

REPORT OF THE CHAIRMAN OF THE ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

OUTCOMES OF THE JOINT SCRUTINY REVIEW OF THE RECOMMISSIONED HEALTHY FAMILIES PROGRAMME

Purpose of the Report

1. To share with Overview Committee the findings that have arisen from the task and finish review of the recommissioning of the Nottinghamshire Healthy Families Programme.
2. To seek the endorsement of the committee for the recommendations from the scrutiny task and finish review of the recommissioning of the Healthy Families Programme to be submitted to Cabinet for consideration.

Background information

3. At the 9 March meeting of Cabinet, a decision was made on the recommissioning process for the Healthy Families Programme. This decision was subsequently called-in due to concerns about the consideration of alternative options and on the scrutiny processes that had taken place in advance of the decision being taken. On 31 March 2023 Overview Committee considered the call-in request and resolved:

“To ask Cabinet to reconsider its decision in relation to the Nottinghamshire Healthy Families Programme in light of members comments in relation to formal scrutiny by Adult Social Care and Public Health and Children’s Select Committees and further consideration of the options, at their next Cabinet meeting on 20 April 2023.”

4. At the 20 April meeting of Cabinet where the outcomes of the call-in meeting were considered it was resolved:

That Cabinet notes and acknowledges the report of the Chairman of Overview Committee outlining the issues raised by Overview Committee and will consider and bring back a formal response to those issues at a meeting of Cabinet within the next two months.

That Overview Committee be requested to establish a joint scrutiny working group comprised of various members of the Adult Social Care and Public Health Select Committee, the Children and Families Select Committee and the Health Scrutiny Committee and to report back to Overview Committee. Any recommendations from Overview Committee will then be reported back for consideration before any final decision is taken by Cabinet.

5. At the 22 June meeting of Cabinet, a further report on the re-commissioning process for the Healthy Families Programme was considered. At that meeting Cabinet resolved:

(That) the design and development of 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 cooperation arrangement between the Council and Nottinghamshire Healthcare NHS Foundation Trust (NHFT), subject to the satisfactory and affordable outcome of further negotiation and service design and development activity and following consideration by Cabinet of any recommendations which may be made the Overview Committee.

6. At the meeting of the Overview Committee held on 7 September it was agreed that a joint scrutiny working group be established and that a report detailing the findings of the review group should be submitted to a future meeting of the Overview Committee for consideration.

Scope of the Review

7. The Council has a statutory responsibility, under the Health and Social Care Act of 2012, to deliver the Department of Health Healthy Child Programme, delivered locally as part of the Healthy Families Programme. The delivery of the Healthy Families Programme from October 2024 onwards represents a high impact, high-cost commitment for the Council. The contract will be delivered for up to nine years, so it is important that the service is safe, effective, rigorously performance managed and able to be flexible and adaptable to change from the outset.
8. The key considerations that would guide the work of the review included:
 - The impact of the newly recommissioned service on outcomes for children and families (including how the service design will support the Best Start strategy objectives).
 - The flexibility within the contract to facilitate continual transformation and alignment with the Council's Early Help offer.
 - How the engagement that has been carried out with stakeholders, children and families has been used to shape how the service will be delivered
 - How the Council's ambition for place-based working and partnership working with relevant services to support children's outcomes would be supported by the re-commissioned Healthy Families Programme
9. The scope of the review did not include the operation of the current contract and service delivery model (2017-2024) of the Healthy Families Programme.

Link to Council Priorities

10. The work of the Council's scrutiny function should always be focussed on supporting delivery of its strategic priorities, which will in turn support the delivery of the best possible services to the residents of Nottinghamshire. The work that was carried out in scoping the review identified that a review of consultation and resident engagement supported a wide range of strategic priorities, as well as the strategies and policies that underpinned them.

The Nottinghamshire Plan 2021 - 2031

11. The Nottinghamshire Plan 2021 - 2031 is an ambitious plan for the County Council that sets out the Council's strategic vision for the future of Nottinghamshire and the local authority. The activity in the Nottinghamshire Plan is built around achieving a bold 10-year vision for a 'healthy, prosperous and greener future for everyone'. This vision is supported by nine ambitions which will act as a framework for all County Council activity. The review supports the following ambitions set out in the Nottinghamshire Plan:

- Helping our people live healthier, more independent lives.
- Supporting Communities and Families
- Keeping children, vulnerable adults, and communities safe.

