

# Public Health Nursing Consultation Report



## Appendix A – Results tables and feedback

*Note: Percentages are rounded at the last stage of calculation and presented as whole numbers for ease of reading and representation; this may result in percentages not totalling exactly to 100% in tables presented.*

Opinions expressed by respondents are their current opinions based on their knowledge and experience and do not represent the opinions of Devon County Council or its partner organisations.

### Q1. From the proposed options, which do you agree or disagree with?

		Agree	Disagree	Not sure	Total
Option 1	%	74%	15%	11%	100%
	n°	243	50	37	330
Option 2	%	44%	37%	20%	100%
	n°	139	117	63	319
Option 3	%	16%	75%	9%	100%
	n°	50	230	28	308

### Q2. If you disagree with all of the options, what alternative do you suggest?

All three options render the future of the PHN services in Devon vulnerable and at risk
Devon county council children's services are unsatisfactory as assessed by Ofsted .Why integrate a successful children's service into the service when there is little evidence to demonstrate that the council run services to a minimal accepted standard . - Clinical service governance arrangements are robust and I don't believe the council have the ability to provide the required level of assurance given their current position.
Do not want the service offered to the clients changed.
Employed by virgin care in line with other children's services
Feel that the policy of contracting out to private companies and the continued involvement of Devon County Council as opposed to closer NHS involvement leads to fragmentation of services for children and young people and weaker services with risk of lower quality services from inexperienced and under trained staff. Would wish an objective and independent review of how services have changed, weakened - or improved over the last 15 years in Devon. Holistic outcomes for young people. Need to ensure there are some meaningful, non-political outcome measures - with view to improved control and contract management. e.g. WTE staff and grades/professions, turnover of staff, staff qualifications, morbidity and mortality rates for 0-19, school measures e.g. truancy, exclusion, CAMHS referrals, exam grades, employment and training outcomes for school leavers, turnover of teachers, eligibility for paid school meals, take up of physical activity young offenders incidence, police stats. GP, hospital and A and E stats re incidence of obesity, diabetes, depression and anxiety, drugs and alcohol, children in care, young carers. - Have we improved educational, health and welfare, life chances and resilience in our children and young people between 2000 and 2016?
Free from commercial "profit taking" and ever-reducing services (to maintain profit at expense of public). As a GP, see this regularly
I strongly disagree with the transfer of services to Devon County Council.
I would worry if Devon County were successful. I think health visitor and school nurses would be cut. -
If DCC takes over PHN then then money will not be ring fenced so the PHN service will most likely be cut this would be a awful for our children and young people. It would be horrifically detrimental to our local services, family and friends...

It would be a nightmare for the public health nursing services moving away from virgin. We have just changed to total mobile and it making our service much more organised. If we move away from Virgin this would all have to change which would be very expensive and take time so families would see health visitors and school nurses less.
It would be fundamentally wrong to extend an 'interim' contract of this value and nature.
Keep it as it is currently
Keeping current services and targets as they are so that families receive the same excellent service.
keeping nursing within health service budget
NHS best to run services
Option 1
Option 1 & 2 are sound. Option 3 is against the trend of separating commissioning and providing functions by the same organisation. DCC can bid under option 2 if they want to provide the service.
Option one would reflect the best option for the public health nurses. My concerns over the other options are where the service would sit within DCC. They are called and have been called Public Health Nurses for some time now and prior to that Health Visitors. There has been a gradual erosion of the preventive/universal aspect of this role to the point where they are nearly viewed as social workers. These two roles have a distinctly different training and skill set. Moving the bar higher so that Public Health Nurses take on a client group that was previously the domain of the Social worker role is a nonsense and long term will lead to DCC spending more money. The prevention and early identification element becomes too far removed and will become too late in the process of a child's life to become effective in the longer term. I know there is less money around for services but eroding Public Health Services to the point where they are social workers really is not the answer.
PHN services need to remain within ICS
Review that will ensure there is more structure and clarity to all services for children with common aims and objectives to tackle some of the hard challenges that are arising for children and young people, and which we are likely to present ourselves with a time bomb re physical and mental health issues in 10-20 years' time. Need a radical non-political rethink about what is needed and what work force and services are required to deliver
stay with Virgin Care
Stay with Virgin Care
That PHN is maintained under umbrella of ICS and not diluted to a point whereby we have no continuity of care. Health visitors and school nurses provide this vital link for parents when we need it most . Make public consultation more transparent so options can be considered in a real and open way rather than offered spin post event.
These services fit best within a health organisation, not within the local authority. I would not want to see the services transferred into management by Devon County Council.
To come under NHS
We need a provision which will ensure that Public Health is vital and important to the wellbeing of the population. At the present time the service is being eroded especially that of School Nursing leaving our school aged children vulnerable to all health issues including emotional health, obesity, pregnancy to name but a few.
Why risk breaking up a working fully integrated service. Option 3 will obviously have a negative impact on services as it is wrenched away from a working integrated system as systems, roles processes and technologies will all need redesigning. I do not believe DCC have the expertise or resources to do this successfully in a more cost-effective way AND deliver better services than what is provided at present. Option 3 will have a negative impact on services. I question if this option is driven by a purely political movement to remove private sector involvement in the delivery of a good service. I ask - Where is the patient in this option? - They must come first! What is the best for them? It is obviously not going to be option 3.
With a view of working with NHS with so much change it is less disruptive to the delivery of services to continue with current service provider

### Q3. Which is your preferred option?

	%	n°
<b>Option 1</b>	56.8%	214
<b>Option 2</b>	28.1%	106
<b>Option 3</b>	12.2%	46
<b>Any of these</b>	0.3%	1
<b>None of these</b>	2.7%	10
<b>Total</b>	100.0%	377

### Q4. If you selected 'None of these', what alternative would you suggest?

Continue with Virgin Care
finding a way to continue VCL contract for longer to give chance to embed new technologies and services and continue providing service.
I would urge the council to find out about PHN services asap. I don't believe local councillors have any understanding of the role of PHN services or the value that the roles add to family health.
Keep it as it is
Negotiation with the current provider to maintain the current service provision, therefore maintaining the current services that appear to be working effectively and providing a high standard of care
NHS
Reintegration back within the health service with long term contract and avoiding farming out which will make services less joined up and more difficult to negotiate and potentially see rising costs
Return services to within NHS
Stay with Virgin Care

### Q5. Would the proposed options impact on you?

		Yes	No	Not sure
<b>Option 1</b>	%	42%	35%	23%
	n°	141	117	78
<b>Option 2</b>	%	53%	18%	29%
	n°	183	62	98
<b>Option 3</b>	%	66%	13%	21%
	n°	223	44	71

**Q6. If 'Yes', what impact would the proposed options have on you?**

'Yes' indicated that respondent has indicated that the respective Option would impact on them in previous question.		Option 1	Option 2	Option 3
		Yes	Yes	Yes
		Count	Count	Count
Children, Young People, and Families Alliance	Another level of commissioning services,more managers,less grass roots	0	Yes	0
	As a professional working with public nursing professionals most days, I can see how much impact there would be to them and the uncertainty of becoming 'owned' by the council is huge. Funding would not be ring fenced and the council can choose to take pots of money from Public Nursing to use on others. At least with the other two options, money would be ring fenced to protect the services and service users.	0	0	Yes
	I do not want any changes to the HV team. They have been really helpful	Yes	Yes	Yes
	Working with Virgin Care it would be a big loss to the service and would make the holistic view of the child harder by separating out the services	Yes	Yes	Yes
School or educational	A service which may be more accessible and tailored to need	0	Yes	Yes
	Access to resources and staff	Yes	Yes	Yes
	As a service user all options would impact me	Yes	Yes	Yes
	concerns around loss of service support. Public health nursing provides a vital link to many families to additional support, reducing stress on families and preventing other problems from arising	Yes	Yes	Yes
	If some services changed or stopped due to funding redistribution; it would have an impact on my working environment.	0	0	Yes
	These are services provided to our school. we have found the 'business approach' to limit flexibility, reduce the offer and have negative impacts on our finances.	Yes	Yes	Yes
	Virgin care are run as a business and at times decisions are made which seem to fit an agreed contract rather than providing the best service. Less financially attractive parts of the contracts seem to be less well supported. How can a private contractor run the service and make money? could we not buy into certain aspects of a service to receive its support but run it centrally? - Option 2 with another private contractor would suffer from the same difficulties - Option 3 is old school (however, I am old school) and I realise may be less easy to manage financially. It has the ability to allow a more rounded service, where parents and staff do not feel the need that they have to jump through hoops at each access point- e.g. rationing of speech therapy	Yes	Yes	Yes

	We are more than happy with our new school nurse! She is proactive, able to support young people through a wide variety of means. However, we have not been assured by the ability of Virgin Care to understand issues surrounding logistics in education and what they are NOT offering to do. Would an integrated service including an EHCP approach with wrap around care from one central place not give a more wholesome approach especially as the new IT software Right for Children is being set up.	0	0	Yes
	Would be more difficult to work as an integrated service.	0	0	Yes
Public Health Nursing	Option 3 would really negatively impact on the services we currently provide to children and families. We have worked really hard towards integrating services and this threatens that and would disintegrate services. There are many risks if health services are not managed by a health organisation around governance, professional identity, regulations, access to training, supervision.	Yes	Yes	Yes
	Yes it would impact on me if Devon County Council took over the contract	0	Yes	0
	All aspects of employment and staffing of PHNS. Potential for more change in varying time frames, following a sustained period of rapid change since 2013. Lowering of morale. Job insecurity. I am concerned that DCC do not have the intrinsic knowledge and understanding to deliver a robust & meaningful health provision. I do not understand how one organisation can be the commissioner and the provider - surely this is a conflict of interests and there could be a reduction in transparency.	Yes	Yes	Yes
	All three options present a great risk to PHN services, Links to health and health related services will be weakened if not broken and children and families will undoubtedly suffer as the HCP is eventually debunked. How will this affect me as a PHN I have little doubt will become increasingly target driven rather than child focused and eventually replaced with cheaper practitioners with no health qualification or experience.	Yes	Yes	Yes
	Any change process affects the workforce and can reduce its efficiency and effectiveness. Our work is already very pressured but vital to families and I feel that the option which caused the least disruption and reduction in our service is preferable	Yes	Yes	Yes
	As a HV, it is essential that all the hard work that has been carried out to stream line and improve the services provided for young people is not lost. The cohesiveness of the service currently has only worked to improve the current service and it would be devastating for this to be lost by 'selling out public health nursing'. This service is crucial and needs to be embedded in the integrated children's service as a whole to ensure that the good work continues to thrive and improve.	0	Yes	Yes

