

TO: EXECUTIVE
9 May 2017

COMMISSIONING OF PUBLIC HEALTH NURSING SERVICES FROM 2018
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

- 1.1 To report on the consultation concerning Health Visitor and School Nursing services and make recommendations in relation to the future commissioning of these services.

2 RECOMMENDATIONS

- 2.1 **That the commissioning of a 0-19 Public Health Nursing Service (incorporating Health Visiting and School Nursing) be approved on the basis of a two-year contract duration (with provision for three separate one-year extensions) from 1 April 2018.**
- 2.2 **That the procurement plan set out in Annex A be approved.**
- 2.3 **That the Executive Member for Adult Social Care Health & Housing be authorised to award the contract, subject to the recommended bid being within the available budget.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 Ensuring adequate provision of Health Visiting and School Nursing support is a mandatory responsibility of the council. A new service contract is required to provide continuity of care from April 2018.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 To not invest in the continued provision of Health Visiting or School Nursing services. This would be likely to significantly undermine health outcomes and safeguarding as well as represent a false economy in relation to the resulting increased demand on other services.
- 4.2 To deliver public health nursing services 'in house' in a way that is integrated with other council run children's services (for example: early help or social care). Evidence from other areas indicates that it is likely to be an extremely complex process requiring significant management time and costs, with no evidence of any financial savings.

5 SUPPORTING INFORMATION

Background

- 5.1 Health Visiting services support the health of young children (0-5) and their parents. On starting school, the health needs of children and young people (ages 5 to 19) are supported by the School Nursing service. Both services are currently commissioned by

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Bracknell Forest Public Health and are currently provided by Berkshire Healthcare Foundation Trust.

- 5.2 The previous Health Visiting contract ended in December 2016. A new contract was awarded for 15 months from January 2017 which brings the service commissioning cycle in line with that of School Nursing. Both contracts will now end in March 2018.
- 5.3 In order to maintain service continuity a new service will need to be procured in time for the start of April 2018. In relation to timescale, experience indicates that a period of 12 months is required for a full, procurement and competitive tender process (including 3 months service mobilisation period). Therefore, we need to begin this process in April 2017.
- 5.4 A possible alternative to procuring a service from an external provider is to deliver public health nursing services 'in house' in a way that is integrated with other council run children's services (for example: early help or social care). Evidence from other areas indicates that it is likely to be a complex process requiring significant management time and costs around issues such as clinical governance, information management, human resources, finances and the legal aspects of an in house service. There is also no evidence from other areas to suggest that bringing the service 'in house' offers any financial savings. Indeed, at least in the short term, it is likely to increase costs.

Consultation

- 5.5 A three month consultation was undertaken between November 2016 and February 2017 in order to explore the following key questions:
- How can the current health visiting and school nursing services be improved?
 - Should these two services be integrated together?
 - Should other services be integrated with Health Visiting and School Nursing?
 - What should 'integration' actually look like? What form should it take?
- 5.6 Key stakeholders for consultation included council colleagues (including those in Children, Young People & Learning), NHS commissioners, the Local Children's Safeguarding Board, providers of Health Visiting & School Nursing Services and the general public (including those having experience of using the services).
- 5.7 The consultation revealed a number of key themes:
- 5.7.1 The service was generally performing well with good adherence to national targets on key assessments such as the new birth visits (this is reflected in the data). Nurses commented that the antenatal visit was often not taken up by mothers. At that point in time, mothers were often busy as they were still at work and they were also receiving support from midwifery services.
- 5.7.2 Preventative work was seen as a key priority across the 0-19 age group. However, the time nurses were able to spend on prevention was recognised as being very limited. Other comments reflected the value of online self-care information and advice.
- 5.7.3 There were several negative comments made about the National Child Measurement Programme (NCMP). While potentially valuable in monitoring childhood obesity, the programme was reported in many cases to cause anger, shame and potentially be damaging to the self esteem and emotional well-being of children. This is reflected in national research on the NCMP which also indicates that it has had no effect in reducing obesity over the last 10 years.