The Healthy Child Programme

Statutory responsibilities of Local Authorities

12. The Health and Social Care Act of 2012 sets out the statutory responsibility of local authorities to provide a range of public health services to their local population. These responsibilities include the provision of the Healthy Child Programme for children and young people aged 0 to 19 years, as well as the delivery of the National Child Measurement Programme. More specifically, under these regulations, five universal health visitor reviews are mandated for delivery at key stages from late pregnancy to age 2.5 years.

Summary of the Healthy Child Programme

13. The Government's Healthy Child Programme (HCP) 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 in life. The HCP provides a framework to support collaborative work and integrated delivery to promote child development, improve child health outcomes, and ensure that families at risk are identified at the earliest opportunity. The programme is universal in reach and personalised in response: 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 extra support for those at risk of poor outcomes.

The Review Process

14. The members of the review group were:

- Councillor Roger Jackson (Chairman)
- Councillor Callum Bailey
- Councillor Bethan Eddy
- Councillor Sam Smith
- Councillor Michelle Welsh
- Councillor John Wilmott

15. The review was carried out using a variety of methods, including informal meetings, and the consideration of written evidence. The different stages of the review are detailed below.

16. In advance of the first meeting of the review group, members were provided with a written briefing that provided information on the 0-19 Healthy Child Programme (delivered in Nottinghamshire as part of the Healthy Families Programme).

Review Group Meeting One

17. The first meeting of the review group took place on Tuesday 14 November 2023. At this meeting members received a presentation and links to reference materials from Nathalie Birkett – Group Manager – Public Health Commissioning, Kerrie Adams - Senior Public Health and Commissioning Manager and Louise Lester – Consultant in Public Health, that provided detailed information on:

The impact of the newly recommissioned service on outcomes for children and families

- The Government Healthy Child Programme provided a framework to support collaborative work and integrated delivery to promote child development, improve child health outcomes, and ensure that families at risk are identified at the earliest opportunity. The universal reach of the Healthy Child Programme provided an invaluable opportunity from early in a child's life to identify families that may need additional support and children who are at risk of poor outcomes.
- Under these regulations, five universal health visitor reviews are mandated for delivery, with regulations stating that "each local authority must, so far as reasonably practicable, provide or make arrangements to secure the provision of a universal health visitor review to be offered to" the local population. Members were advised that whilst it was mandatory that these reviews were offered, families could turn these reviews down. It was noted however that in the rare cases when reviews were turned down, every effort was made to engage with families.
- In line with National guidance, the Healthy Families Programme service model would be based on four levels of service depending on individual and family need, these were community, universal, targeted and specialist support.
- The areas of activity for the Healthy Families Programme that would be delivered and would make a positive impact on the health and wellbeing for pre-school children and their families included: family mental health, influencing and supporting smoking cessation in pregnancy, supporting breast feeding and supporting healthy weight and nutrition.
- The Healthy Families Programme activity that would be delivered and that would make a positive impact on the health and wellbeing for school age children and their families included the promotion of healthy lifestyles, improving healthy behaviours, and reducing risk taking e.g. around healthy eating and discouraging smoking.
- Based on national evidence, the delivery of the Healthy Families Programme would contribute to year-on-year improvements in the following outcomes:
 - Positive physical and emotional milestones.
 - Positive attachments with parents and carers.

- Better mental health.
 - Children and young people are safe and protected.
 - More babies are fed breast milk.
 - Being smokefree.
 - Reduce substance misuse.
 - Reduce teenage conception and improve sexual health.
 - Healthy weight.
 - Improved academic results.
 - Improved rates of school attendance.
- The delivery of the Healthy Families Programme would work to reduce health inequalities across Nottinghamshire. One of the key roles of the programme would be to identify children who were at risk of poorer outcomes due to health inequalities, and to ensure these families receive a targeted and personalised service. Members of the review group were advised that Healthy Family Teams would be based in the geographical areas that were consistent with Family Hub sites, close to local communities and incorporating families of schools.
 - The Healthy Family Early Intervention Best Start Offer would be developed in response to local evidence of health inequality and aimed to strengthen the support from the Healthy Families Programme to vulnerable parents, including teenage parents.
 - Members of the review group were advised that the Healthy Families Programme would form part of the Council's revised Early Help offer for families and would be aligned to Family Hubs, the Family Service and the Youth Service and support the vision as set out in the Best Start Strategy.

How would the Healthy Families Programme Cooperative Agreement offer flexibility (both for the Council and delivery partners)?