As a parent of school aged children and as a Public Health Nurse myself, I will be directly affected by any changes to the Public Health Nursing Service. I am concerned for the future of PHN, especially School Nursing, if our employment was to transfer to DCC. There will also be potential implications for my working terms and conditions.	Yes	Yes	Yes
As a public health nurse in the current service and as a parent of one under five and one school age child	Yes	Yes	Yes
As an employee of virgin care options 2 &3 would have an impact - Option 2 means a reprocurement exercise ahead of other services in ICS - this is potentially destabilising and generates more unnecessary costs. - Option 3 would have the most impact creating significant disruption to services, lack of health infrastructure, lack of robust governance processes, requirement for new records systems, negative impact on a high performing service.	0	Yes	Yes
As parent and employee	Yes	Yes	Yes
Change of employer, instability.	0	Yes	Yes
Change has an impact on everyone whatever the option particularly those working in ICS	Yes	Yes	Yes
Change of contract & pension, change of job role and the way service is delivered. May be a change of work base, staffing team, dilution of skills of trained health professionals and encouragement to work to more of a social care model rather than health focused.	0	Yes	Yes
Change of employer	0	0	Yes
Change of employment contract, possible re-organisation of the service, change to commissioned service.	0	Yes	Yes
Change of role? Mandatory services may not be continued. Possibly having to re-apply for job and drop in pay.	Yes	Yes	Yes
Change of service delivery proposal - Change of provider of services - Change of employment contract	0	Yes	Yes
Concern if DCC ran PHN money would not be ring fenced- there could be the potential of cuts to this vital service resulting in a poorer service for children & their families.	0	0	Yes
Currently work for Integrated Children's services	Yes	0	0
Currently work in Devon school nurse team, uncertainty about future	Yes	Yes	Yes
CURRENTLY WORKING FOR VIRGINCARE	Yes	0	0
Currently working for Virgin Care, so would result in change to employer and potentially terms and conditions of employment.	0	0	Yes
DCC has budgeting issues already, money to services may not be protected.	Yes	0	Yes
Detrimental to the long-term outcomes of the health of children And families in Devon	0	Yes	Yes
Different employer. - Less job security. - Possible changes in training.	0	Yes	Yes
Employed clinician	Yes	Yes	Yes

Funding for services could be restricted if under council	0	0	Yes
Health should stay within health, local authority can't fully understand the requirements and impacts that reducing funds have in public health outcomes	0	Yes	Yes
Huge changes in the way we work and deliver our services to clients	0	Yes	Yes
I already work for Virgin Care and therefore if the service went in house with DCC my terms and conditions (pension) might be affected - if it went out to tender then another company may get the service other than Virgin Care - again this might impact on my terms and conditions.	0	Yes	Yes
I am a health visitor within Devon so any of the options are going to have an impact on my future role.	Yes	Yes	Yes
I am a member of staff	Yes	0	0
I am a public health nurse delivering the healthy child programme. Virgin Care have improved the service delivery and health protection/prevention priorities by supporting and implementing an integrated children services approach.	Yes	0	0
I am a registered nurse and concerned regarding my registration if not delivering NHS services.	0	Yes	Yes
I am a School Nurse	Yes	Yes	Yes
I am concerned that DCC may reduce public health budgets as local authorities have done in other areas.	0	0	Yes
I am currently employed within the service.	0	0	Yes
I am SCPHN (currently student). The uncertainty of my future job opportunities and ability to provide a service to all CYP.	Yes	Yes	Yes
I believe that Devon County Council would not effectively ring fence the money to provide public health services.	0	0	Yes
I currently work as part of integrated Children's services and believe that we have made a lot of changes and improvements to the services that are being delivered across Devon for Children and their families. I would like to see this continue and fear that if the current arrangements do not stay in place we are risking adverse effects for all concerned.	0	Yes	Yes
I do not feel that PHN services should be run by an organisation that has no proven track record for managing such services with the young people of Devon perhaps losing a valuable service which keeps them safe and ensures their health needs are met throughout their time in school	0	0	Yes
I feel it would affect funding for public health services for children and families as funding would not be ring fenced, this in turn would affect staffing and availability of HV jobs	0	0	Yes
I like the way things work they currently work really well I don't believe they would if Devon County Council took over	0	Yes	0
I think that there is a likelihood that the role and scope of the role would be altered. PHN are nurses not social workers.	Yes	Yes	Yes

I trained to be a nurse and to work within the NHS. I feel option 3 would impact on my registration, accountability and code of conduct. How would it affect NHS pension?	Yes	Yes	Yes
I work for Virgin Care within PHN. We have been poorly managed and this has impacted on the families we care for. They do not seem to have a management strategy with a consistent plan. We move from one knee-jerk plan to the next. We have issues recruiting due to the reputation Virgin Care have locally. GP's and stakeholders are disappointed with the service we provide. Safeguarding is poor as finances are paramount as is 'pleasing the commissioners'.	Yes	Yes	Yes
I work for Virgin Care, if the service is taken to DCC it would disrupted not only my employment but more importantly the integration of services for children and families, lots of work has been done to integrate these services to make life easier and more efficient for families and children	Yes	Yes	Yes
I work in PHN	0	Yes	Yes
I work in PHN at present and I feel that we have made huge impacts on the quality of services in the last 3 years, this would be lost and impact negatively on the service we provide to children and families. I feel we have excellent governance around the services we provide, its safe and well managed any change would impact this situation negatively.	0	Yes	Yes
If DCC get the contract the money for PHN services is not ring-fenced and, like many services up and down the country pay could be cut , jobs could be lost and an essential service could be lost or changed beyond all recognition	Yes	Yes	Yes
If PHN taken over by DCC then health visitors would be working under a social care model rather than a health model.	Yes	Yes	Yes
If the service moves out of Virgin Care, the service would have to be redesigned, and all of the hard work and change which has happened over the past few years would risk being wasted, and we may be back to square one.	0	Yes	Yes
Immediate transfer would cause disruption and uncertainty; however, I feel that this is the most secure option as a 12-month interim may lead to service cuts and workforce reduction prior to the transfer. I also feel that the long-term public health goals would be better served with closer working links with DCC due to the working relationships with Early Help and Social Care. There would also be an increase in scope for Public Health Nursing by focusing on the reduction of inequalities, which necessitates working alongside other public services.	Yes	Yes	Yes
It may impact on the service I can offer within my job	0	0	Yes



It would change the way we work, the IT system we use has just got off the ground and that would change which can only be negative and any change from it currently would be. - I would worry we would be led from a social care focus and not health. We are all from a nursing background so this would not sit comfortably. - I believe we be forced to change our job role.	0	Yes	Yes
Job security	0	Yes	Yes
Job security for HV's	0	0	Yes
Lack of job security lack of funding for training changes to terms and conditions	Yes	Yes	Yes
Likelihood of job losses amongst colleagues, job dissatisfaction. Loss of confidence from clients with the service.	0	Yes	Yes
Loose job	Yes	Yes	Yes
Member of staff. Concerned if Virgin Care pull out of health providing. They do not seem to care about the children just re procurement of services them it's all talking their part	Yes	Yes	Yes
My employer would potentially change. The service I am part of will change. Budgetary reductions will impact on my job stability and resources to carry out my role. Lower morale.	0	Yes	Yes
New provider contract implications	Yes	Yes	Yes
Not sure of the type of service that would be offered by the council.	0	0	Yes
Option 1 is interim and delaying cost savings and stream lining that needs to happen	Yes	0	Yes
Option 2 and 3 will have a negative impact on the service offered to families therefore it is those who will suffer the consequences	Yes	Yes	Yes
Option 3 would have the greatest impact including: - - lack of health focus in terms of training needs and revalidation requirements for professional registration and quality assurance - - insufficient governance processes linked to nursing registration and practice. - - concerns re employment rights - - concerns at loss of integration with wider health services across ICS - - concerns re ongoing access to health records and cost implications associated with this - - concerns re impact on service delivery and service plan. - - Impact on families - - change of employer - - concerns re financial reduction and future of PHN services as delivering health focused services related to early intervention and prevention. Concerns that option 3 would also result in cuts to PHN services as has been demonstrated in a number of other areas nationally - - concerns at loss of progress that has been achieved within Virgin care and within ICS model that is now realising benefits of work and investment put in - - additional costs that would be incurred through move to Local Authority model that would impact on financial resource for staff and delivery model and therefore impact negatively on families and health outcomes	Yes	Yes	Yes
PHN services are better placed within an Integrated Children's Services. We are already seeing an improvement and streamlining between services and this leads to better cost efficiencies.	0	Yes	Yes

Possibility of a loss of service. - Unable to deliver service to high standard as it is now. - Moving this important and integral service out of Integrated Children's services would be a backwards step!! We need to be communicating with colleagues and building the service not reducing it!	0	Yes	Yes
Potential to lose my current pay banding and be reduced to a lower scale, like other areas within the country.	Yes	Yes	Yes
Potentially through my job -	Yes	Yes	Yes
Reduced quality of service as PHN services works more effectively within ICS.	0	Yes	Yes
reorganisation & change will take time & potentially destabilise existing services which are stretched in anyway	Yes	Yes	Yes
See answer for question one!	Yes	Yes	Yes
The current service provision is excellent, and concerns would be if you changed this, the money from Public Health England could be siphoned into other areas, as no long ring-fenced	Yes	Yes	Yes
This proposed action (1) would be the most appropriate longer term as it keeps integrated children's services including PHN together. It is ridiculous to separate one part of the service as this will reduce the efficiency of the overall service.	0	Yes	Yes
To transfer to DCC would potentially put health of children as a low priority within such a wide remit of services	0	0	Yes
Unable to guarantee no impact on our employment NHS terms and conditions and pension would be gradually eroded with each change. - Unable to say whether we would be able to continue to deliver services in the integrated way they are delivered now. - Changes happening very quickly. Staff feeling part of Virgin Care now. Lots of changes already.	0	0	Yes
Uncertain future of my present employment	Yes	Yes	Yes
Uncertain professional future	Yes	Yes	Yes
Uncertainty for the teams currently delivering the services impacting on the health and well-being of those teams. Possibility of staff leaving and seeking alternative employment if they are unsure of who will be their employer going forward. Allow the plans and aspirations of ICS to develop as we're achieving great things and want to see our plans through to delivering an excellent service that our families and communities deserve.	Yes	Yes	Yes
Uncertainty of employment/role/services if our service is ran by the local council.	0	0	Yes
Wages, job description,	0	0	Yes
We are in the process of Virgin Care's 5-year plan and I feel it is important to be able to complete this plan BEFORE any decision is made to change the service-children and their families are getting a far superior and cohesive service with all the Devon children's services being integrated. The process is still in its infancy and needs time to grow to its maximum efficiency	0	Yes	Yes

