

Board of Directors Meeting to be held in Public
on Wednesday, 12 February 2020 at 2pm
in the Boardroom, Trust HQ, Harrogate District Hospital, HG2 7SX

AGENDA

Item No.	Item	Lead	Attachment/ Verbal
1.0	Welcome and Apologies for Absence	Mr Chris Thompson, Vice Chairman	Verbal
2.0	Declarations of Interest and Register of Interests <i>To declare any new or changes to interests; and any interests in relation to open agenda items</i>	Mr Chris Thompson, Vice Chairman	Attachment
3.0	North Yorkshire Healthy Child Programme Option Appraisal <i>To discuss and approve</i>	Mr J Coulter, Director of Finance	Attachment
4.0	Any other Business <i>By permission of the Chairman</i>	Mr Chris Thompson, Vice Chairman	Verbal
5.0	Risks Any additional Risks identified during the meeting to be considered for inclusion on the Trust's Corporate Risk Register or Board Assurance Framework	Mr Chris Thompson, Vice Chairman	Verbal
Board Evaluation		Mr Chris Thompson, Vice Chairman	Verbal
Confidential Motion – the Chairman to move: <i>Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.</i>			

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

This is the current register of the Board of Directors of Harrogate and District Foundation Trust and their declared interests.

The register is maintained by the Company Secretary and was last updated in February 2020.

Name	Position	Interests Declared
Mr Andrew Alldred	Clinical Director LTUC	<ol style="list-style-type: none"> 1. Chair of the Yorkshire and Humber Medicines Optimisation and Procurement Committee 2. Member of the Yorkshire and Humber Chief Pharmacist group 3. Member of the West Yorkshire and Harrogate ICS Pharmacy Leadership Group 4. Chair of the Procurement sub-committee of the West Yorkshire and Harrogate ICS and Regional Partners Regional Store Project and a member of the project board
Ms Sarah Armstrong	Non-Executive Director	<ol style="list-style-type: none"> 1. Non-Executive Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Company director for the flat management company of current residence 3. Chief Executive of the Ewing Foundation
Mr Jonathan Coulter	Deputy Chief Executive/ Finance Director	<ol style="list-style-type: none"> 1. Non-Executive Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Mr Jeremy Cross	Non-Executive Director	<ol style="list-style-type: none"> 1. Chairman, Mansfield Building Society 2. Chairman, Headrow Money Line Ltd 3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Trustee – Forget me not children's hospice, Huddersfield 5. Governor – Grammar School at Leeds 6. Director, GSAL Transport Ltd 7. Non-executive Director, Airedale NHS Foundation Trust (until 29/02/2020)
Mrs Jill Foster	Chief Nurse	None

Mr Robert Harrison	Chief Operating Officer	<ol style="list-style-type: none"> 1. Charity Trustee of Acomb Methodist Church, York 2. Chair of Directors of Strategy and Operations WYAAT 3. Harrogate Place representative on the WY&H Cancer Alliance Board 4. Member of the Harrogate and Rural Alliance Board 5. Director of ILS and IPS Pathology Joint Venture (from 1 October 2019)
Dr Kat Johnson	Clinical Director PSC	None
Dr Natalie Lyth	Clinical Director CCCC	<ol style="list-style-type: none"> 1. Member of North Yorkshire Local Safeguarding Children's Board and sub-committees. 2. Chair of the Safeguarding Practice Review Group. 3. Chair of the North Yorkshire and York Looked After Children Health Professionals Network. 4. Member of the North Yorkshire and York Safeguarding Health Professionals Network. 5. Member of the national network of Designated Health Professionals. 6. Member of the Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR.
Ms Laura Robson	Non-Executive Director	<ol style="list-style-type: none"> 1. Familial relationship with Alzheimer's Society
Mr Steve Russell	Chief Executive	None
Mrs Angela Schofield	Chairman	<ol style="list-style-type: none"> 1. Member of WYAAT Committee in Common 2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership 3. Volunteer with Supporting Older People (charity). 4. Chair of NHSE Northern Region Talent Board
Dr David Scullion	Medical Director	<ol style="list-style-type: none"> 1. Member of the Yorkshire Radiology Group 2. Familial relationship with Freedom to Speak Up Guardian
Mr Richard Stiff	Non-Executive Director	<ol style="list-style-type: none"> 1. Director of (and 50% owner) Richard Stiff Consulting Limited 2. Director of NCER CIC (Chair of the Board from April 2019) 3. Director and Trustee of TCV (The Conservation Volunteers) 4. Chair of the Corporation of Selby College 5. Member of the Association of Directors of Children's Services 6. Member of Society of Local Authority Chief Executives 7. Local Government Information Unit Associate 8. Local Government Information Unit (Scotland) Associate 9. Fellow of the Royal Society of Arts