- There was a strong commitment within both Public Health and Children and Families Services to ensure that the Healthy Families Programme was integral to the provision of system wide early help, including the development of Family Hubs. The use of a contract based on co-operation would facilitate the flexibility needed to respond to changes within the early help system, ensuring that any service improvement or transformation was evidence-based, cost effective, and focussed on improving outcomes for children and families. Members of the review group were advised that quarterly Co-operative Partnership Meetings would be held to explore opportunities for service improvement and transformation that would be required to continually align with the wider early help offer.

What performance management and monitoring processes would be in place?

- **Strategic Agreement Review Meetings** – These meetings would be held quarterly and would consider and monitor outcome based performance, financial issues, contractual arrangements, workforce arrangements, safeguarding issues, risks and mitigations and serious incidents.

- **Service Review Meetings** – These meetings would be held monthly and would focus on conversations around data, performance, and relevant operational issues in the service areas that included breast feeding, Parent Infant Relationships and the core Healthy Family Team offer.
- **Co-operative Partnership Meetings** – These meetings would be held quarterly to discuss continual service improvement and transformation over the period of the agreement. A Service Development Plan would be jointly developed which would highlight any areas for service improvement.
- **Healthy Families Programme Multiagency Board** - These meetings would be held annually to include wider partners to explore opportunities for improvements to the wider early help, health and care system that can be supported by the Healthy Families Programme. The main aims of this new Board would be to improve outcomes for children and families by reducing duplication, identifying potential efficiencies, and focussing resources where they are most needed.

How would the impact of the Healthy Families Programme be measured?

- A performance framework would be rigorously applied to in the delivery of the programme. This framework would be based on evidence of what has been proven to work in improving outcomes for children, young people, and families, under-pinned by national guidance. The performance framework would be comprised of:
 - A service level quality dashboard would be applied to the agreement, based on local and national NHS quality dashboards and guidance.
 - Quality assurance visits would be undertaken. These would focus on specific elements of service delivery and would form part of the quality assurance process, e.g. safeguarding. Where appropriate, these would be undertaken jointly with other early help colleagues within the Council.
 - Feedback from service users would be collected and reviewed on a regular basis to aid development, improvement, and transformation of the service across the lifetime of the contract.
 - Performance regarding the delivery of the mandated reviews would also be reported locally and nationally and would provide the Council with a comparison with both the national average and to statistical neighbours.

How would the contract offer flexibility (both for the Council and delivery partners) to respond to changes to the delivery landscape over the period of the contract?

- The format of the contract would enable the Council to flex operational activity, finance, performance monitoring, and to make changes needed in response to emerging evidence or changing needs of the local population. The contract would also enable other delivery partners and the Children and Families Service to have the opportunity to identify activity that could be appropriately incorporated as part of the co-operation agreement. It was noted that one of the aims of the multi-agency board would be to develop services as demands flex and change within the wider Early Help offer over the course of the agreement.

18. After receiving the information, members of the review group took the opportunity to ask questions on the information that had been provided and to discuss the issues that had been raised.

Review Group Meeting Two

19. The second meeting of the review group took place on Wednesday 22 November 2023. At this meeting members received a presentation and links to reference materials from Kerrie Adams - Senior Public Health and Commissioning Manager, Louise Lester – Consultant in Public Health and Kate Whittaker – Public Health and Commissioning Manager, that provided detailed information on:

How had engagement with stakeholders, children and families had been used to shape how the service will be delivered?

- Extensive engagement activity had been carried out with parents and carers of both pre-school and school age children, secondary school age children and service practitioners. This engagement activity had been carried out by a range of methods including online surveys and in person conversations. Engagement activity had also been carried out with wider stakeholders who were involved with the delivery of the Healthy Families Programme.
- The engagement activity with parents and carers had shown what was working well in the delivery of the current Healthy Families Programme.
 - Most people having contact with the service said they got the advice they needed.
 - 86% of respondents were happy with how appointments were arranged.
 - 77% were partly or definitely happy with how information is shared with them.
 - 80% said they felt they'd been listened to carefully, either fully or to some extent.
 - Over 90% found the team members to be welcoming and friendly.
- Members of the review group were also provided with feedback that had been received through the engagement activity from parents and carers. These examples enabled members of the review group to hear about the positive impact and outcomes that the current Healthy Families Programmes had delivered for parents/carers and children.
- The engagement activity had also highlighted aspects of service provision that parents and carers felt could be improved.
- Members of the review group were provided with information on how the learning from the engagement activity had been used to shape what the newly recommissioned service could look like. It was noted that the service development proposals that had come from the engagement activity would be subject to formal consultation. A summary of the outcomes of the engagement activity is detailed below.