	We have had so much (mostly positive) change recently, as a service, it is a struggle to keep on target with new ways of working. we can see the immediate and future benefits of these changes so have been happy to take changes to practice on board. We feel as a team that we are well supported by Virgin and invested in as professionals to be able to undertake safe and effective practice. I feel that going to a new provider would result in further large changes which would result in poor retention of staff and difficulty meeting commissioned targets. Also, Virgin are experienced in managing clinical staff and ensuring that all mandatory clinical training and additional necessary training is provided and kept up to date.	0	Yes	Yes
	Will I have a job? How will my pension be affected? What role will we be expected to play. As a nurse, I am qualified in health where I feel I spend my working life being an unqualified social worker	Yes	Yes	Yes
	Work in public health team.	Yes	Yes	Yes
	Work in PHNT, possible change of contracts, loss of NHS entitlements.	Yes	Yes	Yes
	Working for ICS all of these options would impact on me but staying with Virgin Care would be the better option	Yes	Yes	Yes
	Working terms and conditions	Yes	0	0
	Worried DCC will not have governance understanding of the obligation/requirements nurses have to fulfil with NMC registration/CQC inspections etc. - Concern that current admin staff will be side-lined elsewhere/replaced - Concern unregistered community health workers work will be done by other staff e.g. children's centre staff to make cost reductions. - Concern over the impact of untrained work force giving health-related advice without the relevant training. E.g. children's centre workers currently giving conflicting weaning advice to that of the health professionals because they don't have the research-based knowledge skills the trained health professionals have, resulting in inaccurate advice given which may have further health implications for the child.	0	Yes	Yes
	would depend on what Virgin Care plans are for managing the public health service	0	Yes	0
	yet more change!	Yes	Yes	Yes
Health professional	Although it is stated that there will not be a reduction in service, however with a 1/6 budget cut there will inevitable reduction in service for Health Visitors. This will mean that infants will not be identified where there are relationship issues, resulting in more referrals to CAMHS and children not being able to access education.	0	Yes	Yes
	Any change in services means that in the short term personnel move/retire/get a new job, as we are a small practice inevitably we bear more of these changes adversarial than larger practices	0	Yes	0

As a GP and our surgery child safeguarding lead I have seen the health visiting service become more remote from our surgery. I understand that the model that the current provider is pushing forward is to further centralise the HV services to an even more remote hub. We have regular meetings with HVs on a 3-monthly basis but, as a result of the change in the boundaries that HVs cover, we are being met with blank stares when asking about vulnerable families who are no longer covered by their 'patch'. It is not always practicable to ask two or 3 sets of health visitors to attend at the same time and is not a good use of their time. We are heading for another serious case review unless this disintegration is halted, the commissioners have been warned.	Yes	Yes	Yes
As a GP not knowing who to contact, who is accountable, what level of service is being provided. who is monitoring and maintaining standards.	0	Yes	0
As a Speech & Language Therapist employed by Virgin Care and as part of Devon ICS I would be able to continue to work closely and effectively with the PHN teams as part of an integrated team to support children on my caseload if option 1 was followed. This would be not be as effective or as safe for children with the other two options as staff would be following different procedures relevant to the employer chosen which may hinder joint working.	Yes	0	0
changes in the way I would be able to liaise with PHN, impact on IG, sharing information etc.	Yes	Yes	Yes
Concern regarding reduction in integrated working across the range of children's services currently run by VCL. Concern that the suggestion that budgetary reductions will not impact on the service delivered to vulnerable children and family have not been tested in practice and are likely to prove false. Reduced opportunity to mitigate probable impact through fully integrated working.	0	Yes	Yes
Considerable risk of damaging the current safety and quality of the services	0	0	Yes
delay in any clarity of the services which are or are not provided	Yes	Yes	0
difficult to protect health nursing services	Yes	0	Yes
Disruption to current service, cuts to other services to pay for it, no guarantee that it would be better.	0	0	Yes
I currently manage a team of therapists within Virgin Care ICS, we work closely with our public health nursing colleagues and have recently been co-located with them, any move away from this integrated way of working is going to lead to more uncoordinated care, confusion for families and possible safeguarding risks, we should be working to closer integration not moving away from it.	Yes	Yes	Yes
I feel the level of service provided by Virgin is poor	Yes	0	0
I more loudly voted for a 2-year open procurement but I've changed my mind and wish to stay with Virgin Care.	Yes	0	Yes
I work closely with the PHN team, for another service	0	0	Yes

IF THE SERVICE IS REMOVED FROM ICS AS A CAMHS PROFESSIONAL THE INTEGRATION /GOVERNANCE /SUPERVISION AND CONSULATION /TRAINING WOULD BECOME LESS STREAMLINED /POSSIBLE - WE HAVE AN EARLY HELP 4 MENATL HEALTH AGENDA INCLUDING LINKS WITH PUBLIC HEALTH WHICH COULD BE DISRUPTED - AS PART OF ICS THE VALUES OF CHILD AT THE CENTRE HIGH REGARD FOR SAFEGAURDING ARE HELD AT THE FORE	Yes	Yes	Yes
impact in ability to work with Public health nurses in a joined up way	Yes	Yes	Yes
Impact on young people under-fives and work conditions and terms	Yes	Yes	Yes
It would mean there would be a lot of uncertainty about the service we offer and our job roles may well change. No one has really explained how this may affect us personally in our roles.	0	0	Yes
Lack of nursing expertise in Devon county council for nursing registrants. - Poor Ofsted record of service delivery to children. - Loss of integration with children's health services.	0	0	Yes
maintaining close co-cooperation with PHN	0	Yes	0
May destabilise current ICS service	Yes	Yes	Yes
opens system up to fragmentation of care	0	Yes	Yes
Option 2 and 3 would have a negative impact on us due to uncertainties and poorer patient outcomes.	0	Yes	Yes
Organisational change out of ICS would lead to fragmentation of children's services making joined up working challenging for clinicians and service users	Yes	Yes	Yes
PHN care of my child	Yes	Yes	Yes
potential disintegration of Integrated model	Yes	0	0
Potential to illicit complete restructure of service.	0	Yes	Yes
Presume that planned cuts to services and rearrangements would have logistical impact on service users seeking support via GPs	Yes	0	0
Reprocurement of any services increases staff anxiety, leads to staff feeling uncertain about their future and potentially seeking employment elsewhere . PHN are already under immense pressure to provide core children's services, increased workforce challenges would cause - greater strain and increase potential risk to children through lack of resources. - I work in specialist services which children with mental health difficulties. Lots of our children live within families where PHN input is invaluable. remaining part of ICS would support an integrated model. One of our biggest challenges daily is working relationships with DCC staff.	Yes	Yes	Yes
They could potentially affect the service available for my family which is excellent healthcare. They may also affect my close friends job which she works really hard to provide excellent healthcare to families across Devon.	0	Yes	Yes
Would affect the procurement of other children's services - things need to be aligned across our system	0	Yes	Yes
Interim option - this would provide strength in the continuation of			

Clinical Commissioning Group – See Appendices	joint commissioning arrangements and ability would support partners to negotiate a contract which would meet the holistic needs of children allowing an integrated delivery model to be procured. - long term option - risk of fragmentation of the integrated model of delivery as well as an unknown and potentially new provider entering the market. increase of set up costs, duplication of processes, confusion for families and referrers with different processes. Increased costs to other commissioners. - In-house - risk of fragmentation of the current model. Inexperienced provider of public health nursing, set up costs, duplication of processes, confusion for families and referrers, risk that universal and targeted workforce may be redirected to more specialist child protection and social work having wider impact on prevention. Increased costs to other commissioners.	Yes	Yes	Yes
Local Community or Voluntary Group	Care of my children would shift again, causing issues with knowing how and where to access support	Yes	Yes	Yes
Member of public with children (0-19)	Unstable job as work for Virgin Care. Impact on job role, Virgin only care about the details the commissioners require, feels unbalanced.	Yes	Yes	Yes
	A want my children to have a good level of support	Yes	Yes	Yes
	As a mother of two school age children, one of which is using ICS services it is important that services remain integrated under one provider, my daughter feels more reassured knowing that her school nurse can easily access the other clinicians within ICS who support my daughter. Therefore option 3 which would lead to the break-up of integrated children's services, would have a negative impact on my child and family. Similarly option 2 could potentially fragment the service if different providers were selected, and no doubt lead to increased costs in duplication of infrastructure and more hands offs between clinicians.	0	Yes	Yes
	As a parent and therefore a service user but also as an employee	Yes	Yes	Yes
	As a parent, the move of school nursing and health visiting being moved to DCC would negatively impact on me and my daughter	Yes	Yes	Yes
	Changes to service from NHS to LA would have to impact on delivery	Yes	0	Yes
	Core contacts may change meaning universal services change and problems children have are not identified at an early stage leading to these issues having a greater impact on the individual child and potential future greater costs for the NHS to resolve it -	Yes	Yes	Yes
	Could lead to uncertainty and changes in the focus for the staff who deliver a fantastic service now.	Yes	Yes	Yes

Currently the PHN services engages with every new family in Devon. A high level of their work is early help supporting families preventing a deterioration and requirement for additional help. The Devon PHN service provides excellent coverage in the mandated programme compared with other services and in particular when compared to council run services ,whilst supporting a high number of children and families with additional needs and multiagency service requirement any absorption into council-managed services would mean my family would not have access to a preventative health service that remains without stigma and is accessible to all.	Yes	Yes	Yes
Different organisation delivering service and a change to the way they work with me and my family. There might even be less staff to do their jobs.	0	Yes	Yes
I am currently very happy with the services provided, and I think if the provider changes this would have an impact on the service delivery, even if the outcomes are the same.	Yes	Yes	Yes
I believe the quality of the service would be reduced as DCC are not an organisation that provides Children's health services so do not have the expertise to manage such a complex service.	Yes	0	Yes
I fear council cuts that are occurring up and down the country would impact on the service in this area as well.	0	0	Yes
I have children who use these services and it's important they are not reduced	Yes	Yes	Yes
I have had involvement with the service regarding my child and I am worried that moving the service will impact negative changes.	0	0	Yes
I understand that there are benefits to bring the health visitors more aligned with children services (in-house) however there is a risk that if you do this the health visitors and school nurses will end up working more on safeguarding and becoming more like social workers rather than working on preventing health issues. - - If the long-term option is considered then there is the risk that we will have another provider of children services. This will just add more confusion for parents and partners such as schools as to know who to refer to for what, and also introduce more wait times if having to refer between services.	Yes	Yes	Yes
I want a service that is appropriate for my children	Yes	Yes	Yes
I work for Virgin Care potentially I might transfer under TUPE	Yes	Yes	Yes
I would prefer the current arrangements to remain. The health visiting service is delivered by experienced nurses who do great things to prevent children being abused and neglected. we need this service to remain and grow and at the moment they are doing a great job	0	Yes	0
If the PHN team are transferred to Devon County Council, I am concerned they will make cuts to the team and my children won't have access to their services anymore.	0	0	Yes

