

WEST NORTHAMPTONSHIRE COUNCIL CABINET

7TH MAY 2024

CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH: COUNCILLOR MATT GOLBY

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

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List of Approvers

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List of Appendices

None

1. Purpose of Report

- 1.1. The purpose of this report is to seek approval from cabinet members for the recommended option to commission the West Northamptonshire 0-19 Health visiting and School nursing service, and to delegate authority to the Director of Public Health (DPH) to lead in consultation with the Adult Social Care and Public Health portfolio leader and children service portfolio holder on this commissioning, procurement, and mobilisation.

2. Executive Summary

- 2.1 The 0-19 Healthy Child Programme (0-19 HCP) 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 WNC and NNC.
- 2.2 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'
- 2.3 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 the 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.
- 2.4 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.
- 2.5 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.
- 2.6 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
- 2.7 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 other deliver some elements in house.

3 Recommendations

- 3.1. It is recommended that the Cabinet:
 - 3.1.1 Support Option 2.2 as the new contractual model to commission the 0-19 service from 1st April 2025.
 - 3.1.2 Delegate authority to the Director of Public Health (DPH) to commissioning in consultation with the Adult Social Care and Public Health portfolio holder , and Children’s Portfolio holder on this commissioning, procurement, and mobilisation of the new service from April 2025.

4 Reason for Recommendations (NOTE: this section is mandatory and must be completed)

- 4.1. The 0-19 HCP service is a mandatory service.
- 4.2. To comply with legislation and the policy of the council.
- 4.3. The recommended course of action is the most cost-effective and will enable us as WNC to integrate the 0-19 service with children services under one management and one children’s services directorate.

5 Report Background

- 5.1. 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.
- 5.2. 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.
- 5.3. 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.
- 5.4. 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.
- 5.5. The 0-19 Healthy Visiting and school nursing service delivering the Healthy Child Programme is provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT) as a county-wide service at present and is managed by North Northants Council (NNC) on our behalf until March 2025.
- 5.6. On January 17th, West Northants Council and North Northants Council decided to contract separately and disaggregate the 0-19 Health Visiting and School Nursing service from March 2025.
- 5.7. In this report, Public Health is presenting the range of options on the future contractual arrangements and delivery model of 0-19 service for WNC.

6 Issues and Choices

- 6.1 **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 PH outcomes. Competitive negotiated Tender process with service being provided from 1st April 2025. Contract length is yet to be agreed by procurement.

Advantages:

- Competition from providers driving up performance (if more than 1 provider bids)
- Opportunity to pursue Public Health commitment to joint activity within Family hubs programme across WNC

Disadvantages:

- Reduction in provision of 0-19 service during commissioning period and staff insecurity
- Resource intensive potential providers; current provider diverting resources from delivery into the procurement process in order to secure the continuation of the contract.
- Resource intensive for WNC staff- the commissioning process requires senior staff within PH, contracts and legal to develop and monitor a specification and contract. This resource can obviously not be deployed elsewhere during this work.

- 6.2 **Option 2:** In **house** provision of 0-19 HCP service to be delivered by WNC and this covers 2 sub-options:

- 6.3 **Option 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'd 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 DPH.

Advantages:

- Ensures service continuity via a revised specification based on an integrated 'in-house' service
- WNC would have full knowledge of, and control over, budgets.

Disadvantages:

- Infrastructure costs and capacity could be high - WNC would need to be CQC registered, a professional lead would be required, as would adequate Continual Professional Development, revalidation, and links to university training.
- Would not be acceptable to some NHFT staff with risk that staff may opt for early retirement as do not wish to transfer to WNC. It is likely (based on the experience of other areas) that staff would be resistant to this change (e.g., other areas have had strikes over similar cases)
- 2 tier workforces with TUPE'd staff on NHS terms and conditions and newly recruited staff on WNC terms and conditions.

6.4 **Option 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 Children and young people 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.

Advantages:

- Provides a systems-based approach to work together and drive forward evidence based, best practice, and promotes integrated working
- No reduction in provision during commissioning and greater stability for all parties
- Clinical and professional stability for staff.

Disadvantages

- New approach fear factor
- Staff challenges and resistance, which means that an imminent consultation will be required to mitigate this

6.5 **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.

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)

Advantages:

- The potential to develop a strong prevention and early intervention offer
- Flexibility to use the budget and deliver a wellbeing service focused on prevention and early intervention including emotional health and wellbeing, weight management support, and aligning with the WNC youth offer
- Ability to further diversify skill mix of workforce, e.g. youth workers

Disadvantages

- Any future reduction in staffing will come with large redundancy costs (NHS terms and conditions, long careers)
- Risk of failure to recruit to vacant posts if WNC is not regarded as attractive employer (due to T's and C's when compared against NHS) which will impact upon provision, including mandated contacts and safeguarding responsibilities.
- Risk of information security and governance if IT systems not compliant.

Whichever option is chosen, it is predicted that the new contract will commence 1st April 2025.