People said:	How this is addressed in the service model
The current schedule of mandated contacts means there is a big jump in support from 6-8 weeks to one year, particularly for first time parents.	For first time parents, a new face to face contact with the Healthy Family teams when their baby is 3-4 months old. New information and advice contact for all parents when their baby is 6 months.
Face to face contacts are welcomed.	Face to face contacts will be offered routinely for the: <ul style="list-style-type: none"> • Birth visit • 6-8 week review • 3-4 month review for first time parents • One year health and development review • Two year health and development review.
Some people don't know about websites such as Health for Under 5s, Health for kids, Health for Teens.	Promotion of the websites, Parentline and Chathealth will be included in the co-produced core offer that will be widely promoted across partnerships.
Some people don't know about the texting services-Parentline and Chathealth.	The NHT health promotion team will continue to work with children, young people, parents, and schools to produce information about the service and about key health topics identified.
The parent-infant relationship interventions were very well received by those who accessed them	Parent-infant relationship interventions will be expanded in the new service model as part of an expanded early intervention offer.
Ante natal contacts could feel a bit like a 'checkbox' exercise and some people felt it did not meet their needs.	More choice about how the ante natal contact is delivered, for example in person, by video call, by telephone, group session, information sent digitally. Developing the ante natal contact to deliver more personalised support.
Some parents told us they didn't know they could access their Healthy Family Team for extra advice and support at any time.	Service offer, including the digital offer, will be brought together in a clear, concise, and widely communicated core offer that is co-produced with children, young people, parents, and carers.
Some people told us they are not sure what support Healthy Family Teams deliver, or that they can be hard to reach.	The Council and the Nottinghamshire Healthcare NHS Trust will work to integrate digital offers and access points with the wider

	early help system, including Family Hubs, as these develop.
Partners and stakeholders said	How this is reflected in the service model
Services across the system need to support promotion of what's available to families, children, and young people.	The Nottinghamshire HFP will be a core partner in the planned multi-agency Family Hub networks, including the virtual Family Hub. Clear pathways will be in place between the Nottinghamshire HFP and Children's Centre Services/Family Hubs to ensure children have the best possible start in life.
Processes such as consultation, engagement, information development and sharing need to be aligned as much as possible across the system.	Engagement and co-production activity will be integrated within Family Hubs to ensure partnership working.

How would the service model facilitate the ambition to integrate within the Nottinghamshire Early Help offer and enable robust partnership working arrangements?

- Members of the review group were advised how the delivery of the Healthy Families Programme would work in partnership with a wide range of children's and family services at a place-based level and would be a core component of the Nottinghamshire Early Help offer. It was noted that a high level of intersection and co-operation would be required between the Healthy Families Programme and other Council and NHS functions.
- The Healthy Families Team, the Schools Health Hub (within the Council's Tackling Emerging Threats to Children Team) and the Youth Service would work together and liaise regularly to share information and intelligence about population health needs that would support the ongoing work to develop the service.
- The Nottinghamshire Healthy Families Programme would be a core delivery partner in the planned Family Hub Networks with clear care pathways being in place between the Healthy Families Programme and Children's Centre Services/Family Hubs to ensure that children had the best possible start in life with close partnership working being established across the early years pathway to effectively deliver the national Healthy Child Programme. Members of the review group were advised that the Healthy Families Programme would deliver interventions and support in partnership, working with the wider early help system by working to align schedules of intervention and to ensure that services were delivered by the most appropriate professional in a joined-up way.
- The well-established, embedded two-way referral pathways between the Healthy Families Programme and other NHS organisations would also continue in the recommissioned service.

How would existing safeguarding procedures would be built into the service delivery model.

- Members of the of the review group were provided with information to gain assurance on how the delivery of the Healthy Families Programme would work as part of a wider,

multidisciplinary, multi-agency network to help promote the welfare and safety of children and young people.

17. After receiving the information, members of the review group took the opportunity to ask questions on the information that had been provided and to discuss the issues that had been raised.

Review activity and recommendations

Consultation and engagement

18. Members of the review group welcomed the wide-ranging engagement activity that had been carried out as part of the recommissioning process and on the approach that had been taken in carrying out this work. Members of the review group were in agreement that the high quality and focussed engagement activity that had been carried out with families and young people had enabled valuable information to be gathered on the lived experiences of people who used the Healthy Families Programme as well as on areas of service delivery that be developed further. Members of the review group also noted with approval the engagement activity that had been carried out with stakeholders and delivery partners.
19. Members of the review group welcomed how the outcomes of the focused and high-quality engagement activity had been used to highlight areas for development in the recommissioned service. For example, how it had been learned that many parents did not know of all the services that were available to them when their child reached school age, and how because of this learning, the recommissioned service would strive to communicate better with families about the services that were available.
20. Members welcomed the flexibility that was built into the service delivery model of the recommissioned Healthy Families Programme and how this would enable services to be developed and refined throughout its period of operation. Members agreed that good quality, focussed engagement with families, delivery partners and other stakeholders should be carried out throughout the period of operation of the recommissioned Healthy Families Programme to support the ambition of ongoing service development activity based on coproduction.