Lack Of continuity of service delivery- there have been a lot of changes in health visiting service recently and I don't want any more change - it is unsettling. I am happy with the service available	0	Yes	Yes
May lose school nursing service for my daughter who has needed this support	0	0	Yes
May not offer such a good service...option 2	0	Yes	0
More change to services received from health visitor/ school nurse. Would be unclear who to contact and what specialism the service had	0	0	Yes
Moving staff at this point will create a year of inertia in relation to current service improvement that is happening.	Yes	Yes	Yes
My children are users of the current service and it works just fine as it is. I worry that if you invoke option 3 the services will be impacted. Option 3 will be done in a rush in an organisation that is already over stretched. Does DCC really want to take on this risk?	0	0	Yes
Negative	0	Yes	Yes
One year not enough time to put in place the changes needed. What's happened to the services for disabled children	Yes	0	0
Option 2 and 3 seems very inefficient way of working it appears that you are why setting up a different system while you are organising a changing to children's service. By doing this you cannot offer toddler groups, support in house and home visits as well as you are doing now so the service will be affected	Yes	Yes	Yes
Option 3 may mean changes to key core contacts and may mean health visitors and community nursery nurses and school nurses jobs are at risk. If DCC get the contract this will mean we will no longer be run by a health organisation.	0	0	Yes
Outsourcing to a private company means that the provider is more interested in profits than the welfare of children and staff.	Yes	Yes	0
Risk of reduction in overall service quality & the functions delivered by the Health Visitors & School Nurses.	Yes	Yes	Yes
Service not integrated with other health services- barrier to health working. Likely change of role to our health visitors	0	Yes	Yes
The council are not health providers, health visitors are already on minimal visitations abut go above and beyond. Running health visitors from the council will surely see even further reductions in the services we receive.	Yes	0	Yes
The PHN Children's services currently sit under Virgin Care and moving them back to DCC is another unnecessary change which brings risks for the services and therefore for the children. To stabilise a service takes years and if they are moved around constantly it is not possible to get the best out of the organisation, the staff and the processes behind. I have two children and am definitely for stability - Virgin is doing a good job, why take this away?!	0	0	Yes



	There is no ring-fenced money for PHN which is potentially going to be sucked up into social care and services will be reduced no county council will prioritise health services, or their delivery. - How will it impact on me another privatised money led element of health or another difficult to access DCC lead service with no funding. Where are children and families sitting in this as I can't see them in the documents I have just read.....	Yes	Yes	Yes
	They would impact upon the quality of service that I and my family receive. - They would impact upon the cost and value of this service as a constituent and tax payer -	Yes	Yes	Yes
	To continue with the great service that is already available. By changing provider, the current service will be impacted. Therefore will impact upon my family	Yes	Yes	Yes
	We receive the services that are provided and are very happy that our school nurse works alongside our therapists and CAMHS workers. I really don't want that to change by having different agencies trying to work together instead of one joined up approach.	Yes	Yes	Yes
	Yes, I have Children, and I believe that Devon County would cut school nurses.	Yes	Yes	Yes
Member of public without children (0-19)	Bad things	0	0	Yes
	Concerns would be around changes to the service delivery and the impact that this will have on the continuity of the service currently in place. The current service is valued by the public that use it and other professionals that liaise with the service.	0	Yes	Yes
	destabilise a currently effective service, it will take time to reorganise and manage the change. - Funding not ring-fenced for public health services will be spent on propping up other council services	Yes	Yes	Yes
	Ensuring that subsequent generations of adults have been given all the appropriate chances as children and young people to develop healthy physical and mental attitudes to their themselves and wider society, understanding their level of responsibility to take care of themselves well to ensure optimal impact on society. Fear leaving County Council with such control will weaken and negate education and health services as they will use budgets to save money and weaken quality of service because of political stance and aiming for poorer quality services	Yes	Yes	Yes
	I would prefer the service to stay the same and I feel that we need a separate commissioner and provider to ensure we keep our service for the families.	Yes	Yes	Yes
	increase danger of being subject to financial cuts.	0	0	Yes
	It is important that Children's services are integrated & ring fenced. Being part of DCC would be a backward step.	0	0	Yes
	Provide a private enterprise the continuing opportunity to profit in a direct financial way from the provision of critical health and social care services for children and young people.	0	0	Yes
	Splitting the current service would impact on children and families	0	0	Yes

	They may affect the service that I get when I need to access the service.	0	0	Yes
	Virgin care would be in an excellent position to gain and continue with provision of 0-19 care in Devon. I feel current provision is excellent and always striving to improve	0	Yes	0

**Q7. How could we reduce the impact?**

		Option 1	Option 2	Option 3
		Yes	Yes	Yes
		Count	Count	Count
Children, Young People, and Families Alliance	Bring it all under one umbrella	0	Yes	0
	Continue with Virgin Care	Yes	Yes	Yes
	Give job security to professionals, who work very hard for little financial reward.	Yes	Yes	Yes
	Ring-fence funding	0	0	Yes
School or educational	By having a shared data and email system so that we could at least continue to securely share information	0	0	Yes
	Continue with option 1 to ensure no disruption to this service	Yes	Yes	Yes
	In-house would be more responsive and maybe cheaper	0	Yes	Yes
	maintain cover levels	Yes	Yes	Yes
	Maintain the current provision and provider.	Yes	Yes	Yes
	Making sure that services and funding is kept the same or increased to help the community continue to get help needed or that is available if necessary.	0	0	Yes
	More smooth transfer of service and more information.	0	0	Yes
	renegotiate the contract stipulating more clearly what needs to be included as a core service so children parents and staff receive what they need not what can be provided. - Option 3 reduce the impact by contracting in support for the areas we do not have cover- link to charities who may be able to support us on CQC, infection control etc. we have a growing service of providers e.g. Leonard Cheshire who may be able to advise and support us at a cost. Secondment from these services may be possible to strengthen fields that have become weakened since Virgin took over	Yes	Yes	Yes
	Take the service back in house	Yes	Yes	Yes
	You tell me!! You have the bigger picture!!!!	Yes	Yes	Yes

Public Health	??	Yes	Yes	Yes
Nursing	A sustained period of stability	Yes	Yes	Yes
	An interim one-year arrangement would ensure an even playing field. I would like DCC to provide a clear proposal outlining their plans for provision of the PHN service before an agreement is made for our service to be transferred. There will also be guidance from the Department of Health in the coming months regarding school nursing and the interim arrangement would allow all interested providers to ensure they are able to incorporate the most up to date guidance in their proposals for service provision.	Yes	Yes	Yes
	Any reductions in funding need to be carefully implemented and thought through - not necessarily the easiest - i.e. staff reductions, lack of investment particularly in IT. Take advice from Health Professional Leads.	0	Yes	Yes
	Award a contract for longer for 3 years to allow time for services & systems to mature & refine	Yes	Yes	Yes
	Be totally up front re what the council would offer in terms of a second service or just continue with the Virgin Care service.	0	0	Yes
	By agreeing to option one.	0	Yes	Yes
	By ensuring information on all three options is widely available and disseminated freely and it should include what the public health nursing service would look like, what our core offer would be, what additional support we can offer and how it will affect us as individuals e.g. with pay, pensions etc.	Yes	Yes	Yes
	By ensuring that any future of the Public Health Nursing Services remains within the integrated children's service to ensure that these efficiencies continue to improve outcomes for children in a timely manner.	0	Yes	Yes
	By giving us clear understanding of what you will want us to deliver and you think what is best for children, young people and their families.	Yes	Yes	Yes
	By negotiating with General Practice so that Public Health Nurses maintain close links and continue to represent the health voice within the wider community. - General Practitioners would welcome closer links to Health Visitors / safeguarding meetings/forums. - By ensuring that staff are reassured that contracts are transferred and pensions and rights will not be affected.	Yes	Yes	Yes
	By not changing anything	0	0	Yes
	By not changing anything!	0	Yes	Yes
	By not going to Devon County Council	Yes	Yes	Yes
	by putting stipulations into the contract with Virgin that they maintain a certain level of service delivered by PHN staff at the same or increased level currently being delivered	0	Yes	0
	By remaining with the interim plan to enable work across the Integrated Children's services to continue and then looking for long term procurement as a 'whole' service	0	Yes	Yes
	Can't	Yes	0	Yes

Choose option 1	0	Yes	Yes
Choose option one!	0	Yes	Yes
Clear and supportive leadership. Clear objectives. Staff being valued for their experience and loyalty.	Yes	Yes	Yes
Clear well thought through plans which look to the long term to assist planning. Good dissemination of plans with consultation. Listen to the families	Yes	Yes	Yes
Consider why DCC would want to take over Integrated children's services, when very few people employed by virgin are would want this option.	0	Yes	Yes
Continue in a service that keeps Children's health together. Virgin have invested a lot into the Integrated children's services. Changing provider would entail a lot of changes and needless expense. Terms and conditions would need to remain the same whichever provider.	0	0	Yes
Continue to deliver NHS services - the healthy child programme.	0	Yes	Yes
continued communications	Yes	Yes	Yes
Decide quickly	Yes	Yes	Yes
Do not separate public health nursing from the other services within integrated children's services. This would be a backward step and I can only see will have a detrimental effect on the service and that which is provided to families in the locality that we serve.	0	Yes	Yes
Don't reduce people's pay banding.	Yes	Yes	Yes
Ensure all options have been thought through in detail and provision made for pensions etc.	Yes	Yes	Yes
Ensure budget for public health is prioritised	0	Yes	Yes
Ensure Public Health Nurses have a proactive role not a reactive role to health issues.	Yes	Yes	Yes
ensure that any change process is communicated effectively and timely to the workforce and choose an option which will deliver the best service to families	Yes	Yes	Yes
Ensure that the service is run/managed by a service with a proven track record	0	0	Yes
Give plans for longer term.	Yes	Yes	Yes
Guarantee that work pay and conditions remain as they are or are improved. - I've been through DCC job re-evaluation and lost money in my pay in a previous job. - We work hard and care about the people in our care - we need to feel valued.	Yes	Yes	Yes
I believe staff in the teams would be cut. I believe we would lose our skills. I believe families would see less of a service.	0	Yes	Yes
I believe that the community of 0-19 years would receive less services than are currently provided which in turn would impact negatively in the local population of 0-19 year old.	0	0	Yes
Ideally, I think the NHS should run this service, but in the interim DCC would be the preferred option to prevent further impact on the service and staff.	Yes	Yes	Yes

