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Purpose: For Decision

Committee report

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| Committee | POLICY AND SCRUTINY COMMITTEE FOR CHILDREN'S SERVICES |
| Date | 25 JANUARY 2018 |
| Title | 0-19 PUBLIC HEALTH NURSING SERVICE |
| Report of | HEAD OF PUBLIC HEALTH STRATEGY/ DEPUTY DIRECTOR |

EXECUTIVE SUMMARY

The Health and Social Care Act 2012 sets out the Authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years. Responsibility for children's public health commissioning for 0-5 year olds on the Isle of Wight, specifically Health Visiting, transferred from NHS England to the Authority on 1 October 2015.

1. The Healthy Child Programme (HCP) provides good practice guidance and describes the statutory elements that all organisations responsible for commissioning services for 0-19 year olds should follow.
2. The HCP recognises the key role of a variety of professionals in promoting children and young people's wellbeing and is aimed at the full range of practitioners in children's services with a particular focus on health visiting from pregnancy to five years, and school nursing for 5-19 year olds. The combined services are referred to as 0-19 Public Health Nursing Services.
3. By working with, and supporting families during the crucial early years of a child's life, 0-19 Public Health Nurses have a profound impact on the lifelong health and wellbeing of young children and their families. The Healthy Child Programme (HCP) sets out the nationally recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.
4. Every child is entitled to the best possible start in life and 0-19 Public Health Nurses play an essential role in achieving this.
5. The report aims to inform committee members on the actions that Public Health have undertaken to maintain provision of the statutory elements of the

Healthy Child Programme since the change in responsibility, provide assurance the arrangements are robust through performance data and brief the committee on development of future commissioning plans for the long term delivery for the services.

BACKGROUND

6. The Isle of Wight Council has had responsibility for the commissioning of the HCP (5-19) – School Nurses - since 2013.
7. Commissioning responsibility for the HCP (0-5) – Health Visitors - moved to the Council on 1 October 2015 from NHS England.
8. Local contractual arrangements for the delivery of the HCP were aligned and were due to end on the 31 March 2017. Therefore, an opportunity was provided to review and reshape services to meet key local outcomes and population needs. Appendix 1 provides the arrangements and discussion that have previously been presented to committee for this contract.
9. It has now been announced that the commissioning of 0-5 years services will remain a statutory service for local authority services to commission. This means that Local Authorities have a statutory requirement to ensure the provision of the following key elements of the Healthy Child Programme to be delivered by health visitors:
 - Antenatal health promoting reviews
 - New baby reviews
 - Six to eight week baby assessments
 - One year assessments and
 - Two to two and a half year reviews.
10. During 2017 the Isle of Wight Council twice offered by tender contracts to provide a combined 0-19 Public Health Nursing Service. Each tender process failed to attract a potential supplier with no bids being placed. The first contract offer had a value of £2 million. The second contract offer had a higher value of £2.3 million. Both contracts were offered with the same service specification and contract requirements. The incumbent provider, Isle of Wight NHS Trust, did not bid to continue service provision. The reason provided by the IW NHS Trust for not placing a bid was that the reducing funds were seen as high risk. Other interested providers stated that high staff levels and a low contract value deterred them from placing a bid for this contract.
11. Following the second failed procurement Public Health commissioners have offered by direct award a 12 month contract with the Isle of Wight NHS Trust to deliver 0-19 public health nursing services. An agreed position has been reached to ensure that statutory services continue to be provided. This contract commenced on 1 September 2017. Public Health commissioners are working with the provider to maintain an agreed position and use the most appropriate method on contracting until the service has been redesigned and

offered to tender through future integrated commissioning work. The detail of the integrated commissioning unit plan is set out in paragraph 13 and 14.

12. During this difficult time of procurement the 0-19 Public Health Nursing Service saw the resignation and retirement of key members of staff. This included the clinical nurse lead for 0-19 Public Health Nursing Services. Senior nurses within each of the teams have provided interim cover. The Isle of Wight NHS Trust has now appointed a clinical nurse lead for the 0-19 Public Health Nursing Service and she commenced the role on 27 November 2017.
13. Concurrently, during October 2017 the Council Corporate Management Team approved the creation of an Integrated Childrens Commissioning Unit (ICCU). The ICCU is based on the ambition for the Isle of Wight Council to ensure that all children and families have the "best start in life". The unit consists of commissioners from public health and children's services. It is anticipated that commissioners from the Clinical Commissioning Group will also be integrated into the unit at some point. This would be specifically for services relating to child wellbeing, mental health services and services for children with learning difficulties and disabilities.
14. The initial focus of the group will be the integration of commissioning within the local authority regarding children's and family services. Commissioners are at present reviewing all contracts that provide 0-19 Healthy Child Programme elements.
15. The aim of the Integrated Children is to achieve savings through a reduction in duplication, create streamlined pathways and the development of skill mix and ultimately improved prevention.
16. Further information will be available after the first board meeting of the Children's Services Joint Commissioning Strategic Board has met. This is meeting is scheduled to be held on 19 January 2018.

