

CHILDREN'S SERVICES: FUTURE ARRANGEMENTS FOR 0-19 PUBLIC HEALTH NURSING SERVICES

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity and the Chief Officer for Children's Services

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendations: That Cabinet:

- (a) Approves that from April 2019, the Council's Children's Services be the provider of the 0-19 Public Health Nursing Service.
- (b) Approves that when the Council is satisfied that the 0-19 Public Health Nursing Service is achieving the objectives that the Council has set, in conjunction with national requirements, the Council should explore alternative delivery models.

1. Introduction

- 1.1 The Council's Director of Public Health (DPH) has statutory responsibility for the nationally mandated 0-5 Public Health Nursing Service. This responsibility cannot be delegated.
- 1.2 Devon County Council is currently one of five partners in a commissioning partnership for the provision of Integrated Children's Services (ICS) provided by Virgin Care Ltd. The 0-19 Public Health Nursing Service (PHNS) is one of the services provided as part of the ICS and this is overseen by the DPH. The contract for the provision of these services comes to an end on 31st March 2019.
- 1.3 Cabinet, on the 11th October 2017 approved the undertaking of an options appraisal for the provision of the 0-19 Public Health Nursing, Portage and ROVICs services from April 2019 onwards. The Cabinet also committed to the undertaking of a public consultation.

2. Background

- 2.1 Ensuring that Devon's children and young people have the best start in life, and grow into healthy adults, is one of Devon County Council's top strategic priorities and a priority for the partnership of the Wider Devon Sustainability and Transformation Plan (STP). It is also fundamental to reducing inequalities in health, which is a statutory duty of local authorities and of the NHS. The scope of the Public Health Nursing Service comprises services to children, young people and families:
 - a. 0-5 Health Visiting Services
 - b. 5-19 School Nursing Services
 - c. The National Childhood Measurement Programme
- 2.2. The overall purpose of the 0-19 Public Health Nursing Service is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep children and families safe, and reduce health related risks across the life-course. This is achieved through delivery of mandated (legally-required) universal public health assessments and undertaking public health interventions designed to offer prevention that supports families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible. The service therefore has a significant role to play in early help.

- 2.3. Public Health Nurses work with other agencies to provide additional support to children, young people and families at the earliest opportunity where longer-term intervention is needed. Resources are focused on the most deprived geographical communities and communities of need within Devon to improve their health outcomes while offering a universal service to all children who are residents of Devon, plus those who attend Devon schools and academies. Current service provision and health outcomes for children compare well in Devon to other areas, despite recent national concern about trends in the health and wellbeing of children.
- 2.4. The Government's intention in transferring the responsibility for the Public Health Nursing Service to the local authority as part of the public health transition arrangements was to ensure that local authorities were able to better align their social and health care responsibilities for children, young people and families.

3. Best Start in Life

- 3.1 Formative years can have a significant impact on a young person and adult's later health and wellbeing, and this relates directly to other important health, social care, and wellbeing outcomes such as; physical health e.g. smoking, healthy weight, oral health, mental health and health inequalities, detection and prevention of child safeguarding risks, and reducing the risk of children going in to statutory care proceedings. These can have a life-long negative impact on individuals, their families, and others, and are the cause of significant costs to the NHS and local authority social care, education and other functions.
- 3.2 The Joint Health and Wellbeing Strategy, emphasise the need for children to have the best start in life. This is further supported by the work of the Wider Devon Sustainability and Transformation Plan for Children where Best Start in Life is a priority but also coupled with a need to prevent adverse childhood experiences. Both the Joint Strategic Needs Assessment and the data pack for the STP support these priorities. These will inform our emerging Children and Young Peoples Plan.
- 3.3 Achieving the Best Start in Life for children spans the delivery of a wide range of services. It is vital that the system of services, including Public Health Nursing works effectively with a common purpose to ensure outcomes are improved. This is the first opportunity since the responsibility for the provision of Public Health Nursing transferred from the NHS to local authority to re-design the system.

