule, where areas for celebration or service improvement are explored with clinical leads,
- Collaborative partnership meetings held to drive ongoing service transformation and ensure an appropriate, evidence-based model of care continues to be delivered,
- Quality assurance visits, that focus on specific elements of service delivery and form part of the quality assurance process.

These arrangements enable the Council to continually transform and enhance the service offer for the benefit of local children, young people, and families. For example, in collaboration with NHFT, commissioners have increased the focus on 0 to 5's in line with national evidence, including:

- The expansion of maternal mental health assessment to the 1-year review,
- The introduction of continuity of carer to age 1,
- The implementation of a parent-infant relationship universal intervention,
- Increased assessment of social and emotional development,
- The implementation of a 3-year targeted review to support school readiness.

Key performance

2021-22			
Reviews delivered	Nottinghamshire	Statistically similar neighbours	National average
Percentage of new birth visits completed, by 14 days*	7,221 (count) 95.3 % 	Not known	82.6 %
Percentage of 6-to-8-week reviews completed by 8 weeks	7,603 (count) 89.8 % 	85.0 %	81.5 %
Percentage of 12-month development reviews completed	7,235 (count) 92.6 % 	81.8 %	81.9 %
Percentage of 2-to-2.5-year reviews completed	6,914 (count) 85.3 % 	77.7 %	74.0 %

Key

 Nottinghamshire value better than the England average (statistically significant)

Source: Fingertips, Office for Health Improvement and Disparities, 2022

*In Nottinghamshire in 2021-22 the total number of new birth reviews delivered, including those delivered after 14 days, was 7,557, representing 99.7% of new birth reviews due.

Part Three: Co-operation approach

The Council must comply with its legal obligations under the Public Contract Regulations 2015, its obligation to deliver best value, and the requirements of the Constitution. Some elements are excluded from the Public Contract Regulations, meaning that a competitive tender process is not required, including contracts which use the 'co-operation exemption'. Where that exemption applies a contract can be entered into with a relevant public body such as an NHS Trust. Taking a co-operative approach would enable the Council to enter into a contract with NHFT for delivery of the Nottinghamshire HFP from 2024 onwards.

A formal options appraisal has been undertaken to assess the use of a contract, via the co-operation route, against a competitive tender process. The co-operation route has been identified as the preferred option for the procurement of this service.

In addition to the benefits identified in the main paper, this approach also secures the well performing, high quality 0 to 19 service currently delivered. It is anticipated that a co-operation approach will reduce workforce attrition, when compared to the alternatives. It is important to note here that there are national shortages of health visitors and school nurses, making it challenging for service providers to recruit to vacancies that may occur in the event of workforce instability.