CURRENT SERVICE PLANS

17. The current 12 month contract for 0-19 Public Health Nursing Services runs from 1 September 2017 to 31 August 2018. This means that for the rest of this financial year up until 31 March 2018 commissioners and provider are working together to reach an agreed position to maintain statutory services, within the reduced budget, beyond the end of the current contract which expires on 31 August 2018.
18. The 0-19 public health nursing service is working to a new service delivery specification as agreed within the contract. The specification drives integration with other HCP providers, such as Barnardo's, and facilitates increased and more joined up activity with Family Centres.
19. To ensure the outcomes of the corporate plan are met public health commissioners, alongside the clinical nurse lead, are working on key projects that will improve outcomes for children and families. For a start:

- The delivery of the National Child Measurement Programme (NCMP) will involve support for schools and parents when the results of the latest programme are published. This support has already commenced with assemblies being undertaken in schools to inform students on why the process is undertaken. The aim will be to reduce obesity in young people by focusing on prevention, increasing physical activity and healthy food choices.
- 0-19 public health nurses will be working closely with family centres to provide school readiness programmes and awareness services for families. This will increase their working from and use of family centres and provide contact points and early support for families.

The 0-19 Public Health Nursing Service will be one that has a family centred approach that has a focus on prevention and early intervention that contributes to the improvement of children and young people's health and a reduction in health inequalities.

20. The contract has Key Performance Indicators that link service activity to the Public Health Outcomes Framework, the Guide to Early Years Profile and the NHS Outcomes Framework. The current supplier will contribute towards the following:

- Reducing Infant Mortality
- Reducing low birth weight of term babies
- Reducing smoking at delivery
- Improving breast feeding initiation
- Increasing breast feeding prevalence at 6-8 weeks
- Improving child development at 2 – 2.5 years
- Reducing the number of children in poverty
- Improving school readiness
- Reducing under 18 conceptions
- Reducing excess weight in 4- 5 and 10-11 year olds
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years
- Improving population vaccination coverage
- Disease prevention through screening and immunisation programmes
- Reducing tooth decay and extractions in children aged 5 years
- Reducing pupil absence
- Reducing first time entrants to the youth justice system
- Reducing the number of 16 -18 year olds not in education, employment or training
- Improving emotional wellbeing of looked after children
- Reducing smoking prevalence in 15 year olds
- Reducing self-harm
- Chlamydia diagnosis 15 -24 year olds

The current supplier collates the following quarterly indicators, which are then submitted to Public Health England (PHE) for inclusion in their national data sets and analysis.

The current activity shows steady service delivery that meets the requirements of both the contract and PHE standards.

| Reference | Indicator | Units | 2016/17 | | 2017/18 | | Trend |
|-----------|---|---------|---------|------|---------|-----|-------|
| | | | Q3 | Q4 | Q1 | Q2 | |
| IND C1 | Number of mothers who received a first face to face antenatal contact with a Health Visitor. | Count | 280 | 240 | 281 | 280 | |
| IND C2 | Percentage of births that receive a face to face NBV within 14 days by a Health Visitor | Percent | 100% | 94% | 98% | 98% | |
| IND C3 | Percentage of face-to-face NBVs undertaken after 14 days, by a Health Visitor | Percent | 0% | 6% | 2% | 2% | |
| IND C8i | Percentage of children who received a 6-8 week review by the time they were 8 weeks. | Percent | 98% | 95% | 96% | 97% | |
| IND C8ii | Percentage of infants being breastfed at 6-8wks | Percent | 46% | 53% | 49% | 46% | |
| IND C4 | Percentage of children who turned 12 months in the quarter, who received a 12 month review, by the age of 12 months. | Percent | 92% | 92% | 89% | 95% | |
| IND C5 | Percentage of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months. | Percent | 96% | 94% | 93% | 94% | |
| IND C6i | Percentage of children due a review by the end of the quarter, who received a 2-2½ year review, by the age of 2½ years. | Percent | 92% | 91% | 92% | 92% | |
| IND C6ii | Percentage of children due a 2-2½ year review by the end of the quarter for whom the ASQ-3 is completed as part of their 2-2½ year review | Percent | 90% | 100% | 100% | 99% | |