4. Service Delivery Models: Options Appraisal

- 4.1 In considering the future service delivery model for the 0-19 PHNS from April 2019 onwards, the following options have been considered and fall into two broad categories:
 1. Procurement of the PHNS
 2. DCC direct delivery of the PHNS

Within each of the categories two options are considered:

Procurement of the PHNS

- 1a: Open procedure with one contract
- 1b: Procure a joint venture delivery vehicle

DCC direct delivery of the PHNS

- 2a: 'In-house' as a department of DCC
- 2b: Placing all activity relating to the PHNS into a wholly owned subsidiary of DCC

- 4.2 The service delivery models have been assessed against the following set of strategic objectives for the delivery of the 0-19 PHNS.

Strategic Objectives:

1. To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service:
 - services are compliant with national clinically recognised standards.
 - there are clear mechanisms for quality assurance.
 - governance processes are robust/fit for purpose.
 2. To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.
 3. To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.
 4. To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.
 5. To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).
 6. To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.
- 4.3 The following set of assumptions remain, irrespective of the delivery model. These are:
- The specification for the 0-19 PHNS is based upon the national template 0-19 Healthy Child Programme.
 - The budget (£10million per annum) for the service does not alter.
 - Identification of core public health nursing staff who are likely to be eligible for TUPE will be relatively straightforward, however obtaining a full TUPE transfer list from the current incumbent will require a longer time period so some assumptions have been made on the staffing requirements.
- 4.4 The options appraisal identified that, except for option 1b, all the service delivery options are all achievable within the timeframe. All options were assessed as having a high degree of confidence that the service would be deliverable within budget. A summary of the outcome of the options appraisal can be seen in Appendix A. The summary table provides an overview of the scoring assessed against the strategic objectives. The table demonstrates that while each option has strengths and weaknesses the overall scoring for the options, excluding option 1b, are comparable. Actions would be required to mitigate as much as possible the weaknesses identified in all the options. The full options appraisal is included in Appendix B.

5. Consultation

- 5.1 The public consultation was undertaken through the Have Your Say website from 6th December 2017 – 15th January 2018. A total of 135 online responses were received with additional written representation from Devon Local Medical Committee, Northern, Eastern and Western Devon Clinical Commissioning Group, St. Thomas Medical Group and Virgin Care Ltd. A full summary of the consultation is available via this link. [PHNS Consultation Report](#).

- 5.2 The consultation indicated strong support for the strategic objectives used, with 87.5% of responder's indicating that the objectives were the right objectives to use to assess the service delivery models against.
- 5.3 The consultation identified that the service delivery model preferred by respondents was option 1a: Procurement of the 0-19 PHNS (70%), followed by option 1b: Procurement of a Joint Venture delivery vehicle (18%), Option 2a: DCC direct delivery 9% and DCC direct delivery through a wholly owned SPV (3%).
- 5.4 In analysing the consultation responses, a number of key themes emerged and are presented below.

1. Workforce

The consultation emphasised the importance of being able to continue to attract and retain a high-quality public health nursing workforce to Devon regardless of the delivery model. Assurance of compliance to the necessary requirements for registered nurses, under their professional body (Nursing and Midwifery Council) was highlighted as essential as was the need for the service to have good leadership, clinical supervision, nurse revalidation and training in place.

Maintaining the public health nursing skills of the workforce by ensuring that there was no dilution of the nursing skill set was emphasised as was the need for service stability.

Some concern was raised from the workforce about the ability to offer the NHS Pension Scheme to existing staff and newly appointed staff. The responses clearly indicated how vital it was to ensure the service was capable of recruiting and retaining a high quality public health nursing workforce to ensure the best possible service is available to children, young people and families within Devon.

2. System Alignment

There was a consistent focus within the responses of the importance of having good system alignment and the need to ensure that there are good working relationships between the key partners and with service users. The opportunity for better alignment of education, primary care, schools, children centres, early years and social care was made as was the importance of better communication between partners and the need to work towards better information sharing mechanisms and shared case recording.

There was specific concern that in attempting to better align the PHNS with children services it did not have a negative impact and result in a disintegration of the clinical care pathways and create gaps for children and families. The importance of the relationship between the PHNS and primary care was highlighted, with primary care specifically seeking assurance that regardless of the service delivery model the relationship between GP's and a named Public Health Nurse should be maintained and strengthen as the loss of this relationship can exposes gaps in supporting vulnerable families.