Recommendation One

That the high-quality engagement activity that has been carried out to inform the development of the recommissioned Healthy Families Programme be commended

and,

that targeted, high quality consultation and engagement activity should be carried out at regular intervals throughout the period of the contract to support continual service development through effective coproduction.

Service development

21. Members of the review group welcomed how the learning from the engagement activity had been used to inform proposals around how the recommissioned Healthy Families Programme could be delivered. Proposals that had been informed by the engagement activity included:
- the expansion of parent-infant relationship interventions.
 - changes to how ante-natal contacts would be delivered that would make them more personal and flexible to meet each family's individual needs.
 - bringing together of digital services and increasing communication with families to increase understanding that they could access their Healthy Family Team for extra advice and support at any time.
 - increasing the promotion of the Parentline and Chathealth services.
22. Members of the review group were in agreement that the engagement that had been carried out as part of the service design process had been of good quality and welcomed how it had informed the development of proposed changes to how services could be delivered. Members of the review group agreed that these proposed changes to service delivery would have a positive impact on children and families across Nottinghamshire. It was noted that the service development proposals that had come from the engagement activity would be subject to formal consultation.
23. Government regulations around the delivery of the Healthy Child Programme specify the requirement for the delivery of universal health and development reviews at five key stages during each child's development: antenatal, new birth, 6-8 weeks, 1 year and 2- 2.5 years. These reviews enable health and development to be regularly assessed and reviewed. Under the regulations, a universal health visitor review must be carried out by a health visitor, or, in some circumstances, can be delegated to a suitably qualified and skilled health professional or nursery nurse, where they are guided and supervised by a health visitor. Though it was not specified in the mandate (as detailed in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015), Government guidance states that these reviews should be carried out face-to-face.
24. The engagement activity that had been carried out had shown that whilst families welcomed these face-to-face reviews it was felt that the current schedule of mandated contacts did not provide enough support for first time parents due to the large gap between the 6-8 weeks visit and the to one year visit. As a result of the engagement activity that had been carried out, the new service delivery model proposed that for first time parents an additional health visitor visit should be carried out when their child was 3 – 4 months, and that for all parents, a new information and advice contact would be made available when their child was 6-months old.
25. Members of the review group noted with approval the additional access to support that would be made available to all parents when their child was 6-months old and particularly welcomed the additional face-to-face visit for first time parents when their child was 3 – 4 months old. Members of the review group were in agreement that the additional visit for first time parents was a key change to the delivery of the Healthy Families Programme and one that would bring significant benefits to families and children in terms of child development and parental mental health and wellbeing.

Recommendation Two

That the proposed enhancements and changes to the delivery of the Healthy Families Programme that have been developed through the thorough engagement work with service users and service providers be supported.

Recommendation Three

That the addition of a Healthy Families Service visit for first time parents when their child is 3 – 4 months, and the benefits that this will deliver for families and children, be particularly welcomed.

Performance Management and Monitoring

26. During the restrictions that had been in place during periods of the Covid-19 pandemic it had been necessary for the mandated health and development reviews to be carried out virtually, with face-to face reviews only being provided to vulnerable families or where there had been safeguarding or other welfare concerns. Members of the review group were advised however that in normal circumstances, the delivery of face-to-face reviews would always be offered face-to-face as this was the most effective way to support children and families and was also seen as best practice.
27. Members of the review group were advised that the service delivery model and KPIs for the recommissioned Healthy Families Programme specified that these review visits would always be offered to families to be carried out face-to-face. It was noted that whilst all families would be offered a face-to-face visit, they were not obliged to accept the offer of a review (either face-to-face or by any other method). In these circumstances every effort would be made to engage with a family and for them to take part in a face-to-face visit, but that in exceptional circumstances alternative arrangements could be put in place that would enable families to engage in other ways. Members of the review group were advised that every effort was made to engage with families and that this work was normally successful, with number of families refusing reviews across Nottinghamshire being very low. It was also noted that the levels of engagement by families with the mandated reviews, when compared to levels of engagement seen by Nottinghamshire's statistical neighbours was very favourable, with 96% of reviews being carried out face-to-face. Whilst most of these visits would be carried out at home, the service delivery model was also flexible enough to enable these reviews to be carried out at alternative locations if this made it easier for families to access the reviews.
28. Members of the review group agreed that the mandated reviews play a vital part in ensuring that all parents are supported to give their child the best possible start in life. Members also agreed that it is essential that these reviews will be offered face-to-face and in a way that not only follows best practice but that also effectively supports parents in the transition to parenthood, promotes child development, improves child health outcomes, and ensures that families at risk were identified at the earliest opportunity.