If we could stay with Virgin Care who have invested massively with this programme and in the staff, valuing their staff and providing an excellent service.	Yes	0	0
Impact would be reduced by option 1	Yes	Yes	Yes
Increase the number of public health practitioners	Yes	Yes	Yes
Job Security. Ability to continue delivering an excellent service	Yes	0	0
Keep services as they are	0	0	Yes
KEEP STABILITY FOR STAFF AND FAMILIES	Yes	0	0
Keep the current contract with Virgin care.	0	Yes	Yes
Keep the service within Virgin care	0	Yes	Yes
Keep things as they are, and offer an interim contract	Yes	Yes	Yes
Keeping integrated children's services together	Yes	Yes	Yes
Let health be delivered by health professionals and invest and support the great changes that have already been achieved by working in an integrated way.	Yes	Yes	Yes
Local authority should still out source public health to its known providers to reduce the impact on budgets, staff and clients.	0	0	Yes
Maintain a health-led, health-focused service, with clear established links to other children's health rather attempting to pulling it into a social care arena. Educate yourselves about the service you are talking about so that decisions made are grounded in something other than money and spin.	Yes	Yes	Yes
Maintain current terms and conditions and protection of the unique service that is offered	0	Yes	Yes
Maintain current trained staff and ensure their employment is secure. - Ensure we remain under 'health' providers	0	Yes	Yes
Maintain service within a health care provider and maintain an integrated service model across health.	Yes	Yes	Yes
Maintain services within ICS	0	Yes	Yes
Maintaining the current service provider Virgin Care	Yes	0	0
Minimise the change and give more information	Yes	Yes	Yes
Minimising impact on a day to day level of change e.g. undoing all the changes already implemented that staff are finally getting accustomed to. 'Ring fence' the PHN ICS budget so that staff can feel more security and plans for the future might be secure.	Yes	Yes	Yes
Need to have more information on the proposals	Yes	Yes	Yes
Needs to run by public services.	Yes	Yes	Yes
No change to NHS terms and conditions of employment - No change to structure of service delivery - Protection of professional expertise of PHN role and impact upon families of changes	0	Yes	Yes
Not send our service to dcc as this would have a huge detrimental impact on the service.	Yes	Yes	Yes
Not sure council could as their funds are so stretched	0	0	Yes
Option 1	0	Yes	Yes
Protect the service from cuts i.e. protect the budget, protect the core service (healthy child programme)	0	0	Yes
remain with current provider	Yes	Yes	Yes

	Remain with virgin care	Yes	0	0
	Return PHN to health commissioner	Yes	Yes	Yes
	Return services to NHS	Yes	Yes	Yes
	Stability needed. - Staff moral eroded with each change. Uncertainty about ability to deliver services in the future. - More information on impact on terms and conditions of employment.	0	0	Yes
	Stay with virgin care	Yes	Yes	Yes
	Stay with Virgin care for the twelve months interim period and then go out to tender with the hope that Virgin care would win it - they have invested so much money into the service that it would be a shame to see another company have to start all over again.	0	Yes	Yes
	Stay within Virgin care, secure employment, feel valued.	0	0	Yes
	This impact would be reduced if the service continues to be commissioned as part of broader community Children's services as it currently is.	0	Yes	Yes
	To offer more visits by procurement and follow examples set in Scotland and wales in terms of early prevention and support to families	Yes	0	Yes
	To remain with virgin care	Yes	Yes	Yes
	Transfer to Virgin Care	Yes	Yes	Yes
	TUPE	0	0	Yes
	TUPE terms & conditions. Ensure Virgin care continue to deliver service as they have improved service beyond recognition, particularly around IT systems and development and redesign of service.	0	Yes	Yes
	Unsure	0	0	Yes
	We need a period of calm to continue with Virgin who we all have confidence in to carry on running an effective service. Any other choice will have a detrimental effect on both families/ service users and staff.	0	Yes	Yes
	You can't.	0	Yes	Yes
Health professional	1 - please communicate exact changes to service provision. - - 2- please clearly indicate what alternatives are being proposed and provided.	Yes	0	0
	By explaining exactly what would happen to the service and our jobs before it starts so that we can make an informed choice. We have already been through a lot of change. We need reassurance that our jobs are safe and we will still offer a good quality service as we do now.	0	0	Yes
	By not allowing PHN services to go to the council as this could potentially mean negative change in these services.	0	Yes	Yes

By not changing our provider especially as there have been so. Many changes since Virgin care took over our service for example; total mobile, I'm happy with working for Virgin care and feel that robust audits of Virgin care as providers should be it into place rather than there being short term contracts which are very disruptive to the staff and clients who will be affected by lack of continuity of services,	Yes	0	Yes
BY REMAINING WITHIN ICS	Yes	Yes	Yes
By transferring the service to the county council	Yes	0	0
Choose option 1.	0	Yes	Yes
Continue with Devon ICS	Yes	0	0
don't think this is affordable in the current economic climate. Don't waste time and resources preparing for something that isn't going to work.	0	0	Yes
ensure service is based and provided locally	0	Yes	0
Further realistic appraisal of the likely impact on vulnerable children and families of reduction on budgets and therefore staffing. Using the 12 months to enhance and exploit fully all opportunities for integrated working across service areas and professional boundaries whilst PHN remain within VCL to ensure a viable model for the future.	0	Yes	Yes
Keep PH within ICS	Yes	0	0
Keep the current structure of PHN within ICS	Yes	Yes	Yes
Leave service with health providers under NHS contract. -	0	0	Yes
Maintain a health provider of health services	0	0	Yes
Maintain the Health visitors existing responsibilities, including hearing screening.	0	Yes	Yes
make sure that smaller practices (GP Practices) services are not abandoned to keep the larger practices going	0	Yes	0
Making sure that services are truly preventative and focussed on very early intervention with parents and their infants. There needs to be clear pathways for perinatal infant mental health and professionals that have face to face contact with families on a regular basis.	0	Yes	Yes
Please consider the impact of the changes on how GPs care for vulnerable families	Yes	Yes	Yes
Providing in-house in a non-integrated manner is a retrograde step - 12 month temporary contract would be the best option	0	Yes	Yes
reduce impact by keeping option open for integrated services being commissioned together	Yes	Yes	Yes
Shared recording systems, co-location, duty to work together.	Yes	Yes	Yes
shared systems	Yes	Yes	Yes
Stay as it is	Yes	Yes	Yes

Clinical Commissioning Group	<p>As per Q5 the preferred option is Option which we consider would reduce impact on partners: - - - Thank you for the invitation to comment on your Consultation: Public Health Nursing. In addition to completing the on-line survey, the CCG wishes to provide additional comment on the proposals outlined in the Consultation.</p> <p>- - Having invited our Governing Body to review the on-line documentation, we have the following observations set out under four headings; general comment; strategic alignment and partnerships; service delivery and efficiencies and workforce and professional practice. We hope you find our observations helpful in your decision-making process. - - In summary, NEW Devon's CCG's preferred option is for Devon County Council to award a one year interim contract and work with partners toward a longer term procurement where it is still possible to contract for public health nursing separately, but within the context of a system wide strategy to support integrated provision of services by multiple providers. The reduction in the public health budget is understood and therefore this option would require partner organisations to support DCC in negotiating a contract that is within the budget. This option would also enable the unquantified risks of disaggregating the current contract to be fully assessed and mitigated in a controlled and managed process. - - General Comment - - Having reviewed all of the documentation on the website we have the following comments. - - The scoring on the impact analysis and risk matrix is fairly limited in terms of information available to take a view on the consultation process and form a view of the preferred option. The only information that is available that can give a view is the impact assessment which seems reasonably thorough but appears weighted to going out to procurement sooner rather than later. The consultation documentation includes an equality impact assessment and also acknowledges limitation around clinical governance, professional leadership and significant set up costs but does not appear to consider impact on staff. The risk matrix classification of violet (24-30) and red (15-20) seems excessive with the mention of "multiple fatalities being expected". We also consider that there is a risk with the change of service leadership and delivery which is not aligned with other stakeholders. - - - Strategic Alignment and Partnerships - - The impact assessment (page 7) states that: - - "It is stressed that integrated delivery and integrated commissioning are not co-dependent; integrated delivery of services can be achieved through service arrangements, information sharing processes and protocols and contract levers independent of the commissioning and procurement model." - - Whilst we find this a valid statement, it is has also been understood by partners during the pre-procurement planning phase that the means for achieving integrated delivery of services in our local system are not currently evident or are variable in their effectiveness. This in turn, impacts on integrated delivery both between those services within the Integrated Children's Services Contract and those outside such as paediatric services and primary care. - - For this reason and as the</p>	Yes	Yes	Yes
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	Clear specification which is consulted with partners and pathways. Funding levels secured and maintained for agreed period. -	Yes	Yes	Yes
Local Community or Voluntary Group	Consultation with families	Yes	Yes	Yes
Member of public with children (0-19)	- Make public consultation public not hidden how hard it was to find this - Fight for ring fenced money - Challenge government agenda - Hold our services as they are until realistic child/ family focused options can be explored - Keep health services About health Avoid option 3.	Yes	Yes	Yes
	By ensuring that Health visiting and school nurses are still available to deliver the helpful work they do.	0	0	Yes
	By keeping the service, we offer the same and not putting people's jobs at risk. We have gone through enough change and we have enough stress already when we are all doing our best to offer the best service possible to families with children.	Yes	Yes	Yes
	By not letting DCC have the contract	0	0	Yes
	Choose option 1 until you know exactly what and how the changes are going to look like	0	0	Yes
	Choose option 2	Yes	Yes	Yes
	continue leaving the service unchanged	Yes	0	Yes
	Continue the contract	0	0	Yes
	Do not transfer PHN, leave it as it is	Yes	Yes	Yes
	Do the 12 month interim option	0	0	Yes
	don't change the current practice. Children are reported to have increasing mental health problems it's all over the media - if Devon county council remove or reduce this service it will impact very negatively on those children at risk and those working in affiliated services desperately trying to safeguard those most vulnerable in society. we need public health services to stay as they are as there has been so much change over recent years which will only change again if this all goes up in the air - AGAIN!!	0	Yes	0
	Effective long term planning and management of contract procurement, better specification and recognition of the CAHMs requirements that Children and Young People in our communities require	0	Yes	Yes
	Ensure that the new commissioning arrangement include the current core tasks of the Public Health Nursing Services.	Yes	Yes	Yes
	Ensure that the services that manage public health understand the impact in the community for children.	Yes	Yes	Yes
	Increase visitation to support local families	Yes	0	Yes
	Invoke option 1 and take QUALITY time to plan re-procurement of the best integrated service. Do not rush in option 3.	Yes	Yes	Yes
	Keep it as it is until a fair process can be agreed.	0	Yes	0
	Keep it as it is!!!	Yes	Yes	Yes
	Keep the services under health	Yes	Yes	Yes
	Keep with virgin care	Yes	Yes	Yes
	Keep within integrated health services	0	Yes	Yes