Mrs Maureen Taylor	Non-Executive Director	None
Mr Christopher Thompson	Non-Executive Director	<ol style="list-style-type: none"> 1. Chairman of Harrogate Healthcare Facilities Management Limited (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Treasurer, Pro Chancellor and Member – Council of the University of York 3. Chair – NHS Audit Yorkshire Consortium 4. Chair – Tissue and Organ Donation Committee HDFT
Ms Angela Wilkinson	Director of Workforce and Organisational Development	<ol style="list-style-type: none"> 1. Director of ILS and IPS Pathology Joint Venture (from 1 October 2019)

Deputy Directors attending Board meetings as substitutes

Dr David Earl	Deputy Medical Director	1. Private anaesthetic work at BMI Duchy hospital
Dr Claire Hall	Deputy Medical Director	1. HDFT representative on WYAAT Pathology group 2. HDFT representative on WYAAT Non-Surgical Oncology group 3. Member, HDFT Transfusion Committee 4. Principal Investigator for haematology trials at HDFT
Mr Jordan McKie	Deputy Director of Finance	1. Familial relationship with NMU Ltd, a company providing services to the NHS
Mrs Alison Mayfield	Deputy Chief Nurse	1. Member, WYAAT Temporary Staffing Cluster Group
Mr Paul Nicholas	Deputy Director of Performance and Informatics	None
Ms Shirley Silvester	Interim Deputy Director of Workforce and Organisational Development	None
Dr Sylvia Wood	Deputy Director of Governance & Freedom to Speak Up Guardian	1. Familial relationship with Medical Director



Date of Meeting:	12 February 2020	Agenda item:	3.0
Report to:	Board of Directors (held in Public)		
Title:	North Yorkshire Healthy Child Programme Option Appraisal		
Sponsoring Director:	Jonathan Coulter, Deputy Chief Executive, Finance Director		
Author(s):	Jonathan Coulter, Deputy Chief Executive, Finance Director		
Report Purpose:	Decision	✓	Discussion/ Consultation
			✓
	Assurance	✓	Information
			✓
Executive Summary:	<p>North Yorkshire County Council (“the Council” or “NYCC”) commission the Healthy Child Programme (“HCP”) as part of their public health commissioning responsibilities. The current contracts for both the 0-5 and 5-19 services come to an end in March 2020.</p> <p>The Council indicated in April 2019 that it wished to enter into a ten year partnership with Harrogate & District NHS Foundation Trust (“HDFT” or “the Trust”) but with a reduced financial envelope that reflects the impact of the reductions in the Public Health grant over recent years.</p> <p>The Board of the Trust will be asked to consider whether it wishes to enter into a ten year partnership with NYCC to provide a radically different HCP to children and families across North Yorkshire taking into account the risks and mitigations.</p> <p>This paper provides evidence that:</p> <ul style="list-style-type: none"> • The Trust has developed a model of care which is considerably different to the current service but which can be provided safely. • The changes are most significant to the school nursing service, in line with the priorities agreed with NYCC. The new model moves away from a universal service to a targeted service which, in addition will provide key services such as managing healthy weight and emotional resilience. • The Trust recognises that there are risks with the new model. It is considered that these risks can be sufficiently mitigated. 		