7 Implications (including financial implications)

7.1 Resources and Financial

- 7.1.1 The 0-19 Public Health nursing service will be procured within the current allocated budget of £7.126m per year and will be funded from the ring-fenced Public Health Grant.
- 7.1.2 The service specification will be drafted to ensure the service can meet the current health needs of the 0-19 population whilst remaining within the current budget envelope
- 7.1.3 The new service is not expected to have additional resource or financial implications.

7.2 Legal

- 7.2.1 Advice is currently being sought from Legal Services about options relating to procurement or partnership arrangements.

7.3 Risk

Options	Risks	Mitigations
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.	New provider destabilising the system. Reduction in provision of 0-19 service during commissioning period and staff insecurity.	Ensure we have a period of handover between the current provider and the new provider to work collaboratively on the mobilisation of the new service Work with NHFT through the service improvement plans to ensure to ensure the continuity of services and prepare for the staff consultation.
Option 2/Option 2.1: Full in-house provision of 0-19 HCP delivered by the local authority	Staff insecurity as some NHFT staff may opt for early retirement as do not wish to	Ensure we have a robust staff consultation process in place

	<p>transfer to WNC. It is likely (based on the experience of other areas) that staff would be resistant to this change</p> <p>Infrastructure costs and capacity could be high - WNC would need to be CQC registered, a professional lead would be required, as would adequate Continual Professional Development, revalidation, and links to university training.</p>	<p>and we are working in partnership with NHFT</p> <p>We don't have additional budget to enable us as LA to take the service in house and fund these additional costs</p>
<p>Option 2/Option 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.</p>	<p>New approach fear factor</p> <p>Staff instability</p>	<p>Working in partnership with NHFT to design the new model and ways of working will help resolve this</p> <p>Ensure we are working with NHFT to start the staff consultation and reassure the staff that they will maintain all their NHS benefits</p>
<p>Option 3: Break up' single contract and consider options to commission or bring in house some elements</p>	<p>Staff insecurity as some NHFT staff may opt for early retirement as do not wish to transfer to WNC. It is likely (based on the experience of other areas) that staff would be resistant to this change</p>	<p>Ensure we have a robust staff consultation process in place and we are working in partnership with NHFT</p>

7.4 Consultation and Communications

7.4.1 The options appraisal report is informed by the recommendations arising from the 0-19 Health Needs assessment.

7.4.2 The following consultation methods were used to inform the 0-19 health needs assessment:

- *Epidemiological* – A wide variety of data sources have been used to inform this HNA. The Office for National Statistics (ONS) and Office for Health Improvement and Disparities (OHID) Fingertips data. Local data have also been used and supplied by our system partners where available. Limitations in finding data have also been noted.
- *Surveys* - Three surveys were undertaken in March-April 2023 to gather insights into the health and wellbeing of children and young people, and their families. The surveys were targeted at parents and carers, primary and secondary school staff and stakeholders and wider partners. We received more than 2500 responses.

- Semi-structured Interviews – 32 semi-structured interviews were undertaken with stakeholders including Maternity services, ICB senior executives, Northamptonshire Children’s Trust (NCT) colleagues, 0-19 service provider, Strong start, Local Authority public health and Education colleagues and Voluntary community sector organisations. The key themes were identified using a thematic analysis and are summarised in the Engagement and Insight chapter.
- Public Engagement – WNC and NNC have commissioned Free2Talk in partnership with HomeStart Daventry and south Northants and NHFT participation to deliver a series of engagement workshops with children young people aged 0-19 and their families, as well as stakeholders and wider system partners. More than 120 children and young people, and 68 stakeholders were engaged throughout these workshops. A copy of the full engagement report can be found in the appendix.

7.4.3 More consultation with staff and service users will be undertaken as we progress in the development of the new service specification.

7.4.4 A comprehensive communications plan will be developed and implemented to effectively update audiences at each stage of the process, supporting a smooth transition for April 2025.

7.4.5 Communications will align with early help comms and development of family hub offers to help showcase integration as projects develop.

7.5 Consideration by Overview and Scrutiny

7.5.1 The report was taken to the Children, Education and Housing scrutiny committee on the 3rd April and the option that was supported by scrutiny is Option 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.

7.6 Climate Impact

7.6.1 During the preparation for new arrangements from 2025 climate impact has been given consideration in the new model of service delivery.

7.6.2 We will use ‘Social Value Portal’ for the procurement or partnership approaches we adopt. Potential providers will have opportunity to say how carbon emission will be reduced through their service delivery and will be rewarded with extra scores for including carbon reduction process and actions. The contract and tendering or partnership processes will be aligned with WNC TOM’s (Themes, Outcomes and Measures) guidance.

7.7 Community Impact

7.7.1 The report considers the 0-19 health and wellbeing needs of West Northamptonshire children and families. It was informed by the recommendations arising from the health needs assessment,

which had all the insights of the consultation we have undertaken as a council with children, young people and families living across WNC (including more than 2500 responses). Improved accessibility and enhanced delivery of the 0-19 services will have a positive health and wellbeing outcome for the population through our new designed family hubs programme. It will also address the inequality and inequity experienced by the underserved, marginalised and high-risk vulnerable groups.

8 Background Papers

8.1 The 0-19 Health needs assessment which was presented to Health and wellbeing board and will be soon published on WNC website.