	Knowing that a service is going to be in place to support me and my family	Yes	Yes	Yes
	Long term plan for services back within the public sector, can replicate other services around the country in the public sector, We can fully integrate with social care provide by DCC or NHS	Yes	0	0
	Maintain a universal service with suitably qualified healthcare professionals	Yes	Yes	Yes
	Minimal changes to enable the great teams to carry on their great work. the Virgin arrangement has improved the way the service is delivered.	Yes	Yes	Yes
	More information	Yes	Yes	Yes
	No change to existing services	0	Yes	Yes
	Please select option one and keep integrated children's services.	0	Yes	Yes
	Provide management in-house, as in option 3.	Yes	Yes	0
	Recommission jointly with your NHS partners.	Yes	Yes	Yes
	Stability take over the provider services back on to a public body, with a view of retention	Yes	Yes	Yes
	Stay with Virgin care as they seem to have been working hard to ensure the best possible care for children and their families.	0	Yes	Yes
	This service should not be brought in house. Devon County Councils own strategic view is to commission services not bring them in-house . - Public health nursing and children centres should be tendered together. To prepare for this a 1 year extension / new award be made for 2018 with a long term view to tender Devon Children's centres and PHN together .	Yes	Yes	Yes
	Virgin care to continue to provide the quality service.	Yes	0	Yes
Member of public without children (0-19)	By not changing anything.	0	0	Yes
	By not giving it to the bastard council	0	0	Yes
	Continue with Virgin Care	0	Yes	0
	Ensure expectations about higher standards of service delivery and monitor in house and other agencies more stringently to ensure are achieving desired standards. Develop "SMART" objectives as measures but keep clear and simple. - e.g. incidence of teenage pregnancy, diabetes, mental health problems, use of drugs and alcohol, successful life chances at school, participation in physical and social activities at ages 8.12, and 16	Yes	Yes	Yes
	Ensure the service is available for the users and be totally honest with people.	Yes	Yes	Yes
	go for re-procurement with a longer term of 5-10yrs to allow new systems to bed down & become efficient & effective	Yes	Yes	Yes
	Maintain the integrated service	0	0	Yes
	Maintain the status quo, let Children's services be delivered as one service for all families.	0	Yes	Yes
	Return the service to direct local public funding	0	0	Yes
	Take option 1 or 2	0	0	Yes

## Respondents

### Q8. Which of the following best describes you?

	Count	%
<b>Children, Young People, and Families Alliance</b>	9	3%
<b>Devon Safeguarding Children's Board</b>	0	0%
<b>School or educational</b>	20	6%
<b>Public Health Nursing</b>	134	37%
<b>Health professional</b>	55	15%
<b>Local Government</b>	2	1%
<b>Clinical Commissioning Group</b>	3	1%
<b>NHS England</b>	1	0%
<b>Healthwatch Devon</b>	0	0%
<b>Local Community or Voluntary Group</b>	1	0%
<b>Member of public with children (0-19)</b>	99	28%
<b>Member of public without children (0-19)</b>	30	8%
<b>Other children's provider</b>	6	2%
<b>Other</b>	0	0%
<b>Total</b>	360	100%

### Q9 Postcode

Based on postcode we can see a spread of responses across the County, though unable to identify exact location of over 50 respondents out of 129 members of public responses, which may account from not identifying any in West Devon.

	Count	%
<b>East Devon</b>	10	8%
<b>Exeter</b>	7	5%
<b>North Devon</b>	16	12%
<b>Plymouth</b>	1	1%
<b>South Hams</b>	6	5%
<b>Teignbridge</b>	12	9%
<b>Torrige</b>	21	16%
<b>Blank</b>	16	12%
<b>Not Recognised/Out of County</b>	40	31%
<b>Total</b>	129	100%

<b>Age-band</b>					
		<b>Public/Non-Public Response</b>			
		<b>Organisational</b>		<b>Member of public</b>	
		<b>Count</b>	<b>Column N %</b>	<b>Count</b>	<b>Column N %</b>
<b>Q10. Age-band</b>	<b>Under 20</b>	3	2%	1	1%
	<b>20 to 44</b>	66	34%	71	56%
	<b>45 to 64</b>	122	63%	51	40%
	<b>65 and over</b>	3	2%	4	3%
	<b>Total</b>	194	100%	127	100%

<b>Gender</b>					
		<b>Public/Non-Public Response</b>			
		<b>Organisational</b>		<b>Member of public</b>	
		<b>Count</b>	<b>Column N %</b>	<b>Count</b>	<b>Column N %</b>
<b>Q11. Gender</b>	<b>Female</b>	179	87%	97	77%
	<b>Male</b>	25	12%	29	23%
	<b>Other</b>	1	0%	0	0%
	<b>Total</b>	205	100%	126	100%

<b>Long-term illness/disability</b>					
		<b>Public/Non-Public Response</b>			
		<b>Organisational</b>		<b>Member of public</b>	
		<b>Count</b>	<b>Column N %</b>	<b>Count</b>	<b>Column N %</b>
<b>Q12. Long-term illness/disability</b>	<b>Yes</b>	8	4%	6	5%
	<b>No</b>	193	96%	121	95%
	<b>Total</b>	201	100%	127	100%

## Appendix B - Questionnaire content

### Public Health Nursing

This consultation is considering the options for delivery of 0-19 Public Health Nursing (PHN) by Devon County Council (DCC), in relation to Integrated Children's Services, as we have to renew our contract. We are seeking to continue using the current National Specification for Public Health Nursing Services 0-19 for delivery, so there should be little, if any, change to the service the public receive. We are looking at different options of delivery and welcome views on these. Public Health Nursing is current delivered by Virgin Care Limited.

Before completing the questionnaire, please read the background papers

If you or someone you know needs more information or a different format phone 0845 155 1015, email [customer@devon.gov.uk](mailto:customer@devon.gov.uk) text 80011 (start your message with the word Devon), textphone 0845 155 1020

#### 1. From the proposed options, which do you agree or disagree with?

Option 1 – 12 month interim contract  
Option 2 – Independent procurement  
Option 3 – Transfer 0-19 Public Health Nursing to Devon County Council

Agree/Disagree/Not sure

#### 2. If you disagree with all of the options, what alternative do you suggest?

#### 3. Which is your preferred option?

Option 1 – 12 month interim contract  
Option 2 – Independent procurement  
Option 3 – Transfer 0-19 Public Health Nursing to Devon County Council  
Any of these  
None of these

#### 4. If you selected 'None of these', what alternative would you suggest?

#### 5. Would the proposed options impact on you?

Option 1 – 12 month interim contract  
Option 2 – Independent procurement  
Option 3 – Transfer 0-19 Public Health Nursing to Devon County Council

Yes/No/Not sure

#### 6. If 'Yes', what impact would the proposed options have on you?

#### 7. How could we reduce the impact?

#### 8. Which of the following best describes you?

Children, Young People, and Families Alliance	NHS England
Devon Safeguarding Children's Board	Healthwatch Devon
School or educational	Local Community or Voluntary Group
Public Health Nursing	Member of public with children (0-19)
Health professional	Member of public without children (0-19)
Local Government	Other children's provider
Clinical Commissioning Group	Other (please specify):

#### 9. Please tell us your postcode so we can see which areas of Devon have responded

If you are not representing an organisation, please tell us a bit about yourself to help us see the range of people responding

#### 10. Which age-band are you in?

Under 20

20 to 44  
45 to 64  
65 and over

**11. What is your gender?**

Female  
Male  
Other

**12. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

Yes  
No

## **Appendix C**

### **NEW Devon's CCG's Response** (received via survey Q6)

Thank you for the invitation to comment on your Consultation: Public Health Nursing. In addition to completing the on-line survey, the CCG wishes to provide additional comment on the proposals outlined in the Consultation.

Having invited our Governing Body to review the on-line documentation, we have the following observations set out under four headings; general comment; strategic alignment and partnerships; service delivery and efficiencies and workforce and professional practice. We hope you find our observations helpful in your decision-making process.

In summary, NEW Devon's CCG's preferred option is for Devon County Council to award a one year interim contract and work with partners toward a longer-term procurement where it is still possible to contract for public health nursing separately, but within the context of a system wide strategy to support integrated provision of services by multiple providers. The reduction in the public health budget is understood and therefore this option would require partner organisations to support DCC in negotiating a contract that is within the budget. This option would also enable the unquantified risks of disaggregating the current contract to be fully assessed and mitigated in a controlled and managed process.

#### **General Comment**

Having reviewed all of the documentation on the website we have the following comments.

The scoring on the impact analysis and risk matrix is fairly limited in terms of information available to take a view on the consultation process and form a view of the preferred option. The only information that is available that can give a view is the impact assessment which seems reasonably thorough but appears weighted to going out to procurement sooner rather than later. The consultation documentation includes an equality impact assessment and also acknowledges limitation around clinical governance, professional leadership and significant set up costs but does not appear to consider impact on staff. The risk matrix classification of violet (24-30) and red (15-20) seems excessive with the mention of "multiple fatalities being expected". We also consider that there is a risk with the change of service leadership and delivery which is not aligned with other stakeholders.

#### **Strategic Alignment and Partnerships**

The impact assessment (page 7) states that:

"It is stressed that integrated delivery and integrated commissioning are not co-dependent; integrated delivery of services can be achieved through service arrangements, information sharing processes and protocols and contract levers independent of the commissioning and procurement model."

Whilst we find this a valid statement, it is has also been understood by partners during the pre-procurement planning phase that the means for achieving integrated delivery of services in our local system are not currently evident or are variable in their effectiveness. This in turn, impacts on integrated delivery both between those services within the Integrated Children's Services Contract and those outside such as paediatric services and primary care.

For this reason and as the impact assessment document states, "The CCGs, in partnership with the other commissioning partners across the wider Devon footprint, intend to set out the strategic ambition for the system and how the procurement will enable this to be achieved. Development over the next 6 months of the Sustainability and Transformation Plan priority on children's services, alignment with the Sustainable Transformation Plan (STP), Acute Hospital

Services Review and mental health programmes, the reconfiguration of the Children's Partnership arrangements in Devon and development of an integrated children's delivery plan should provide the strategic context for the re-procurement. The local Clinical Commissioning Groups (CCG) have therefore proposed a one-year interim contract for 2018/19 with a revised re-procurement timetable for services from April 2019."

Having accepted this as the current position of our health, care and education system, it would seem inconsistent that integrated delivery could still be achieved between public health nursing and related services independently through such service arrangements. In the light of the recently renewed approach and energy to joint working arrangements and a multi-agency approach to delivering service change and the implementation of the 2017/18 delivery plan, it would be preferable to have seen a greater emphasis on the need for alignment between partners and to the work under way to enhance co-ordination.