	<ul style="list-style-type: none"> • The model will be discussed with staff and partners in respect of these changes. • The model may impact on other services. Discussions with impacted parties will be important to manage the transition. • The Trust considers the preferred option to be affordable within the resources available in the future, but this will only be the case if inflationary costs are funded by NYCC within the new agreement. Specifically in relation to current and future funding for pay awards for staff. 				
Related Trust Objectives					
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓
Key implications					
Risk Assessment:	Clinical, financial, and workforce risks are described in detail in the report.				
Legal / regulatory:	Current contract for services with North Yorkshire County Council (NYCC) expires in March 2020. Future model requires the development of a Section 75 (Health and Social Care Act, 2012) agreement between the Trust and NYCC				
Resource:	Reduction in resource available for the 0-19 service				
Impact Assessment:	Initial undertaken in respect of the clinical model. Further work to be undertaken in relation to formal Quality Impact Assessment/Equality Impact Assessment and associated impact on staff.				
Conflicts of Interest:	None identified.				
Reference documents:	Not applicable				
Assurance:	Director Team and Senior Management Team meetings				
Action Required by the Board of Directors:					
<p>It is recommended that the Board of Directors support the preferred option for the Healthy Child Programme, agreeing in principle that the Trust would be prepared to provide this model, subject to the following:</p> <ol style="list-style-type: none"> Development of a transition plan which is acceptable to the Board of Directors. Assurance that current and future inflationary/pay award costs will be funded in addition to the resources outlined, and that this is written into the appropriate agreements. Development of a joint risk assessment and impact assessment. Confirmation from NYCC's Executive Committee that the proposed service model is acceptable. Consultation will be undertaken in line with legal and regulatory requirements. Satisfactory Section 75 (Health and Social Care Act, 2012) agreement is developed and agreed by the Board of Directors. 					

Introduction

1. North Yorkshire County Council (“the Council” or “NYCC”) commission the Healthy Child Programme (“HCP”) as part of their public health commissioning responsibilities. The current contracts for both the 0-5 and 5-19 services come to an end in March 2020.
2. The Council indicated in April 2019 that it wished to enter into a ten year partnership with Harrogate & District NHS Foundation Trust (“HDFT” or “the Trust”) but with a reduced financial envelope that reflects the impact of the reductions in the Public Health grant over recent years.
3. The Board of the Trust will be asked to consider whether it wishes to enter into a ten year partnership with NYCC to provide a radically different HCP to children and families across North Yorkshire taking into account the risks and mitigations.

Background of the North Yorkshire Healthy Child Programme

4. The 0-5 Health Visiting contract and the 5-19 school nursing contract transferred from North Yorkshire Primary Care Trust as part of Transforming Community Services in 2011. From 1 April 2014 the responsibility for commissioning the HCP transferred to North Yorkshire County Council (NYCC).
5. The 5-19 School Nursing contract was tendered in July 2014 with a start date of April 2015 for a 3 year period but a 2 year extension was agreed through to 31 March 2020. The 0-5 service was tendered in 2016 and the contract was awarded to HDFT with an end date of 31 March 2020.
6. At the point that the responsibility transferred to the Council in 2014 the contract value was £8.1m. From October 2016 both components of the HCP were provided by HDFT under two separate contracts.
7. Since 2016/17 the contract value has been reduced each year and in cash terms has reduced by £0.9m (11%) and in real terms by £1.4m (17%). The 2019/20 contract value is £7.2m, whilst the cost of the service was £7.9m. This is shown in the following table:

Contract	14/15 (£k)	15/16 (£k)	16/17 (£k)	17/18 (£k)	18/19 (£k)	19/20 (£k)
0-5				4,876	4,779	4,684
5-19				2,500	2,500	2,500
Total	8,072	8,072	8,072	7,376	7,279	7,184
YoY change		-		-695	-97	-95
Cumulative change		-		-695	-792	-889

