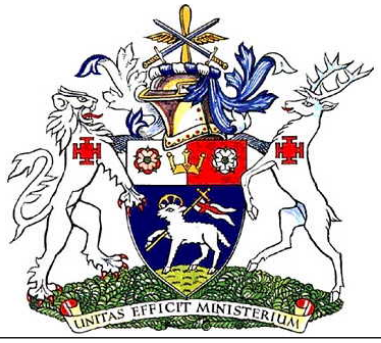	**Policy and Resources Committee** **13 February 2018**
Title	**Public Health Nursing 0-19**
Report of	Councillor Richard Cornelius
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	None
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Summary

The 0-19 public health nursing services comprising Health Visiting, School Nursing and Family Nurse Partnership have been delivered by Central London Community Healthcare Trust since 2011. The current contract with this provider expires in March 2018. A breast-feeding peer support service has been delivered by the same provider through a separate contract with Public Health which expires in March 2018. This paper considers options for future service provision relating to all of these services.

Recommendations

That the Committee:

1. **Agree a contract extension for health visiting, school nursing and Family Nurse Partnership, with the inclusion of a breast-feeding peer support service, from March 2018 until 31st March 2020 with Central London Community Healthcare Trust.**

2. **Note the options available for future 0 to 19 public health nursing provision and agree that, subject to further exploratory work confirming the feasibility and**

desirability of the proposals, that 0 – 19 Public Health nursing be brought 'in house' in April 2020.

1. WHY THIS REPORT IS NEEDED

1.1 Background and Case For Change

The commissioning responsibility for 0 – 19 public health nursing services has been the responsibility of London Borough of Barnet since 2015. A commissioned service comprising Health Visiting, School Nursing and Family Nurse Partnership (FNP) are currently delivered by Central London Community Healthcare Trust (CLCHT). The current contract with CLCHT expires in March 2018. This paper offers options in order to achieve fuller integration with family services and to deliver improved performance within available financial resources.

1.2 A separate contract between London Borough of Barnet Public Health Service is in place with CLCHT for delivery of a breastfeeding Peer Support service which ends on 31st March 2018. The plan was to continue delivering breastfeeding support through existing universal services including children's centres and health visiting following a 6 month extension of the coordinator role.

1.3 Recent reviews of public health services and of early years services in Barnet have demonstrated a strong desire amongst stakeholders to improve services, to better address current and future needs of children and young people and for health visiting and school nursing to provide a wider public health role linking with other 0 – 19 services which will be delivered in future via three locality family hubs.

1.4 The findings of the reviews, of how resources can be used in the most effective way to improve outcomes for children and families, concluded that an integrated model within Barnet is required and outlined a model setting out how public health nursing could integrate with early help and social care to achieve better outcomes.

1.5 The proposed future model of health visiting would be based on working within the developing multi-agency 0 to 19 hub model of service delivery, integrating with a wide range of other family support services. The numbers of health practitioners within each locality hub would be allocated according to the indices of multiple deprivation and consideration of other contextual factors. Breastfeeding support will be an integral part of the future model.

1.6 It is proposed that, subject to further exploratory work confirming the feasibility and desirability of the proposals, the service be brought in house with effect from April 2020. A contract extension with CLCHT for public health nursing (including breastfeeding support) is required to allow for the exploratory work and to begin transforming the service.

1.7 2 key recommendations have been made by NHS England for councils considering taking public health 0 – 19 nursing "in house".

1. To have a minimum period of nine months to one year before the actual transfer of staff into the organisation.
2. To have a clinical lead nurse in post to oversee the transfer supported by a quality/performance lead who will together take account of NHS culture and values; staff TUPE considerations and quality and governance issues ensuring a smooth transfer and deliver improvements.

It is proposed therefore that a Chief Nurse and a Quality, Governance and Performance Manager be appointed within appropriate timescales.

1.8 A full cost analysis of the current staffing structure has demonstrated that if the transfer of services into family services is implemented by 2020, after taking account of required recurrent savings within the health visiting budget, it would be possible to employ an additional 5 health visitors or 6 staff nurses or 7 nursery nurses. This additional resource would reduce practitioner caseloads to a position much closer to recommended levels than currently and would enable more preventative work to be undertaken.

1.9 The public health nursing service would become part of family services directorate led by the Operational Director Early Help, Children in Need of Help and Protection who would directly manage the chief nurse. The chief nurse would be responsible for the delivery of public health nursing services through the three locality family hub teams. By delivering public health nursing in this way a seamless offer to families will be more achievable because they would have a shared senior management structure, performance framework, vision and values within which to operate.