- 5.7.4 In relation to integration, there was little support for bringing public health nursing services into the council. Rather than a structural objective, integration was seen more as something to be achieved at the point of delivery. For example, better link up between public health nurses and primary care was called for, as were systems that allowed nurses and resources to operate across the whole 0-19 age range, rather than being divided into 0-5 and 5-19 silos.

New Service Specification

- 5.8 A proposed new service specification for commissioning public health nursing services from April 2018 onwards is set out in **Annex C**. This is based on the current service specifications for Health Visiting and School Nurses with adaptations made on the basis of the consultation.
- 5.9 The new specification contains all of the elements that are mandated as local authority responsibilities in relation to public health nursing services. This includes all of the elements related to participation in local safeguarding systems.
- 5.10 The issue of academies was considered, especially the question of whether or not they were eligible to receive school nursing services. We sought written advice from Public Health England who responded as follows:

“None of the guidance mentions academies specifically. However, under the terms of the Health and Social Care Act 2012, upper-tier local authorities are responsible for improving the health of their local population. This includes ensuring delivery of the Healthy Child Programme, regardless of whether children are in a council maintained school or a school that receives funds directly from government.”

(email from Kate King-Hicks, Health & Wellbeing Programme Lead, dated 13 March 2017)

We therefore have no basis to exclude academies from receiving school nursing services.

- 5.11 There are four key changes to the new specification. These are:
- 5.11.1 The target for the antenatal visit has been removed. While the current service specification requires a 50% uptake, this has been replaced with the condition that reviews should be carried out in the most effective way that meets the demands of families and using health visitors' clinical judgement.
- 5.11.2 The requirement for proactive, formal health promotional programmes has been removed. The intention instead is that the council's Public Health team will deliver this service in collaboration with a range of health professionals, Children's Centres, schools, parents and young people. This work is already underway and has focused on a range of issues including emotional well-being, physical activity and sexual health. Public Health nurses will still offer advice on health promotion when appropriate but not as part of a formalised, proactive programme.
- 5.11.3 The NCMP will be moved from an 'opt out' to an 'opt-in' arrangement. While this is a nationally mandated service, it lacks evidence of effectiveness and often causes unhelpful distress or shame. Therefore, children will only be weighed and measured if parents opt in to the programme at the start of Reception and/or Year 6 via an application form that will be available online.

- 5.11.4 The currently separate school nursing and health visiting services have been combined into one specification. While they are still addressed in distinct sections, the new specification covering all public health nursing 0-19 services offers providers more flexibility in how they assign financial and human resources both at the outset and as demands change across the life of the contract.

Next Steps

- 5.12 It is proposed that the procurement process will begin in April 2017, followed by the competitive tender process in May 2017. The tender period is scheduled to start in June 2017, with a view to having a new service in place by April 2018. Proposed budgets are set out in **Annex B** and a detailed Procurement Plan is in **Annex A**. The project plan is set out in **Annex D**.
- 5.12 An initial two year contract is proposed with possible three separate one year extensions after that (2+1+1+1). This will allow a review of the service specification in the light of any future announcements on local government mandated responsibilities and/or in the light of more evidence from elsewhere on the effects of structural integration with other council services.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 No significant legal issues at this stage.

Borough Treasurer

- 6.2 The financial details are contained within the confidential Annex B. These should be viewed in the context of likely further reductions of Public Health Grant of 2.9% in 2018/19 and 2019/20, and a 0% increase in 2020/21. The ring-fence on Public Health grant may be removed from 1 April 2018, meaning any savings on Public Health expenditure will contribute to bridging the Council's funding gap.

Equalities Impact Assessment

- 6.3 An equality impact assessment screening has been carried out (see **Annex A**).

Privacy Impact Assessment

- 6.4 A privacy impact assessment has been carried out (see **Annex A**)

Strategic Risk Management Issues

- 6.5 None.

7 CONSULTATION

Principal Groups Consulted

- 7.1 The programme described in this report describes a consultation with a range of stakeholder groups including health care providers, commissioners and patient or public representatives.

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Method of Consultation

7.2 Meetings, stakeholder events, consultation surveys.

Representations Received

7.3 None

Background Papers

Annex A: Procurement plan, equality impact assessment, privacy impact assessment

Annex B: Budgetary Information (RESTRICTED)

Annex C: New service specification

Annex D: Project plan

Contact for further information

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