8. The HCP in North Yorkshire currently provides the following scope of services:

Summary current scope of services by levels of intervention for 0-5 and 5-19 Service

Level	0-5 service	5-19 service
1	5 contacts including an agreed level of school readiness delivered in mandated contacts	National Child Measurement Programme Brief Public Health Interventions
2	Targeted support to under 5 (such as listening visits for perinatal health, advice on toilet training and behavioural advice)	Single Agency targeted support /Multi-agency Integrated Pathways to support Emotional Resilience/ Adolescent Risk
3	Review Health Assessments for Looked After Children Lead Professional – Team Around the Family (multi agency planning meeting for children in need)	Review Health Assessments for Looked After Children Attendance at MACE meetings, recording of risk on record
4	Safeguarding	Safeguarding

Potential Service Delivery Models

The framework for development of potential service models

9. The Trust has undertaken a modelling exercise to review the current services and identify potential options for the future service delivery model in the context of the NYCC specifying the resource envelope of £6,534,058. HDFT has assumed costs at 19/20 prices for the purposes of this exercise, and assumed that the funding received separately in respect of the pay award will continue to be received recurrently in the future. It should be noted that there will a transition period for the funding reduction to allow changes to be introduced in a managed way.
10. The development of potential service models has used a demand and capacity tool which was originally developed and validated in the North East and has been agreed with NYCC and applied to North Yorkshire. It has also reflected NYCC's request that the savings largely come from the 5-19 school nursing service, recognising the importance of the first 1,000 days in shaping the child and family positive physical and emotional health.
11. The Trust has used the following principles to define a clinically safe service. These have been discussed and agreed with NYCC:
 - Maintenance of current service provision at Level 3 and 4 in Health Visiting which is the additional support provided to support children in need (CIN) or looked after children (LAC) who are the most vulnerable.
 - Maintenance of the current service provision at Level 4 in Health Visiting which is the additional support given to children and families who are part of the child protection process and are therefore vulnerable.
 - A safeguarding service for 5-19 but delivered in a new way.
 - A generic school nurse team to provide services for Looked after Children (Level 3 School Nursing) and Safeguarding (Level 4 School nursing) so that the most vulnerable children continue to receive support.
 - Maintenance of the current establishment in Specialist Teams in Safeguarding and Looked After Children.
12. The model would also seek to meet the requirements of the nationally mandated contacts, which includes five contacts between 0-5 years and one contact between 5-19 years. NYCC had indicated that they wished to see three further areas of targeted support – infant

feeding, perinatal mental health support and emotional resilience. The Trust recognises the importance of these areas of support.

13. The modelling started from the assumption that the only services provided by the 5-19 school nursing service, would be (i) a service model to deliver the mandated National Child Measurement Programme (NCMP), (ii) a service to children identified as being in need including attendance at multi-agency meetings about child sexual abuse, and (iii) delivering a public health nursing service to children, young people, and families in the safeguarding arena.
14. An additional risk assessment has been undertaken and comprehensive quality impact assessments and equality impact assessments will be undertaken.

Proposed service model – preferred option

15. A process was undertaken to assess a number of options. Having considered these options the preferred model is to provide all 5 mandated contacts for the 0-5 service by a combination of qualified Health Visitors and Early Years Practitioners at a reduced aggregate level of 75%, and a minimum 5-19 service, enhanced by specific targeted support in relation to infant feeding and managing healthy weight, and emotional resilience.
16. This revised model reduces the staffing establishment across the Healthy Child Programme by 37 wte.
17. The Trust is committed to ensuring the impact of the reduction of wte numbers is minimised as far as possible through engagement and consultation with staff and Trade Union partners. We are committed to minimising the likelihood of compulsory redundancies through undertaking the following;
 - Vacancy management across all other Community Services to enable suitable vacant posts to be ring-fenced to staff in North Yorkshire.
 - Vacancies within the North Yorkshire area are managed to preserve roles for existing team members where appropriate.
 - Identifying suitable alternative employment, reskilling staff for new or different roles and identifying all other redeployment opportunities.
 - Working with the wider NHS and local partners to identify redeployment or other employment opportunities.
18. An initial service impact assessment has been undertaken, and this, alongside a detailed risk mitigation plan will be developed more fully with our partners at NYCC.
19. The following table below summarises the services that would be provided under the proposed HCP model:

Summary table of the levels of intervention for 0-5 and 5-19 Services.