2. REASONS FOR RECOMMENDATIONS

2.1 As outlined above there is a need to make service improvements, use resources more effectively and improve integration with the multi-agency family hubs. CLCHT have a historic agreement in place with commissioners to only partly deliver the healthy child programme consisting mainly of targeted interventions to the 0 – 19 population and their families. FNP is being fully delivered to under 25s in Barnet and a reduced school nursing offer is in place for the 5 – 19 population. Preventative work such as personal social and health education and school or class assemblies on public health issues are not currently undertaken.

2.2 Performances against key indicators for public health nursing services are currently below target or not been reported on at all. Data quality is also an issue and there has not always been a Barnet focus due to the provider delivering across a number of areas.

2.3 The current contract price is £5,676,259 with a budget reduction of £390,000 to be delivered by 2020. In addition the budget for the breastfeeding support service of £115,000 ceases in March 2018. Cost reductions could be achieved with less duplication of service provision and some sharing of management and estates. A redesigned and restructured service could meet the recurrent savings targets while improving service provision. An increase in health visitor

numbers of 15.2% would enable a reduction in practitioner caseloads by approximately 70 per practitioner resulting in an increased contribution to preventative work and a projected reduction in demand for more intensive higher cost services within Barnet.

2.4 CLCHT has agreed in principle to continue to deliver public health nursing services, including breastfeeding, to 2020 and to work alongside commissioners to move towards the revised service delivery model in order to achieve the required savings and transformation required. To support the transformation we will make available £300,000 across the two year extension and recruit to the chief nurse at the appropriate time.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Two alternatives to bringing public health nursing services 'in house' were considered,

(a) To continue with the current provider, Central London Community Healthcare trust. Under procurement regulations, the service needs to be procured after a contract expiry and extension which makes this an unviable option.

(b) To undertake a full procurement programme for another 3 – 5 years. A full market engagement exercise in 2017 determined that re-procuring might not deliver the level of integration required, would not necessarily achieve the delivery of improved performance outlined within this paper and that a new provider would not necessarily give the required focus to the Barnet population due to other areas of delivery within their organisation.

4. POST DECISION IMPLEMENTATION

4.1 Whichever decision is determined, a Project Board and an Implementation Group will be established to oversee the development of the new model of service delivery for Public Health 0 to 19 Nursing and to manage any associated risks.

4.2 CLCHT has agreed in principle to continue to deliver public health nursing services, including breastfeeding, to 2020 and to work alongside commissioners to move towards the revised service delivery model in order to achieve the required savings and transformation required. A contract variation for the period to 2020 will be issued.

4.3 We will recruit a chief nurse to support with the transformation and provide further advice on the feasibility on bringing the services in house.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 A 0-19 public health nursing service with increased capacity to deliver preventative interventions and to reduce demand for services by offering a universal provision to the 0 – 19 population will help Barnet meet its priorities

for improving school readiness, to have greater integration of services with social care, early help and children's centres and to assist in improving oral health in the 0 – 5 population.

5.1.2 The Barnet children and young people's plan 2016 – 2020 has a vision focused on making Barnet an even better place to live for all families. The young people at the youth convention wanted improved health education and access to health support which currently the school nurses do not have time to deliver. With a new model of working and better integration with the youth support team and schools this would be able to be realised.

5.1.3 The London Borough of Barnet is well placed to identify local health needs and the aim for commissioning services of young children and families is:

- improving local access to services;
- improving the experience of local children and families;
- improving health and wellbeing outcomes for under-fives;
- reducing health inequalities locally.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 Recurrent budget savings on current spending have been included within the financing of the proposed new structure as indicated below. The proposed new model makes effective use of resources to enable an increase in the number of Health Visitor posts.

5.2.2 The current CLCHT WTE establishment is 39.30 and in school nursing is 12.12). Caseloads for health visiting are currently approx. 700 per WTE health visiting with a recommendation of a maximum of 400 per WTE dependent on the deprivation of the population. School nursing caseloads are approx. 5000 pupils per WTE school nurse with a recommendation of 3000 per qualified school nurse. The proposed model will reduce these caseload numbers by approximately 70 per practitioner within the available finances.

5.2.3 Information technology infrastructure is a major consideration for a successful transition to LA provision and will require strategic IT advice on the interoperability of systems and to ensure that mobile working is effective immediately on transfer.

5.2.4 Public health nursing staff offices and clinic space was transferred to Central London Community Healthcare Trust in 2012. The current situation will be extensively scoped with NHS properties as well as the council's estates and facilities service to determine what can be gained from co- location and what changes are required. Transfer of services 'in house' within the family hubs model will enable the service to be more integrated with early help and will mean that in time less managers may be required as well as making most efficient use of buildings and mobile technology and a better integrated skill mix should develop.

5.2.5 The new model would be sustainable and would negate the need for future procurement under the current Government legislation which would save time,

money and resources on re-procurement in the future. Maintenance of the commissioner/provider split within the council will ensure transparency, ensure that the best is gained from the new model and will allow the Council to fulfil its role in performance managing delivery of this service.

