

## MUNICIPAL YEAR 2019/2020 REPORT NO. 47

### MEETING TITLE AND DATE:

Cabinet – 17<sup>th</sup> July 2019

### REPORT OF:

Executive Director of  
People

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**Agenda – Part: 1**

**Item: 12**

**Subject:** Future Commissioning of 0–19  
Services

**Wards:** All

**Key Decision No:** KD4721

**Cabinet Member consulted:** Cllr Mahtab  
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### 1. EXECUTIVE SUMMARY

- 1.1 This report seeks agreement to explore a potential partnership agreement between Enfield Council and North Middlesex University Hospital NHS Trust (NMUH), in accordance with Section 75 of the National Health Service Act (2006). This agreement is designed to facilitate the delivery of the Enfield 0-19 Service consisting of Health Visiting and School Nursing.
- 1.2 Enfield's 0-19 Service is currently provided by Barnet Enfield Haringey Mental Health Trust (BEH MHT) under an arrangement which expired on the 31<sup>st</sup> March 2019 and continues until alternative arrangements have been agreed.
- 1.3 Over the last 12 months Enfield Council and BEH MHT have been in discussions around future delivery of the 0-19 Health Visiting and School Nursing Service following the end of the current arrangement. Unfortunately, BEH MHT and Enfield Council have been unable to find a mutually agreeable conclusion to these discussions which has left Enfield Council with no option other than to seek an alternative provider.
- 1.4 BEH MHT have agreed to continue to deliver the Health Visiting and School Nursing Service on an interim bases until an alternative provider is secured.
- 1.5 A potential Section 75 Agreement between Enfield Council and NMUH can support partnership working allowing service redesign and modernisation to improve our local health offer, deliver value for money and improve performance and quality.
- 1.6 The development of this Section 75 Agreement will improve health and well-being outcomes for children, young people and their families. It will support wider delivery and integration of health care services, early years provision and community services to children, young people and their families.
- 1.7 See Part 2.

## **2. RECOMMENDATIONS**

- 2.1 Cabinet is asked to approve:
- 2.2 The proposal to explore and ultimately enter into a Section 75 Partnership Agreement between Enfield Council and a suitable partner, as detailed in Part 2, for the delivery of the 0-19 Service (Health Visiting and School Nursing).  
And:
- 2.3 Delegation of authority to the Director of Health and Adult Social Care, in consultation with the Director of Law and Governance, to finalise and agree the Section 75 Partnership Agreement and to make any variations during the term of the Agreement.

## **3. BACKGROUND**

- 3.1 Responsibility for the delivery of the 0-5 Healthy Child programme (HCP) transferred from the NHS to Local Authorities in October 2015 following the 5-19 HCP in 2013. As part of this transition the existing commissioning arrangements were continued to minimise disruption to service delivery and ensure a quality service was maintained to families across Enfield.
- 3.2 The 0-19 Service is a universal health service available to all children and young people aged 0-19 which consists of mandated functions and locally agreed deliverables to improve the health and well-being of all children and young people.
- 3.3 In Enfield the 0-19 Service is currently delivered by one provider who were responsible for service delivery at the point of transfer in October 2015. This arrangement was formalised until the end of March 2019, thus providing an opportunity to review and reshape services to meet key local outcomes and population needs and increase value for money.
- 3.4 There are 91,444 children aged 0-19 living in the borough of which 66,367 are of school age. As a universal offer the Enfield 0-19 Service is available to all these children and young people, and their families.
- 3.5 The Healthy Child Programme 0-19 is a population based public health programme starting before conception and continuing through early years and school life of children and young people to the age 19. The service offered is progressive and tailored to the family's level of need. This continuity of care and progressive approach offers families a high

quality service that supports children in living happy and healthy lives and go on to achieve positive outcomes.

- 3.6 The universal core offer is the delivery of five contacts between 28 weeks of conception to the age of 5. In addition to this there is the dissemination of health promotion and prevention messages to support families in making positive informed decisions about their health. Targeted provision of care allows for more support to families with greater or more complex needs.
- 3.7 Enfield's Children's Centres have recently been reconfigured and the age cohort increased to align to the 0-19 delivery model. These services work together to deliver a coordinated offer to families offering social, emotional and health support to families as part of a Family Hub approach.
- 3.8 In practice this means that Health Visitors, School Nurses, Early Years Practitioners, Early Intervention Workers, other Children's Centre Staff and the wider children's services workforce deliver services in an integrated way. This ensures that delivery of children and family services across the borough is thorough, effective, and to a consistent high standard.
- 3.9 We intend to build on this as part of the service transformation and further integrate these services, through approaches such as exploring options for co-location of staff.
- 3.10 Working in this joint way affords a range of efficiencies as it avoids duplication, allows synergies and ensures that where a service is not responsible for the delivery of a given care package they use referral pathways and joint working processes to ensure families receive the multi-agency support they require in a coordinated way.
- 3.11 In September 2017 Enfield Council and the current provider agreed to move to a skill mix delivery model which offers better value for money while maintaining service deliverables.
- 3.12 There are four key ways we will create efficiencies and improve service delivery.