Recommendation Four

That a comprehensive set of key performance indicators to monitor the delivery and impact of the mandated health visitor reviews be developed and included in the performance management processes for the Healthy Families Programme.

and

that reporting on these key performance indicators be included in the “Adult Social Care and Public Health Performance, Risks and Financial Position” report that is received at each meeting of the Adult Social Care and Public Health Select Committee.

29. As part of the review, members considered the performance management and monitoring processes that would be in place that would support effective management and ongoing service delivery and development of the Healthy Families Programme. This would be supported by the Council and the Nottinghamshire Healthcare NHS Trust agreeing on a co-operative agreement approach. A performance framework, underpinned by national guidance and evidence of what worked to improve outcomes for children, young people, and families, would also be applied to the agreement.
30. A range of structured and formal meetings will take place at agreed intervals to monitor service performance and to support the ongoing development and delivery of the programme. These meetings will include Strategic Agreement Review Meetings (held quarterly), Service Review Meetings (held monthly) and Co-operative Partnership Meetings (held quarterly). In addition to these processes there will also be quality assurance visits, where the service itself will be inspected by talking to staff, managers and clients accessing the services, with the outcomes of these visits feeding into the appropriate performance management processes.
31. Members of the review group welcomed how quality assurance visits would be used to manage the performance of the Healthy Families Programme and how these visits would provide essential “front line” information on how services were being provided and on the impact that they were having for children and families. Members agreed that these visits would provide essential information on which services were working as well as highlighting areas of service delivery that required improvement or further development.
32. As noted through the report, it has been proposed that the recommissioned Healthy Families Programme, in addition to providing the services as required by local authorities in delivering the Healthy Child Programme would deliver new and additional services including a universal offer of an additional health visit for first time parents when their child is 3-4 months old and an expansion of parent-infant relationship interventions. As detailed at paragraphs 26 and 27, members of the review group welcomed these additional services, but agreed that enhanced levels of performance monitoring and engagement activity with families and service providers would be beneficial and should be carried out to assess their impact and to support further service development and refinement of these new or expanded services.
33. Members of the review group welcomed the performance management and development processes that had been included in the design of the recommissioned service and that would support the effective delivery of the Healthy Families Programme and would also enable the positive impact that services were having on children and families to be measured.

Recommendation Five

That on the new elements of Healthy Families Programme service provision that are being introduced under the new contract, enhanced levels of performance monitoring and engagement activity with families and service providers should be carried out to assess their impact and to support further service development and refinement.

34. Members also noted with approval that the Service Review Meetings that would focus on conversations around data, performance, and relevant operational issues in service areas would be held monthly, rather than quarterly as had initially been considered. Members however were in agreement that many of the positive impacts and outcomes that services delivered through the Healthy Families Programme would have on children and families may not always be the type that could be measured quantitatively. As such, members of the review group noted that it was important that qualitative performance monitoring should also take place and be used as part of ongoing performance management activity.

Recommendation Six

That in addition to the performance management activity delivered through the monitoring of quantitative key performance indicators, there should also be a focus on establishing a comprehensive range of qualitative performance indicators that will enable the real life impact that the Healthy Families Programme is making on children and families to be monitored and understood.

35. In addition to the performance management processes outlined, a Healthy Families Multiagency Board will also be established to include wider partners and to provide an opportunity to explore opportunities for improvements to the wider Early Help, health and care system that could be supported through the delivery of the Healthy Families Programme. Members of the review group were advised it was proposed that the Healthy Families Multiagency Board would meet annually and would work to improve outcomes for children and families by reducing duplication, identifying potential efficiencies, and focussing resources where they were most needed. Members of the review group agreed that the Healthy Families Multiagency Board provided an excellent opportunity for those involved with the delivery of the Healthy Families Programme to engage with wider stakeholders and for opportunities to improve outcomes for children and families across Nottinghamshire to be considered, explored, and developed.

Recommendation Seven

That the membership of the Healthy Families Programme Multiagency Board should incorporate as broad a membership as possible made up from wider service delivery partners,

and,

consideration should be given to holding meetings of the Healthy Families Programme Multiagency Board every six months to maximise the opportunities to improve outcomes for children and families by reducing duplication and in identifying potential efficiencies.