5.2.6 Impact on the use of funding

	2018-19	2019-20	2020-2021
Contract price (including proposed savings)	£5,420k	£5,285k	£0
In house cost	£0	£0	£4,958k (in house solution will cost less)
Funding available	£5,420k	£5,285k	
Transformation Funding to CLCH	£300,000 for April 2018 to March 2020		
Reinvestment	£0	£0	(£327k)
Reinvestment in staff	£0	£0	£327k (difference between contract price and in house soluton)

5.2.7 In order to facilitate the move to provision in house, a budget has been set aside from transformation reserves. In order to support the current provider, CLCHT to achieve the required transformation including continuing to deliver a breastfeeding peer support service as it moves towards a primarily volunteer delivered service and deliver the identified budget savings, it is proposed to offer a transformation grant of £300,000 to CLCHT to be available through a 2 year period of transition from April 2018.

5.2.8 The service will have available the back office services and functions that other London Borough of Barnet divisions have access to such as human resources, information technology, training and development, data analysis and finance.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2012 requires people who commission certain public services to think about how they can also secure wider social, economic and environmental benefits.

5.3.2 The Healthy Child Programme ensures an efficient health and wellbeing service for children and families whilst delivering benefits to individuals in a coordinated fashion. The programme also includes supporting parents and young people when they need it and providing the right amount of advice to individuals to develop the skills they need to make choices for their own well-being in the future. Services working together derive social capital from each other and this in turn supports a collaborative approach towards sustainability within an ever-changing economy.

5.4 Legal and Constitutional References

5.4.1 Constitution Article 7.5 Responsibilities for Functions sets out the terms of the Policy and Resources Committee, which includes responsibility for the Councils finance and corporate procurement.

5.4.2 Procurement regulations permit a local authority to bring a service in-house as long as it has the power to deliver the service. This means the capacity and capability to deliver and meets the quality and legislative requirements i.e CQC, Care Act, Public Health Outcomes Framework (PHOF).

5.4.3 The senior children and young people commissioner in the Joint Commissioning Unit has met with the children and young people public health specialist & senior nurse in Public Health England and has been assured that the plans presented in this paper, if implemented, would meet their assurance for governance of the service by the London Borough of Barnet.

5.5 Risk Management

5.5.1 The evidence base for 'in house' provision is yet to be established for improvement of outcomes for families although there are a growing number of councils taking this decision. The service would require a settling in period of 6 months to 1 year as staff adjusted to a new employer and culture. There is a precedent for councils delivering public health 0- 19 nursing services and lessons can be learnt with close liaison during the planning phase. There are varying models and degrees of integration with children centres and social care within these organisations and some anecdotal evidence to suggest families have experienced more joined up service provision.

5.5.2 Due to the current commissioning arrangement it is proving difficult to extract the detailed current staffing structure and back office costs. This means the financial modelling is not from a definitive structure and the costings will need some review and amendments. The current provider is aware and working fully with us on the transition and will be required to provide full budget and subsequent spending details.

5.5.3 There is a risk that that the services would transfer but not transform. This will be considered carefully during the planning phase and in contributing to determining the feasibility and desirability of bring services in-house.

5.5.4 That the London Borough of Barnet information technology infrastructure would not be ready for the digital transformation that providing health services would require for example interoperability of IT systems across the borough and the health systems. This will be mitigated by ensuring it is on the digital workstream

5.5.5 Council employment might result in loss of staff if NHS terms and conditions are not guaranteed following TUPE. This will need early and intensive human resources support with the project management of the transfer and agreements regarding NHS pension provision. The Council is seeking Omitted Body Status so that it can offer an NHS pension.

5.6 Equalities and Diversity

5.6.1 The Public Sector Equality Duty at s149 of the Equality Act 2010 applies to local authorities who as public authorities must, in the exercise of their functions, have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the 2010 Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics are - age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.6.2 Public health 0 – 19 nursing services deliver the healthy child programme to all children and young people across the borough. This is a universal right and enables the Borough of Barnet to offer the service to children and their families in Barnet. Section 149 of the Act imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.7 Consultation and Engagement

5.7.1 Wide consultation took place with stakeholders including the consultant for public health; the clinical lead in the clinical commissioning group. The review group was multi-agency.

5.7.2 Consultation on next stages and implementation is already taking place with service users of health visiting and school nursing as well as the staff themselves and schools in Barnet including exploring what innovations would be welcomed e.g. text messaging; digital methods of consultation.

5.8 Insight

5.8.1 This report is written within the context of the Joint Strategic Needs Assessment and the requirements of the people of Barnet for a seamless service that takes into account their changing needs. The healthy child programme is a national model for health visiting and school nursing and places them with a lead role in the delivery and coordination of care for children and families.

6. BACKGROUND PAPERS

6.1.1 None.