#### **3.12.1 Transfer of specialist school nursing to the CCG.**

Specialist School Nursing is a CCG commissioning responsibility, as part of the historical joint working arrangements this was included in the 0-19 Service. However due to budget pressures from April 2019 the CCG have assumed the commissioning and funding responsibility for this service element saving £143,000.

### **3.12.2 Remodelling the offer to young mothers.**

Previous commissioning arrangements included a bespoke programme of support for young mothers called the Family Nurse Partnership. The new arrangement will not offer a formal FNP programme, however the 0-19 Service includes a targeted model for vulnerable families or those with more complex needs. Under the new model young mothers will be included in this targeted cohort and will receive an enhanced offer where appropriate.

### **3.12.3 Improved use of technology to support self-service.**

Online information will enable universal delivery of health prevention and promotion messages as well as information, advice and signposting. This increases the reach of health information and ensures it is accessible when required rather than during service opening hours. This will minimise the need for one to one contact with the service where it is appropriate for residents to self-serve.

### **3.12.4 Mobile working and IT developments**

Improved mobile working for staff based in the 0-19 Service will minimise duplication of activities, such as completion of forms, and will support more effective use of time for staff while they are not office based.

- 3.13 Through strong integrated working to redesign the service to better meets the needs of local people further efficiencies are likely to be achieved.
- 3.14 To oversee the delivery of the 0-19 Services we will establish an Operational Governance Meeting that will oversee the delivery of operational services, and a Strategic Governance Board that will ensure the Service is fully integrated strategically across system partners.
- 3.15 The introduction of these two meetings will enable appropriate system partners and stakeholders to ensure the Service is integrated, performance of Key Performance Indicators and Outcomes are achieved, and that the model continues to meet the needs of children, young people and families in Enfield.
- 3.16 In line with the requirements to progress a Section 75 Agreement Enfield Council have undertaken consultation with key stakeholders of the 0-19 Service through meetings and questionnaires. This consultation aimed to seek feedback on the future operational service delivery arrangements for Enfield's 0-19 Service and establish if there are any issues that need to be considered; and understand how a Section 75 Agreement could support operational delivery and the level of service received by children, young people and their families.

- 3.17 Due to the key change to the service being the governance arrangements and the use of a Section 75 Agreement we consulted stakeholders who would be affected by this.
- 3.18 It was not felt appropriate to consult with service users at the present time as the Section 75 Agreement will not impact on how they receive services. As part of the new arrangements service user engagement will be included in the service and quality review processes.
- 3.19 Service user involvement and staff consultation will be a key component of future service improvements and enhancements.
- 3.20 Public Health England have been engaged in the remodelling process and have offered advice and feedback on the service model which has been incorporated into the specification.
- 3.21 Enfield Council have considered the feedback from this consultation as part of the development of the Agreement for future delivery of this Service.
- 3.22 Further consultation has taken place with key partners including staff within BEH MHT as the current provider of the Enfield 0-19 Service, Enfield CCG and other key services for children, young people and families. These key partners support the introduction of a Section 75 Agreement.

#### **4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Consideration was given by officers and colleagues in the CCG to other commissioning approaches for the 0-19 Services, including undertaking a tender process, joint commissioning with Enfield CCG and Enfield Council directly providing this service. It was considered that a Section 75 Agreement would improve existing services, promote integration with health services and offer greater value for money.
- 4.2 Enfield's Council's preferred approach was to enter into a Section 75 Agreement with the current provider, BEH MHT. Unfortunately, following 12 months of discussions and planning Enfield Council and BEH MHT were unable to come to a mutually agreeable conclusion.
- 4.3 The proposal to deliver these services through a Section 75 Partnership Agreement is still considered the most suitable approach and therefore alternative NHS Trusts were considered.