Safeguarding

36. As part of the review process, members of the review group examined how the delivery of the Healthy Families Programme would work to support the delivery of effective safeguarding activity with children and young people and how it would work as part of a wider, multidisciplinary, multi-agency network to help promote the welfare and safety of children and young people across Nottinghamshire.

37. Local Authorities hold a range of statutory responsibilities for safeguarding that are independent of the delivery of the Healthy Families Programme. Under the Children Act 1989 local authorities have a duty to promote and safeguard the welfare of children in their area. Public health nurses form part of a multiagency workforce supporting these safeguarding duties. Through the delivery of the Healthy Families Programme, they would help to identify families with additional needs and vulnerabilities, and work to keep children safe from harm, deliver an important element of the safeguarding pathway linked to their early intervention and prevention role.
38. Members of the review group were advised how established and clear pathways would be in place between the Healthy Families Programme, children's social care and the Multi-Agency Safeguarding Hub (MASH) and how these would enable any safeguarding concerns that arose during the delivery of the Healthy Families Programme to be managed and escalated appropriately. The recommissioned Healthy Families Programme would also work collaboratively with delivery partners to support children and young people in circumstances where there were identified health needs, or where they were in the child protection system.
39. Members of the review group were in agreement that as the delivery of the Healthy Families Programme created many opportunities for contact with children and families from health professionals it was essential that there were strong links with existing safeguarding processes, children's social care and the MASH. Members of the review group were assured from the information received that effective safeguarding procedures were in place and that any safeguarding concerns that arose through the delivery of the Healthy Families Programme would be managed and escalated appropriately.

Recommendation Eight

That the established pathways that will be in place between the Healthy Families Programme, children's social care and the Multi-Agency Safeguarding Hub and that will support the delivery of effective safeguarding activity are supported.

Integration with the Early Help Offer

40. As part of the review process, members of the review group examined how the service delivery model of the recommissioned service would support the ambition to integrate the delivery of the Healthy Families Programme with the Council's Early Help Offer and support robust broader partnership working arrangements with other Council delivered services as well as with services delivered through the wider health and care system.
41. Members of the review group were advised that the recommissioned Healthy Families Programme would work in partnership with a wide range of children's and family services and would be a core component in the delivery of the Council's Early Help Offer. Work would also be carried out to align schedules of intervention and to ensure that services were delivered in a joined-up and coordinated manner across Nottinghamshire. The delivery of the Healthy Families Programme would also be coordinated with the work of the Schools Health Hub (within the Council's Tackling Emerging Threats to Children Team) and the Youth Service. This cooperation would enable the sharing of information and intelligence about the health needs of children and families across Nottinghamshire which would then be used to further develop

service provision. Members of the review group were also assured that a well-established, embedded two-way referral pathways between the Healthy Families Programme and other NHS organisations would be in place to support coordinated and effective service delivery.

- 42. Clear care pathways would also be in place between the Healthy Families and Programme and Children’s Centre Services to ensure children had the best possible start in life. Members were in agreement that coordination in the delivery of the Healthy Families Programme would be most effective when delivered in alignment with other children’s and healthcare services, and as such work to ensure close alignment and coordination of service delivery of the recommissioned service should be a priority area of focus.
- 43. The Council is currently carrying out work to develop a proposed network of Family Hubs across Nottinghamshire that will build on the learning gained from implementation of the pilot Family Hub in Retford. The objective of Family Hubs will be to have joined up efficient local services which are then able to provide the right support at the right time, in the right place and to make a positive difference to the lives of children, young people and their families. Family Hubs will provide a ‘front door’ to families, offering a ‘one-stop shop’ of family support services across their social care, education, mental health, and physical health needs.
- 44. Members of the review group agreed that Family Hubs, once fully operational could play a significant role in the delivery of the Healthy Families Programme and as such it was important that the planning and delivery of these services should be fully integrated and aligned. Members were in agreement that whilst the provision of Family Hubs were not essential for the effective delivery of the Healthy Families Programme, close integration and partnership working had the potential to provide significant opportunities to further develop the overall service offer that was provided to children and families across Nottinghamshire.

Recommendation Nine

That the activity that is required to fully integrate the provision of the Healthy Families Programme with the delivery of Children’s Centres and the Early Help offer (and when fully operational, Family Hubs), to provide a joined up and responsive service for children and families across Nottinghamshire be a priority area of focus in the delivery of the Healthy Families Programme.