NBV = New Baby Visit

INTERIM SERVICE PLANS

21. Commissioners and provider are working together to reshape service delivery to maximise outcomes for families and to achieve this within the agreed budget.
22. The work of the integrating children's commissioning unit will both support and compliment the transformation programme to shape the future 0-19 service delivery. This work includes working to the directive of the Corporate Plan; specifically "Build on the robust short-term arrangements put in place for the continued delivery of sexual health, substance misuse and 0-19 (school nursing and health visiting) services and develop a plan for the long term delivery of the services".
23. This means that commissioners and provider will work to optimise the skill and knowledge base of the 0-19 team to develop a sustainable service delivery programme to ensure statutory services are maintained. A service specification that reflects both budget allocations and statutory provision will be written. The drafting of this work has already commenced.
24. If an agreed position is reached the Council proposes to use the negotiated procedure without prior publication to put in place a contract.

FUTURE ARRANGEMENTS

25. Good commissioning has the voice of service users and patients at its heart. In line with Article 12 of the United Nations Convention of Rights of the Child, the Children Act 1989 and revised statutory guidance, commissioners will aim to actively involve children, young people and families, as well as other key stakeholders such as practitioners during any changes or commissioning opportunities. This will ensure that all stakeholders become co-designers, developers, producers and evaluators of the positive outcomes which we want to achieve.
26. The first consultation with stakeholders is planned to take place on 6 February 2018. This workshop will be chaired by the Chief Nurse from the Isle of Wight NHS Trust and hosted in County Hall. The stakeholders will be Public Health Nurses, Early Help Leads and commissioners.
27. During this time the work of the integrated children's commissioning unit will have commenced and an outline commissioning and procurement plan for 0-19 services will have been agreed.
28. The 0-19 Public Health Nursing Service remit is included within the scope of the work of the Integrated Childrens Commissioning Unit. The aim is to commission and procure 0-19 services that achieve best value for money through a reduction in duplication, create streamlined pathways and the development of skill mix and ultimately improved prevention. Value for money should be realised for all parties through rationalisation of services and delivery methods with a tender process expected to commence during 2019 for a 2020 start date.

FINANCIAL / BUDGET IMPLICATIONS

29. The current budget for 0-19 Public Health Nursing Services has a reducing value over 3 years. The budget for the current 12 month contract is £2.3 million. Through efficiencies and continued integrated working the budget reduces to £2 million by the third year. This funding is contained within the ring fenced Public Health budget allocation until 2020.
30. The 0-19 Public Health Nursing Service remit is included within the scope of the Integrated Childrens Commissioning Unit. Savings will be achieved for all through rationalisation of services and delivery methods.

LEGAL IMPLICATIONS

31. The Health and Social Care Act 2012 sets out the Authority's statutory responsibility for delivering and commissioning public health services for children and young people.
32. During the current 12 month contract period Public Health commissioners will work with providers to ensure continuity of care and provision of statutory elements of 0-19 public health nursing. This will also enable the opportunity

within the ICCU to evaluate options for the future provision of children's public health nursing.

EQUALITY AND DIVERSITY

33. The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
34. Under the Equality Act 2010 we are required to have due regard to our equality duties when making decisions, reviewing services, undertaking projects, developing and reviewing policies There are no equality and diversity issues generated from this report.

RISK MANAGEMENT

35. Risks will be managed through project management and contract management processes. Any identified risks will be highlighted on the strategic project report which is presented to the Corporate Management Team on a monthly basis. Any significant risks will be recorded on the corporate risk system.
36. Good commissioner and provider working relationships and open discussion aid the mitigation of risk. However, should the current provider cease to be able to provide the services or give notice on the contract the default position would be to bring the service "in house" if another tender opportunity failed again.
37. If services were brought in house it is expected that the TUPE cost would be high and would have a high impact on the public health budget.

RECOMMENDATION

To note report and receive further updates as commissioning progresses.

38. [Appendix 1](#) – Previous committee briefing.

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