3. Service Offer

The consultation highlighted the importance of the need to continue to provide the public health universal offer regardless of the service model. The feedback highlighted the importance of the continuation of the delivery of the national service specifications and ability to continue to offer health-focused services e.g. prescribing emergency contraception in schools.

The need for a separate professional identity for the PHNS was proposed to ensure the service would continue to be recognised as a clinical service.

A number of the responses commented on the importance of safeguarding the public health grant allocation for the PHNS and that this is protected, so that there is no adverse impact to children, young people and families.

4. Clinical Governance

The responses reiterate the importance of ensuring that the service needed to have in place the required clinical and governance infrastructure and expertise in place and that the service provider was required to be CQC registration. Having a competent, knowledgeable CQC registered manager, with experience of delivering Public Health Nursing Services to ensure the clinical quality and safety of the service was viewed as critical.

6. Financial considerations

- 6.1 The Public Health Grant ring-fence and grant conditions will remain in place until 31 March 2020. From April 2020, it is expected that the Public Health Grant will be replaced by retained business rates but only on the understanding that appropriate assurance arrangements are in place.
- 6.2 The 0-19 Public Health Nursing Service is commissioned by Public Health Devon within the context of a diminishing local authority Public Health Grant. The historic contract value per annum for the Public Health Nursing element is £11.8million.
- 6.3 As with other public health services commissioned by Public Health Devon, spend on the 0-19 Public Health Nursing Service needs to reduce from 2018-19 to enable the reductions in the Public Health Grant to be managed and still comply with Public Health England's funding conditions. The contract value for the Public Health Nursing element for 2018/19 is £10million.
- 6.4 Public Health Devon has a budget of £10million per annum for 0-19 Public Health Nursing service from April 2019 and beyond. The cost of transition is being considered for each option along with ongoing service delivery and potential exit strategy costs. Each option will have a different mix of costs. Consequently, funding for transition costs has not been included in the 2018/19 budget but will be taken from the transformation reserve if required.

7. Legal considerations

- 7.1 The Council's Director of Public Health (DPH) has statutory responsibility, under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act, for the nationally mandated 0-5 PHN Service. This responsibility cannot be delegated.
- 7.2 The requirements of the Children and Families Act 2014 have been considered and taken into account in the formulation of the recommendations set out in report. These services make a significant contribution to the Local Offer for children with SEND. The Local Authority and the Partnership in compliance with the Code of Practice must ensure sufficient delivery of short breaks and community health and care services. Through Education, Health and Care Plans children are able to access these coordinated, integrated and personalised services.
- 7.3 Legal advice has been sought when considering all options within the detailed options appraisal.

8. Environmental impact considerations

- 8.1 While healthy lifestyle behaviours can contribute to environmental goals, no direct environmental impacts are expected from any of the options under consideration.

9. Equality considerations

- 9.1 Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
 - advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
 - Foster good relations between people by tackling prejudice and promoting understanding.
- 9.2 In considering equality impacts we need to take into account age, disability, race/ethnicity (including Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/ new and breastfeeding mothers, marriage/civil partnership status, in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socioeconomic disadvantage.
- 9.3 An Equality Impact Assessment has been completed. Members will need to consider the Impact Assessment for the purposes of this item. [PHNS Impact Assessment](#)
- 9.4 No unmanageable consequences for current and future service users have been identified as a result of the service delivery options. Regardless of the commissioning and procurement arrangements, the protected characteristics will be considered across all elements of the service to ensure that the service reduces harm in those in greatest need.
- 9.5 The guidance for service delivery is set by the National Institute of Clinical Excellence (NICE) and Public Health England (PHE). Equality Analysis has been carried out by the Department for Health on the 'Healthy Child Programme' through regulation:
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification_CG4_FINAL_19Jan2016.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410685/Equalities_analysis.pdf

10. Risk assessment considerations

- 10.1 A risk assessment has been undertaken as part of the full options appraisal (Appendix B).

11. Public Health Impact

- 11.1 The Joint Health and Wellbeing Strategy is a relevant document, drawing together priorities from the Joint Strategic Needs Assessment. This report, and related documents, emphasise the need for children to have the best start in life.
- 11.2 The prime purpose of the Public Health Grant is to ensure the delivery of the mandated elements of the grant as described in the statutory instrument, and the expectation of local authorities to deliver year-on-year improvements in the health of all children and young people through the delivery of an effective 0-19 Public Health Nursing Service.