And to summarise the point further Page 12 of the impact assessment states that:

*"Withdrawing from joint commissioning and pooled funding arrangements may impact on the other commissioning partners and their ability to provide the services they are responsible for as a consequence of reduced flexibility and economies of scale."*

The potential risks and consequences for either delivery of children's services or financial impact on partner agencies does not appear to have been fully considered in the document to inform the option appraisal. In addition, we believe that the substantial time and cost involved in the process of procuring independently i.e. disaggregating the current contractual arrangements, is not well reflected or impact assessed in the consultation documentation.

Taking the above into account the view of the CCG is that strategic alignment of partners is best achieved through all partners acting together and this would be Option 1 – Interim one-year contract. The potential opportunities available through Option 1 may not have been fully considered at this stage and equally the potential risks to services and partners of the alternative options, has not yet been fully assessed.

### **Service Delivery and Efficiencies**

The impact assessment (page 6 Impact Assessment), includes the following statement:

*"Public Health is compromised in its ability to participate in an interim one year contract because of the deferred cost savings that must be implemented to the Public Health budget to achieve sustainable balance. However, this option could be achieved either through negotiation with the current provider for reduced financial value (with possible consequential service loss which would require consultation as a result of service change)"*

This statement suggests that DCC could not achieve its financial objective without there being a detrimental effect on service delivery through option 1. However, the service efficiencies that have been achieved through the current contract are described in the preceding paragraphs over pages 4 and 5 of the impact assessment. As the interim contract will be a new contract rather than an extension of the current contract then savings opportunities will be available to be negotiated in within an interim contract.

Additionally the statement that to seek to achieve this with the current provider may result in service loss that would require consultation is in contradiction to the statement on page 4 that

*"Despite this reduction (of £1 - £2m in available budget), it is anticipated that there will be little detriment to the delivery of Public Health Nursing" Services" and that "there would be no anticipated change to the service to children, young people and their families, regardless of the commissioning arrangements for procuring the service at the end of the current contract." (page 2)*



In our view, the advantages listed under option 2 (page 9) could be achieved through all three options described in the consultation document whereas the current assessments suggest that these can only be achieved through option 2.


### **Workforce and Professional Practice**

The implications for DCC as an organisation in becoming responsible for providing a health service are listed under option 3 disadvantages. However, this does not fully consider the impact on the current workforce of transfer of employment, working for a local authority or how this might impact on the ability to recruit, retain and provide for the professional development of this nursing workforce. Equally the separation of this professional staff group from other professionals in the current service provider that would be the result of option 2 and option 3 is not fully assessed or described. In turn the potential risk to sustaining delivery as a result of the impact on the public health nursing workforce is not fully considered aside from the ability to enhance integrated service delivery with other key services for children and young people.

Our preferred option is Option 1 – Interim one-year contract. We feel that this option, delivered in the context of the wider strategic ambition of the STP, would allow for a clearer, paced transition for the service, the staff and the children and families they support. This transition should reduce the risk of service fragmentation and compromised experience of service use.

**NEW Devon's CCG's Response** (received via email)



  
**Northern, Eastern and Western Devon  
Clinical Commissioning Group**

Devon County Council  
County Hall  
Topsham Road  
Exeter, EX2 4QL

Our Ref: TB/JFZ (CD)

21 February 2017

Via email: [customer@devon.gov.uk](mailto:customer@devon.gov.uk)

Dear Sirs,

**Response to Devon County Council regarding Public Health Nursing  
Consultation**

Thank you for the invitation to comment on your Consultation: Public Health Nursing. In addition to completing the on-line survey, the CCG wishes to provide additional comment on the proposals outlined in the Consultation.

We have invited our Governing Body to review the on-line documentation which has resulted in the following observations set out under four headings; general comment; strategic alignment and partnerships; service delivery and efficiencies and workforce and professional practice.

Overall, our preferred option is Option 1 – Interim one-year contract. We feel that this option, delivered in the context of the wider strategic ambition of the STP, would allow for a clearer, paced transition for the service, the staff and the children and families they support. This transition should reduce the risk of service fragmentation and compromised experience of service users. The CCG wishes to work collaboratively with DCC to ensure that the benefits of Option 1 can be realised.

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Chief Officer: Janet Fitzgerald

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## General Comment

Having reviewed all of the documentation on the website we have the following comments.

The scoring on the impact analysis and risk matrix is fairly limited in terms of information available to take a view on the consultation process and form a view of the preferred option. The only information that is available that can give a view is the impact assessment which seems reasonably thorough but appears weighted to going out to procurement sooner rather than later. The consultation documentation includes an equality impact assessment and also acknowledges limitation around clinical governance, professional leadership and significant set up costs but does not appear to consider impact on staff. The risk matrix classification of violet (24-30) and red (15-20) seems excessive with the mention of "multiple fatalities being expected". We also consider that there is a risk with the change of service leadership and delivery which is not aligned with other stakeholders. We believe that we could overcome these risks if we were to support Option 1 which would ensure collaborative working and greater alignment of strategic direction which would also enable aligned delivery within the STP work programme for children and young people.

## Strategic Alignment and Partnerships

The impact assessment (page 7) states that:

*"It is stressed that integrated delivery and integrated commissioning are not co-dependent; integrated delivery of services can be achieved through service arrangements, information sharing processes and protocols and contract levers independent of the commissioning and procurement model."*

Whilst we find this a valid statement, it has also been understood by partners during the pre-procurement planning phase that the means for achieving integrated delivery of services in our local system are not currently evident or are variable in their effectiveness. This in turn, impacts on integrated delivery both between those services within the Integrated Children's Services Contract and those outside such as paediatric services and primary care.

For this reason and as the impact assessment document states, *"The CCGs, in partnership with the other commissioning partners across the wider Devon footprint, intend to set out the strategic ambition for the system and how the procurement will enable this to be achieved. Development over the next 6 months of the Sustainability and Transformation Plan priority on children's services, alignment with the Sustainable Transformation Plan (STP), Acute Hospital Services Review and mental health programmes, the reconfiguration of the Children's Partnership arrangements*

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*in Devon and development of an integrated children's delivery plan should provide the strategic context for the re-procurement. The local Clinical Commissioning Groups (CCG) have therefore proposed a one-year interim contract for 2018/19 with a revised re-procurement timetable for services from April 2019."*

Having accepted this as the current position of our health, care and education system, it would seem inconsistent that integrated delivery could still be achieved between public health nursing and related services independently through such service arrangements. In the light of the recently renewed approach and energy to joint working arrangements and a multi-agency approach to delivering service change and the implementation of the 2017/18 delivery plan, we believe that it would be preferable for DCC and the CCGs to work collaboratively and in synchronisation to allow us to align delivery of services and enhance co-ordination.

Page 12 of the impact assessment states that:

*"Withdrawing from joint commissioning and pooled funding arrangements may impact on the other commissioning partners and their ability to provide the services they are responsible for as a consequence of reduced flexibility and economies of scale."*

The potential risks and consequences for either delivery of children's services or financial impact on partner agencies does not appear to have been fully considered in the document to inform the option appraisal. In addition we believe that the substantial time and cost involved in the process of procuring independently i.e. disaggregating the current contractual arrangements, is not well reflected or impact assessed in the consultation documentation.

Taking the above into account the view of the CCG is that strategic alignment of partners is best achieved through all partners acting together and this would be through supporting Option 1 – Interim one-year contract. We believe that there are potential opportunities available through Option 1 which may not have been fully considered at this stage and equally potential risks to services and partners of the alternative options which have not yet been fully assessed.

### **Service Delivery and Efficiencies**

The impact assessment (page 6 Impact Assessment), includes the following statement:

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*value (with possible consequential service loss which would require consultation as a result of service change)'*

This statement suggests that DCC could not achieve its financial objective without there being a detrimental effect on service delivery through Option 1. However the service efficiencies that have been achieved through the current contract are described in the preceding paragraphs over pages 4 and 5 of the impact assessment. As the interim contract will be a new contract rather than an extension of the current contract then savings opportunities will be available to be negotiated in within an interim contract. The CCGs would support DCC in achieving their financial objectives working in partnership to ensure that all partners objectives are achieved.

Additionally the statement that to seek to achieve this with the current provider may result in service loss that would require consultation is in contradiction to the statement on page 4 that

*"Despite this reduction (of £1 - £2m in available budget), it is anticipated that there will be little detriment to the delivery of Public Health Nursing" Services" and that "there would be no anticipated change to the service to children, young people and their families, regardless of the commissioning arrangements for procuring the service at the end of the current contract." (page 2)*

In our view, the advantages listed under option 2 (page 9) could be achieved through all three options described in the consultation document whereas the current assessments suggest that these can only be achieved through option 2.

#### **Workforce and Professional Practice**

The implications for DCC as an organisation in becoming responsible for providing a health service are listed under Option 3 disadvantages. However this does not fully consider the impact on the current workforce of transfer of employment, working for a local authority or how this might impact on the ability to recruit, retain and provide for the professional development of this nursing workforce. Equally the separation of this professional staff group from other professionals in the current service provider that would be the result of Option 2 and Option 3 is not fully assessed or described. In turn the potential risk to sustaining delivery as a result of the impact on the public health nursing workforce is not fully considered aside from the ability to enhance integrated service delivery with other key services for children and young people.

In summary, NEW Devon CCG's preferred option is for Devon County Council to award a one year interim contract and work with partners towards longer term procurement where it is still possible to contract for public health nursing separately, but within the context of a system wide strategy to support integrated provision of services by multiple providers. The reduction in the public health budget is

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understood and therefore this option would require partner organisations to support DCC in negotiating a contract that is within the budget. This option would also enable the unquantified risks of disaggregating the current contract to be fully assessed and mitigated in a controlled and managed process.

We hope you find our observations helpful in your decision-making process.

Yours sincerely



Janet Fitzgerald  
Chief Officer



Dr Tim Burke  
Chair

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Chief Officer: Janet Fitzgerald

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## South Devon and Torbay Clinical Commissioning Group

Interim option - this would provide strength in the continuation of joint commissioning arrangements and ability would support partners to negotiate a contract which would meet the holistic needs of children allowing an integrated delivery model to be procured. - long term option - risk of fragmentation of the integrated model of delivery as well as an unknown and potentially new provider entering the market. increase of set up costs, duplication of processes, confusion for families and referrers with different processes. Increased costs to other commissioners. - In-house - risk of fragmentation of the current model. Inexperienced provider of public health nursing, set up costs, duplication of processes, confusion for families and referrers, risk that universal and targeted workforce may be redirected to more specialist child protection and social work having wider impact on prevention. Increased costs to other commissioners.

Clear specification which is consulted with partners and pathways. Funding levels secured and maintained for agreed period.