Level	Descriptor of Level for current 0-5 service	New proposed HCP model
1	Five mandated contacts including an agreed level of school readiness delivered in mandated contacts. Current performance expectation is 95% through face to face contacts.	75% of mandated contacts including an agreed level of school readiness delivered in mandated contacts through face to face, virtual or group contacts. All children under 5 will have two contacts. The primary birth visits and the 2.5 year development check, with a targeted approach to the other reviews. All under 1 year contacts will be delivered by a qualified Health Visitor, with over 1 year old contacts delivered by a skill mixed team.
2	Targeted single agency or multi-agency support to Under 5.	Not provided, except for support in relation to infant feeding.
3	Children in Need: - Looked After Review Health Assessments - Lead Professional – Team Around the Family	Provided Provided
4	Safeguarding	Provided
Level	Descriptor of level 5-19 service	New proposed HCP model
1	National Child Measurement Programme (no follow up) and brief public health interventions. The current school screening includes vision and hearing screening which is not a mandated contact.	The mandated NCMP will be provided at age 5-6yrs and 10-11 years. Vision and hearing screening will not be directly provided, but families will be signposted to alternative services.
2	Single Agency Targeted Support /Multi Agency Integrated Pathways to support emotional resilience/ adolescent risk.	To be provided on a phased basis
3	Looked After Review Health Assessments	Provided
4	Safeguarding	Provided through a new model, as agreed with Partners.

20. It has been agreed that the 0-5 service will be provided with a reduced overall KPI of 75% for the mandated contacts. Whilst this reduces performance in the universal service it is the preferred option when assessing how to best deploy resources as this model allows for resources to be targeted at those most in need. The balance of risk has been assessed and the conclusion is that the resource would be more effectively utilised by targeting interventions rather than providing a more universal service to 0-5 age children.
21. The Trust has risk assessed the new model and considered that service with targeted interventions where appropriate can be provided safely. The model will continue to be discussed in detail with partners.

Summary

22. The Trust has developed a model of care which is considerably different to the current service but which can be provided safely.
23. The changes are most significant to the school nursing service, in line with the priorities agreed with NYCC. The new model moves away from a universal service to a targeted service which, in addition will provide key services such as managing healthy weight and emotional resilience.
24. The Trust recognises that there are risks with the new model. It is considered that these risks can be sufficiently mitigated.
25. The model will be discussed with staff and partners in respect of these changes.
26. The model may impact on other services. Discussions with impacted parties will be important to manage the transition.
27. The Trust considers the preferred option to be affordable within the resources available in the future, but this will only be the case if inflationary costs are funded by NYCC within the new agreement. Specifically in relation to current and future funding for pay awards for staff.

Recommendation

28. It is recommended that the Board of Directors support the preferred option for the Healthy Child Programme, agreeing **in principle** that the Trust would be prepared to provide this model, subject to the following:
 - a. Development of a transition plan which is acceptable to the Board of Directors.
 - b. Assurance that current and future inflationary/pay award costs will be funded in addition to the resources outlined, and that this is written into the appropriate agreements.
 - c. Development of a joint risk assessment and impact assessment.
 - d. Confirmation from NYCC's Executive Committee that the proposed service model is acceptable.
 - e. Consultation will be undertaken in line with legal and regulatory requirements.
 - f. Satisfactory Section 75 (Health and Social Care Act, 2012) agreement is developed and agreed by the Board of Directors.