Further scrutiny activity

Recommendation Ten

That a report on the delivery and performance of the Healthy Families Programme be considered at a meeting of the Adult Social Care and Public Health Select Committee when the recommissioned service has been in operation for one year.

45. Summary of recommendations

	Recommendation	Cabinet response
1.	That the high quality engagement activity that has been carried out to inform the	

	<p>development of the recommissioned Healthy Families Programme be commended</p> <p>and,</p> <p>that targeted, high quality consultation and engagement activity should be carried out at regular intervals throughout the period of the contract to support continual service development through effective coproduction.</p>	
2.	<p>That the proposed enhancements and changes to the delivery of the Healthy Families Programme that have been developed through the thorough engagement work with service users and service providers be supported.</p>	
3.	<p>That the addition of a Healthy Families Service visit for first time parents when their child is 3 – 4 months, and the benefits that this will deliver for families and children, be particularly welcomed.</p>	
4.	<p>That a comprehensive set of key performance indicators to monitor the delivery and impact of the mandated health visitor reviews be developed and included in the performance management processes for the Healthy Families Programme.</p> <p>and</p> <p>that reporting on these key performance indicators be included in the “Adult Social Care and Public Health Performance, Risks and Financial Position” report that is received at each meeting of the Adult Social Care and Public Health Select Committee.</p>	
5.	<p>That on the new elements of Healthy Families Programme service provision that are being introduced under the new contract, enhanced levels of</p>	

	<p>performance monitoring and engagement activity with families and service providers should be carried out to assess their impact and to support further service development and refinement.</p>	
6.	<p>That in addition to the performance management activity delivered through the monitoring of quantitative key performance indicators, there should also be a focus on establishing a comprehensive range of qualitative performance indicators that will enable the real life impact that the Healthy Families Programme is making on children and families to be monitored and understood.</p>	
7.	<p>That the membership of the Healthy Families Programme Multiagency Board should incorporate as broad a membership as possible made up from wider service delivery partners,</p> <p>and,</p> <p>consideration should be given to holding meetings of the Healthy Families Programme Multiagency Board every six months to maximise the opportunities to improve outcomes for children and families by reducing duplication and in identifying potential efficiencies.</p>	
8.	<p>That the established pathways that will be in place between the Healthy Families Programme, children's social care and the Multi-Agency Safeguarding Hub and that will support the delivery of effective safeguarding activity be supported.</p>	
9.	<p>That the activity that is required to fully integrate the provision of the Healthy Families Programme with the delivery of Children's Centres and the Early Help offer (and when fully operational, Family Hubs), to provide a joined up and responsive service for children and</p>	

	families across Nottinghamshire be a priority area of focus in the delivery of the Healthy Families Programme.	
10.	That a report on the delivery and performance of the Healthy Families Programme be considered at a meeting of the Adult Social Care and Public Health Select Committee when the recommissioned service has been in operation for one year.	

Acknowledgments

46. The Chairman and members of the review group would like to express their thanks for the invaluable support provided during the review process to Nathalie Birkett - Group Manager - Public Health Commissioning, Kerrie Adams - Senior Public Health and Commissioning Manager, Louise Lester - Consultant in Public Health, and Kate Whittaker - Public Health and Commissioning Manager

Statutory and Policy Implications

47. 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

48. There are no direct financial implications relating to the recommendation of the report.

RECOMMENDATION

- 1) That the recommendations from the joint scrutiny review of the recommissioned Healthy Families Programme, as detailed in the report, be endorsed, and referred to Cabinet for consideration.

Councillor Roger Jackson
Chairman, Adult Social Care and Public Health Select Committee

For any enquiries about this report please contact: Martin Elliott, Senior Scrutiny Officer, Tel: 0115 9772564, e-mail: martin.elliott@nottsc.gov.uk

Constitutional Comments (SF 16/01/2024)

49. The recommendation falls within the remit of the Overview Committee by virtue of its terms of reference.

Financial Comments (SES 09/01/2024)

50. 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.

- [Cabinet report 9 March 2023](#)
- [Overview Committee agenda 31 March 2023](#)
- [Overview Committee minutes 31 March 2023](#)
- [Cabinet report 20 April 2023](#)
- [Cabinet minutes 20 April 2023](#)
- [Cabinet report 22 June 2023](#)
- [Cabinet minutes 22 June 2023](#)
- [Overview Committee agenda 7 September 2023](#)
- [Overview Committee minutes 7 September 2023](#)
- [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)
- [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) and Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) \(Amendment\) Regulations 2015](#)

Electoral Division(s) and Member(s) Affected

- All