



**West
Northamptonshire
Council**

**Options for Contracting Arrangements and Service Delivery model for
0-19 Health Visiting and School Nursing Service**

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1. Summary

The 0-19 Healthy Child Programme (0-19HCP) is delivered locally by Northamptonshire Healthcare NHS Foundation Trust (NHFT). The service is currently delivered as a county-wide offer for children, young people and families living across West Northamptonshire Council (WNC) and North Northamptonshire Council (NNC).

The 0-19 Healthy Child Programme provides a framework to support collaborative work and more integrated delivery and aims to:

- help parents develop and sustain a strong bond with children
- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'

The Healthy Child Programme is led by qualified public health nurses, including health visitors and school nurses, who with their professional teams (the 0-19 Service) provide the vast majority of Healthy Child Programme. The Programme does, however, rely on effective partnership working and collaboration with a wide range of other health and social care professionals.

The Healthy Child Programme (HCP) requires all families with babies to be offered 5 mandated health visitor reviews before their child reaches 2 and a half years old.

Public health services commissioned by local authorities form part of the 'whole system' of support for children and young people's health and wellbeing. Local authorities are well placed to ensure integrated commissioning and delivery with a wide range of stakeholders who provide support for physical and mental health and wellbeing, including the NHS and the voluntary and community sector, schools, and colleges

The core public health offer for all children includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- information, advice and support for children, young people and families or carers
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multidisciplinary team
- defined support in early years and education settings for children with additional and complex health needs

- additional or targeted public health nursing support as identified in the joint strategic needs assessment, for example, support for children in care, young carers, or children of military families

There is no set content of 0-19 Healthy Child Programme specification and so many local authorities commission different packages; some include Integrated Care Board (ICB), and NHS England commissioned services in 0-19 service, and others deliver some elements in house.

On 17th January 2024, WNC and NNC decided to contract separately and disaggregate the 0-19 Health Visiting and School Nursing service from March 2025. In this report, Public Health is presenting the range of options on the future contractual arrangements and delivery model of 0-19 service.

- **Option 1:** Re-procure and commission a revised 0-19 HCP service with a new service specification that reflects the health needs assessment recommendations and consultation feedback from WNC children, young people, and their families.
- **Option 2:** In house provision of 0-19 HCP service to be delivered by WNC and this covers 2 sub-options:
 - 2.1** Full in-house provision of 0-19 HCP delivered by the local authority
 - 2.2** The 0-19 service to be integrated with clinical staff (e.g. NHFT or any other clinical provider) and staff from WNC working together in a team. This will enable greater collaboration and will demonstrate the benefits and challenges of more integrated ways of working that will help align health and social care services for CYP and families across WNC.
- **Option 3:** Hybrid Approach - 'Break up' single contract and consider options to commission or bring in house some elements of the 0-19 HCP service.

Whichever option is chosen, it is predicted that the new contract will commence 1st April 2025. The length of the contract is yet to be agreed by procurement.

2. Recommendations

- The Children, Education and Housing Overview and Scrutiny Committee to note and consider options available for the 0-19 service contractual arrangement from 1st April 2025.
- The Children, Education and Housing Overview and Scrutiny Committee to provide its views on which option/s it recommends for further development to secure the provision of 0-19 services from 1st April 2025.

Work to assess the different options available in this report and their pros and cons is ongoing, and further information will be brought to the Committee meeting.

3. Supporting Information:

I. Background and Context

In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The HCP offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing. The responsibility for the delivery of the HCP lies across a range of services, with Health Visiting and School Nursing having a key lead role. The services include the delivery of nationally mandated public health functions including the Five Universal Mandated Health Reviews (before a child is 3 years old) and the National Child Measurement Programme. The annual oral health surveys are a statutory requirement.

II. Contractual Arrangement

WNC is determined to work with key partners in a more integrated way ensuring all services are collaborative, complimentary and make best use of the council's resources. This paper looks at the different options for delivering the 0-19 Health visiting and School Nursing contract after 31st March 2025, which is when the service will disaggregate into West service and North service.

The options considered are detailed below. All models shown allow WNC to meet its statutory requirements with regards the public health mandated services. All models would also involve the remodelling of school nursing with an increased emphasis on mental health,

wellbeing, resilience, and safeguarding/risk-taking in young people. This work will be informed by an ongoing evidence review and consultation with stakeholders, children, young people and their families.

❖ **Option 1: Re-procure and commission a revised 0-19 HCP service with a new service specification that reflects the health needs assessment recommendations and consultation feedback from WNC children, young people, and their families.**

Key Feature: Review services, endeavour to integrate and recommission 0-19 service exploring opportunity to compliment service provision with council services that contribute to Public Health outcomes (e.g. REACH, Strong Start, Flourishing Babies). Competitive negotiated tender process beginning April 2024 with service being provided from 1st April 2025. Contract length is yet to be agreed by procurement.

Additional Information: WNC is due to complete its Soft Market Test and Engagement in April 2024. Pending how many bids we get and the quality of the bids, we will be able to assess whether the providers meet all aspects of the 0-19 service specification or not and make decision upon that.

While there may be other potential providers who come on board later in the tender process the initial market testing will give us an indication of the pool of potential providers available in the market.

Integration with Children's Services: Co-location and co-working would be a key component of the new WNC 0-19 service spec to align with family hubs programme. The contract would be clear on the need to further develop integration opportunities beyond just co-location.

❖ **Option 2: In house provision of 0-19 HCP service to be delivered by WNC**

2.1 Full in-house provision of 0-19 HCP delivered by the local authority

Key Feature: All staff currently employed by NHFT to be TUPE'ed into WNC.

Case Study: Lincolnshire- an in-house service has struggled to retain/recruit staff and has resulted in a reduction in performance. A dispute between PH Nurses and the local authority over pay and conditions, including their professional support led to strike action.

Integration: The service is integrated with Children's Services under one management structure and one integrated team that sits under Children Services (not Public Health). Children's Service performance team are responsible for reporting and monitoring on KPIs. Public Health is involved and has assurance through a Clinical Governance Board chaired by the Director of Public Health.

2.2 The 0-19 service to be integrated with clinical staff (e.g. NHFT or any other clinical provider) and staff from WNC working together in a team. This will enable greater collaboration and will demonstrate the benefits and challenges of more integrated ways of working that will help align health and social care services for CYP and families across WNC.

Key Feature: An agreement between the clinical host organisation and WNC is required to cover ways of working, staffing arrangements, and any issues for e.g. clinical governance and liability. The clinical host will be the lead provider of the work and so the default position would be ways of working, yet this requires further development and staff consultation as we progress forward.

❖ **Option 3: 'Break up' single contract and consider options to commission or bring in house some elements**

Key Feature: Review services and consider which, if any, elements could be effectively delivered by WNC and explore further the potential for improved outcomes for children, young people, and families. Possibility includes, school nursing service, weight management work (NCMP) all being integrated into WNC children services as a newly developed Wellbeing service for 6-19 and up to 25 for SEND children.

Precedent: There is no set content of 0-19 Healthy Child Programme specification and so many local authorities commission different packages; some include ICB and NHS England commissioned services in 0-19 service, and others deliver some elements in house.

Integration with Children's Services: Potential for WNC staff, potentially those in children's services and Education, to deliver some elements of the service.