12. Conclusion

12.1 Local Authority based Integration

The transfer of responsibility for the 0-19 Public Health Nursing Service to Local Authorities was intended to bring together the PHNS, Education and Social Care. Education and Social Care are delivered by the Council and therefore by approving Option 2a this will enable the Council to directly deliver the 0-19 PHNS as well. This will provide the best opportunity to achieve integration between these services which will bring about improved outcomes for children, young people and families.

12.2 Strategic Service Alignment

By approving option 2a the Council shall be able to align the 0-19 Public Health Nursing Service with other Children and Young People services, namely Early Years and Early Help services as well as Children Centres and therefore provide added value for the local authority because it will ensure the services work more effectively together to deliver the 'Best start in life' strategic objectives and deliver improved outcomes. Option 2a is the best placed to achieve this as DCC will be in direct control of the service.

12.3 Flexibility and Responsiveness

Service flexibility and responsiveness can best be achieved through Option 2a as DCC will have direct control of the service. This will enable maximum flexibility for the future as Children and Young People Services are aligned to the STP and the Devon Children and Young People plan through a co-production approach.

- 12.4 The DPH's strategic and statutory responsibility for the 0-19 PHNs will not change, and operational responsibility for the delivery of 0-19 PHNS from April 2019 will sit with the Council's Chief Officer Children's Services alongside other services for children and young people.

**Dr Virginia Pearson CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH,
ENVIRONMENT AND PROSPERITY DEVON COUNTY COUNCIL**

Electoral Divisions: All

Cabinet Member for Communities, Public Health, Environment, and Prosperity:
Councillor Roger Croad

Chief Officer for Communities, Public Health, Environment, and Prosperity: Dr Virginia Pearson

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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APPENDIX A

Summary table of options appraisal

Strategic Objective	1a	1b	2a	2b	Comments
To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service: <ul style="list-style-type: none"> • services are compliant with national clinically recognised standards. • there are clear mechanisms for quality assurance. • governance processes are robust/fit for purpose. 	10	9	8	8	Option 1a would be the least risky option to achieve this objective as award of contract would be to a provider who would be able to demonstrate delivery of this objective through the tender process. The scores for option 2a & 2b are predicated on DCC putting in place the necessary clinical leadership and governance arrangements. However, a new governance infrastructure would need be developed and put in place for the commencement of the service so the score for these options is less than 1a & 1b.
To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.	8	8	7	7	The current service is provided within an integrated children's service. Ensuring a more joined up health and care system for children, young people and families was a prominent theme identified within the consultation, as was the need to ensure the PHNS is not diluted at the expense of the delivery of the universal health child programme. Assurance of the continued focus on the delivery of the Healthy Child Programme would elevate the scores for option 2a & 2b to equal option 1a & 1b.
To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.	8	1	6	6	Option 1b has scored 1 as this has been identified as not achievable within the required timescales and therefore would have a significant impact on the service quality and access. Key to achieving this objective is the capability to retain and recruitment high a quality PHN workforce. The consultation expressed some concern in relation to terms and conditions of employment and particularly access to NHS Pensions. If early assurance can be given to the workforce in relation to retaining comparable terms and conditions, including access to NHS Pensions, the scores for option 2a & 2b would be increased.
To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.	9	8	8	8	Option 1a would be a block contract so expenditure would be almost certainty contained within the allocated public health grant although this would depend on a successful procurement and award of contract within the financial envelope. The other options do present slightly less certainty

					in relation to delivery within budget as these will require the establishment of new services.
To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).	7	8	9	9	Options 2a & 2b will provide the greatest opportunity to ensure the services are aligned to the local authority vision as the local authority will be in direct control of service delivery. The inclusion of a clear strategic vision within the service specification and the ability to articulate this within market warming events would increase confidence in the ability to achieve this through options 1a & 1b which therefore could increase the score of these options.
To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.	7	8	10	9	Option 2a provides the best opportunity to provide an agile and responsive service offer as DCC will have direct control of the service. While the principles of this objective can be included within option 1a there would inevitably be contractual processes to be undertaken to achieve this which may impact on the capability to react to changing future needs within a timely manner.
TOTAL	49	42	48	47	