## **5. REASONS FOR RECOMMENDATIONS**

- 5.1 The Section 75 partnership arrangements in the National Health Service Act 2006 (formerly Section 31 of the Health Act 1999 – Health Act Flexibilities) have been developed to give local authorities and NHS bodies the ability to respond effectively to improve services, either by joining up existing services or developing new, co-ordinated services. Section 75 agreements can be agreed for one or more of the following:
  - 5.1.1 Pooled funds - the ability for partners each to contribute agreed funds to a single pot, to be spent on agreed projects for designated services
  - 5.1.2 Lead commissioning - the partners can agree to delegate commissioning of a service to one lead organisation
  - 5.1.3 Integrated provision - the partners can join together their staff, resources, and management structures to integrate the provision of a service from managerial level to the front line.
- 5.2 Experience shows us that joined up health and care is important in improving experience and outcomes. It is by working together that the Council and NHS can best ensure we optimise the use of our shared resources and deliver the most impact.
- 5.3 The Section 75 Agreement will allow greater flexibility and provide an opportunity to provide services across an entire integrated 0-19 pathway. This will improve the patient experience of children, young people and families and bring health benefits to the community.
- 5.4 Several NHS Trusts were considered based on their experience and ability of delivering similar high quality and high performing services to families, as well as their local connection and presence in Enfield.
- 5.5 A Section 75 Agreement will afford opportunities for the community based 0-19 Service to integrate with key services provided by Enfield Council including Children's Centres and the wider early years' service. This integrated offer will ensure that delivery of children and family services across the borough are thorough, effective, and to a consistent high standard.
- 5.6 Through modernising how the service is delivered, integrating the service with other health care and early years services and other key providers, and innovation, a reconfigured model has been developed which realises efficiencies.

- 5.7 By placing the 0-19 Services in a Section 75 Partnership Agreement we expect to see the following outcomes;
- 5.7.1 Improved continuity of care and services to children, young people and their families due to established joint working with services and integrated care packages across health care provision and 0-19 community services.
  - 5.7.2 Improvement in performance indicators demonstrating wider and more comprehensive delivery of universal services.
  - 5.7.3 Modernisation of the Health Visiting and School Nursing offer using digital approaches and improved technology.
  - 5.7.4 A streamlined approach to the 0-19 Services with other health services leading to an integrated approach to children's health across Enfield.
  - 5.7.5 Further inter-agency working and communication between services.
  - 5.7.6 Integrated preventative and early intervention approaches that provide access to a range of health and well-being services for children, young people and families either directly or via referral pathways and coordinated care.
  - 5.7.7 Flexible and through care services that meet the developmental needs of children and young people.
- 5.8 The transformation of the service will be subject to a change management programme overseen by Enfield Council and the appointed partner.
- 5.9 The use of a Section 75 Partnership Agreement will facilitate strong joint working arrangements across the partnership and between system partners. This will be underpinned by robust joint governance and management arrangements which are being implemented as part of this agreement.
- 5.10 Further reasons for recommendations are contained in Part 2.

## **6 COMMENTS FROM OTHER DEPARTMENTS**

### **6.1 Financial Implications**

- 6.1.1 The Public Health Grant for Enfield in 2019/20 is £16.384m, this being a reduction of £444k or 2.6% from 18/19. There has been

a reduction of the grant of £1.324m or 7.5% from 2016/17 to 2019/20.

- 6.1.2 The Public Health Grant, is ringfenced in 2019/20 and is designed to cover expenditure incurred in delivering the Public Health function, which covers mandated (statutory) services and non-mandated (non-statutory) services.
- 6.1.3 The 0-5 Children's service is a mandated service, whilst parts the 5-19 Children's Service are non-mandated.
- 6.1.4 The creation of efficiencies in working practices and service deliverables will improve value for money and support Enfield Council in delivering challenging savings targets.
- 6.1.5 Further finance implications are contained in Part 2.

## **6.2 Legal Implications**

- 6.2.1 The Council has the power to enter into a Section 75 Agreement with an NHS body for the provision of health-related functions pursuant to section 75 of the National Health Service Act 2006 (the 2006 Act) and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the 2000 Regulations).
- 6.2.2 Under the 2006 Act and the 2000 Regulations, a local authority can only enter into a Section 75 Agreement where the arrangements are likely to lead to an improvement in the way in which the health-related functions are exercised. The Council must therefore be comfortable that the proposed arrangement is likely to result in improvements in the provision of the 0-19 services.
- 6.2.3 The 2006 Act and the 2000 Regulations also make it clear that the partners must not enter into a Section 75 Agreement unless they have consulted jointly such persons as appear to them to be affected by such arrangements. In addition, the Local Government Act 1999 provides for a general duty to consult widely, including with representatives of persons who use or are likely to use services provided by the authority, and representatives of persons appearing to the authority to have an interest in any area within which the authority carries out functions. The client department must ensure that the Council undertakes sufficient consultation jointly with the appointed partner before it enters into the proposed Section 75 Agreement.
- 6.2.4 The 2000 Regulations set out the detail to be included in any Section 75 Agreement, for example the funding to be contributed by each partner and how those contributions may be

varied, and the staff, goods, services or accommodation to be provided by the partners in connection with the arrangements. The Section 75 Agreement must be in a form approved by the Director of Legal and Governance Services.

6.2.5 Where any transfer of staff is involved, the Council must be mindful of any obligations it may have under the Transfer of Undertakings (Protection of Employment) Regulations 2006.

6.2.6 Further legal implications are contained in Part 2.

*Legal implications provided by MOC on 12 June 2019 based on version of Report circulated 10 June 2019.*

### **6.3 Property Implications**

6.3.1 Staff currently working in the 0-19 Service are primarily located within BEH MHT buildings. As part of the service transfer, we are working with Enfield Council Property Services to identify alternative office space.

## **7 KEY RISKS**

### **7.1 Failure to deliver the agreed service compliment in the financial envelope.**

Enfield Council and NMUH have been exploring the potential service delivery models, deliverables for the 0-19 Service and performance management arrangements for the Section 75 Agreement.

### **7.2 TUPE will apply to this service transfer, if the required staffing compliment is less than the current service there is a risk Enfield Council will be liable for some associated costs.**

Enfield Council has accounted for service transfer and set up costs within the 2019/2020 budgets.

## **8 IMPACT ON COUNCIL PRIORITIES – CREATING A LIFETIME OF OPPORTUNITIES IN ENFIELD**

### **8.1 Good homes in well-connected neighbourhoods**

Enfield's 0-19 Service deliver a universal service to children, young people and their families as part of the Enfield Children's Community Service offer. Access to services is a key component of an effective service delivery model – the Health Visiting Team are locality based and the School Nursing Team are schools based.

Service delivery can be undertaken in a range of locations, these are primarily in:

- the child's home
- community sites such as children's centres or GP surgeries
- schools

In addition to the face to face service delivery model there will be improvements in digital approaches particularly in relation to the dissemination of information, advice and signposting.

## **8.2 Sustain strong and healthy communities**

As a universal offer the 0-19 Service ensures delivery of health promotion and prevention messages to all children and their families in Enfield. Through the availability of high quality and up to date information families can make informed positive choices about their behaviours and lifestyle.

Families with identified needs will be offered a tailored support package to enable them to make positive changes to improve outcomes.

The 0-19 Service has a key role in ensuring referral pathways are in place with other key health and lifestyle services, so children and/or families can be referred for more specialist support for identified needs where required.

## **8.3 Build our local economy to create a thriving place**

Through improving the health of children, young people and their families in Enfield we will prevent a range of longer-term negative health outcomes in areas such as mental health and illness associated with obesity, drug and alcohol misuse and smoking.

Improving health outcomes will increase the number of people who are able to work and reduce sickness rates. The Wanless report was clear that a healthy population is a productive population.

# **9 EQUALITIES IMPACT IMPLICATIONS**

- 9.1 The 0-19 Service is a universal offer to all children and young people aged 0-19 in Enfield.

- 9.2 The service is delivered at three levels:
- 9.2.1 Universal  
Available to families with low level needs primarily for the delivery of general health and lifestyle advice and information.
  - 9.2.2 Universal Partnership  
Available to families who require timely expert advice on key issues such as health or emotional issues.
  - 9.2.3 Universal Partnership Plus  
Available to families with a continuing complex needs who require ongoing support.
- 9.3 The continued delivery of the 0-19 Service promotes equality and access to this service at an appropriate level for all families in Enfield.

## **10 PERFORMANCE AND DATA IMPLICATIONS**

- 10.1 Since September 2017 BEH MHT and Enfield Council have worked closely to improve service delivery, as a result there has been some improvements in performance, but these can be irregular and while some performance indicators have improved others have deteriorated.
- 10.2 Data quality and systems require significant improvements.
- 10.3 The Section 75 agreement will enable Enfield Council and the identified partner to jointly address data and performance issues. This will be managed as part of the initial transfer of service in two ways:
- 10.3.1 Commissioning a data system which is fully compliant with recording and performance management requirements.
  - 10.3.2 Transitioning to a paper light service delivery model. Improvements in IT and the technology available to staff will support this.
- 10.4 Enfield Council's Public Health Team will retain responsibility for the performance management and service development of the 0-19 Service.
- 10.5 The Section 75 Partnership Agreement will afford Enfield Council robust service delivery and management arrangements to support how we monitor the delivery of the service and the achievement of service outcomes.

## **11 HEALTH AND SAFETY IMPLICATIONS**

None

## **12 HUMAN RESOURCES IMPLICATIONS**

None

## **13 PUBLIC HEALTH IMPLICATIONS**

- 13.1 The Enfield 0-19 Service is integral to the delivery of the Healthy Child Programme and improving social and health outcomes for children, young people and their families.
- 13.2 This universal service delivers health promotion messages to every child in the borough and can support them in making positive choices that will have a lifelong impact.
- 13.3 In addition to the key performance indicators Public Health are measured on a range of health indicators through the Public Health Outcome Framework (PHOF). The 0-19 directly contributes to these through the delivery of their service and joint working with other key services, in particular schools, children's centres and the voluntary sector.

### **Background Papers**

None