Appendix D

Virgin Care Limited Response (received via email)

# **Virgin Care's response to Devon County Council's Consultation on the future of Public Health**



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## **Introduction**

Virgin Care is one of the largest independent sector providers of NHS and local authority health and care services in England, and one of the largest providers of Public Health Nursing services in England – currently delivering school nursing and health visiting services in Surrey, Devon and Wiltshire and due to begin delivery and improvement of public health nursing services in Bath and North East Somerset and across Essex from April 2017.

Virgin Care has provided the Devon Integrated Children's Service on behalf of NHS England, NHS Northern, Eastern and Western Devon Clinical Commissioning Group, NHS South Devon and Torbay Clinical Commissioning Group and Devon County Council since 2013 overseeing significant improvements to services, investment in technology and training and development for professionals, the introduction of a Single Point of Access for children's health and care services in Devon and the continual integration of services.

Virgin Care was commissioned to provide these services after extensive consultation with local people, service users and professionals about how they wanted the services to operate. Just five years ago, these groups gave a clear indication that they wanted an integrated children's service delivered by a single accountable provider.

This principle has underpinned the delivery and development of the Integrated Children's Services throughout that time and as we enter the final year of the current contract Virgin Care has continued to deliver improvements and further integration to improve the experience and outcomes for families, children and young people who rely on the services we provide.

As one of the largest providers of Public Health Nursing services in England, during the last four years Virgin Care has demonstrated that the integration of services has allowed Public Health Nursing services in Devon to deliver excellent performance and facilitated innovation and professional development opportunities which would not have been possible without close working with other health services.

It is our view that any decision on the future procurement of Public Health Nursing services must be considered in the context of the considerable impact of changes and potential disruption on children, families served not just on the Public Health Nursing services themselves, but also on the other services which are currently integrated with the Public Health Nursing service and which will remain part of Integrated Children's Services.

Virgin Care strongly believes that the separation of Public Health Nursing from the wider Integrated Children's Services would have a significant negative impact on families using the services, and in this response to Devon County

Council's consultation on the future of Public Health Nursing Services we have set out our reasons and evidence for this view.

It is our belief, based on our extensive experience over the last decade of delivering health and care services on behalf of the NHS and local authorities, that a single accountable provider model provides the best platform for services to be improved, for colleagues to have access to a full range of training and professional development and offers the best value for money for the taxpayer, as well as delivering the best possible outcome for service users.

## **About Public Health Nursing**

The Public Health Nursing Service leads and delivers the Department of Health Healthy Child Programme. This programme includes a range of core health and development reviews and provides the foundation for improving health outcomes for children and young people in Devon.

Priorities for health visitors working with 0 – 5 years include:

- transition to parenthood and support in the early weeks of life
- maternal mental health
- breastfeeding
- healthy weight and nutrition
- reducing hospital admissions
- supporting school readiness

For school nurses priorities are:

- building resilience and improving emotional health and wellbeing as highlighted in Future in Mind, working closely with schools, parents and local services
- keeping safe, managing risk and reducing harm – including child sexual abuse and exploitation
- healthy lifestyles – including reducing childhood obesity and increasing physical activity
- maximising achievement and learning – helping children to realise their potential and reducing inequalities
- supporting additional health needs – supporting Special Educational Needs and Disability (SEND) reforms
- transition and preparing for adulthood

The service provides support and referral to other agencies for specific concerns such as: postnatal depression, domestic abuse, child behavioural difficulties, and where needs are more complex the Public Health Nursing team will work with other agencies and organisations to provide the appropriate multi-agency response.

- Public Health Nursing is CQC-registered activity and is subject to CQC inspections and requires a competent, knowledgeable CQC registered manager with experience of delivering health services and Public Health Nursing services to oversee the service and ensure compliance with regulations.
- The Public Health Nursing Team are highly skilled in the assessment of health needs with a focus on improving health outcomes. 70% of the workforce in Devon's Public Health Nursing Service are Registered Nurses or Midwives with an additional specialist community Public

Health Nursing qualification and require a wide-ranging and supportive network of health professionals to support compulsory Continuous Professional Development and revalidation.

- The other 30% are non-registered clinicians who are experienced practitioners (Nursery nurses & NVQ level 4 health and social care) with skills in developmental assessment and parenting support.
- The Public Health Nursing service works very closely with other health services, delivering its core services from GP services, children's centres, education bases and from acute trusts in the community.

## Performance as part of the Integrated Services

### Health Visiting Core Offer

As part of Devon Integrated Children's Services, Devon's Public Health Nursing has been consistently highly performing against national benchmarks.

There are five nationally-mandated health visiting contacts which the Public Health Nursing service delivers as part of its Universal service:

- Antenatal
- New Birth Visit (by 14 days after birth)
- Maternal Mental Health Review (6-8 weeks after birth)
- 1 Year review (12 months after birth)
- 2.5 Year Review (30 months after birth)

The latest publically available data demonstrates the Devon Integrated Children's Services Public Health Nursing Service has performed consistently well in delivering these five core contacts.

Despite its considerably larger size, higher number of births per year and the more complex geography faced by the Devon service, performance is consistently above national figures, South West figures and the performance of the Public Health Nursing service in Swindon, which we understand is the only service provided 'in house' by the local authority rather than integrated with health services.

Q2 2016	Devon	Swindon	England	South West
New Birth Visit by 14 days	88.6% (7153 live births/year)	80.9% (2923 births/year)	88.5%	78.8%
1 year review	83.8%	73.7%	75.3%	74.1%
Review by 15 months	90.9%	77.9%	82.5%	79.7%
2.5 year review	82.2%	72.4%	78.1%	74.8%

## **School Nurse Core Offer**

Over the last four years, the Public Health Nurse service has worked closely with its commissioners and with the Integrated Children's Services to develop a School Nurse 'core offer' which focuses on early assessment, prevention and working with health services to improve outcomes, supported by a range of targeted Key Performance Indicators.

The result of this focus is:

- Partnership agreements are in place with schools to jointly focus on improving the health of the school population
- Improved support for medical conditions in schools – Public Health Nurses have been able to work with colleagues from across Integrated Children's Services, especially the Children's Community Nursing team, to deliver training and education for school staff and to better support individual health plans.
- The introduction of improved early help services for emotional health and wellbeing – School nurses are able to easily access support from other Integrated Children's Services such as the Child and Adolescent Mental Health Service and the EH4MH service which Devon County Council commissioned Virgin Care to deliver in schools in 2015.
- Delivery of 98% coverage for reception-age and Year 6 age pupils for the National Child Measurement Programme recording height and weight
- A significantly lower than average number of children classified as obese (15.3% in Devon versus 19.1% nationally) – made possible by close integration between Public Health Nursing and the wider Integrated Children's Services.

## **Early Help**

The Public Health Nursing service provides the safety net for all families in Devon through its delivery of early assessment and prevention services. The statistics below provide examples of the range and extent of the early help offer

- Under 5's - 7200 in each year group
- Q3 2016/17 - 8820 families attended child health clinics
- Breastfeeding rates – Acknowledged as a key public health outcome (44.4% national average at 6 – 8 weeks)
  - Devon Q2 2016 – 54.4% breastfeeding at 6 – 8 weeks
  - Swindon Q2 2016 – 47.1% breastfeeding at 6 – 8 weeks

- Early help – Where PHN are the lead professional (Not always recorded on Early Help systems). Q3: KPI reporting demonstrates that additional support was provided to:
  - 25% of families at 6 – 8 week contacts, 30% at one year review and 20% at 2 year review.

Effective delivery of this requires close working between Public Health Nursing with other Integrated Children’s Services as well as with other health partners including midwives, mental health services, children’s centres, schools and early years settings such as nurseries.

The service also works very closely, where necessary, with adult health and social care services and housing support services delivered by Devon County Council as well as with domestic abuse services and Citizens Advice Bureau among others.

### **Safeguarding**

The Devon Safeguarding Children Board Annual Report 2015/16 reported consistently good attendance by Integrated Children’s Services Health Visitors and School Nurses at early help and safeguarding meetings.

The Integrated Children’s Services teams already work very closely with social care services provided by Devon County Council in order to support safeguarding concerns.

As part of the integrated service, the Public Health Nursing colleagues are able to provide a far more broad contribution to these meetings thanks to their close working with other health services who provide other services to the same families.

In quarter 3 of 2016 health visitors and school nurses attended the following:

Attendance at meetings	Team Around the Child Meetings	Initial CP conference	CP review	Core Groups	Child in Need
Health Visitor	196	62	126	325	230
School Nurse	298	39	169	221	137



## **Achievements and Innovation**

As part of Integrated Children's Services, Public Health Nursing in Devon has benefited from significant investment and improvement which has improved the service for families.

We have worked closely to develop and improve our services in response to feedback from families, stakeholders and to deliver national priorities for Public Health Nursing.

Some examples include:

- Devon Health Visitors in Partnership. This delivers intensive support to improve outcomes for our most vulnerable families, and as a result of the expertise in delivering Public Health Nursing Services and Integrated Children's Services across England, Virgin Care was able to deliver this programme at zero additional cost to commissioners. There are currently 81 families on the programme, and all are showing more positive outcomes.
- Let's Talk More – early assessment and intervention for children with speech and language and communication problems aged 2 – 3 years. Working in partnership with Speech & Language, Children's centres, early years and families. This has resulted in an increase in earlier referrals to the specialist service, and evidence of impact shows that 72% of children have met age appropriate levels after 3 months of intervention.
- 0-5s Integrated Service in North Devon - In Northern the service for children under 5 is fully integrated which means that families have a named nursery nurse for the whole of their journey through the process, who undertakes part of the assessment and is there to co-ordinate their care. This is currently being rolled out across Eastern Devon.
- Bladder and bowel early assessment and intervention – Public Health Nursing service in Devon pioneered an idea to create films to help public health nurses, schools and parents to easily learn and understand bladder and bowel issues in children and young people they support.
- Sepsis awareness at key contacts – We delivered training for colleagues to help improve and raise awareness of Sepsis among Devon's parents by offering knowledge, leaflets and advice when visiting parents at new birth, one year and two year reviews to help

them understand what to do if their babies show signs of Sepsis.

- Specialist breastfeeding clinics in partnership with local pharmacies – specialist health visitors have been delivering advice and support to breastfeeding in Mums at clinics in a local pharmacy in Exeter, making support more accessible
- Introduction of new technology and digitisation of records – public health nurses are able to access records via mobile technology reducing the amount of travel time, increasing efficiency and therefore providing more face to face client time with children and families

*Case studies providing more detail on some of these projects which have been delivered as part of Integrated Children's Services are included in the appendix of this response.*

## **Delivering a safe and effective Public Health Nursing service**

Being part of Integrated Children's Services and part of Virgin Care gives public health nurses access to a wider range of health professionals, national networks, clinical supervision and training necessary to deliver a safe and effective service.

This network also includes robust Governance frameworks and Communities of Practice for challenge and assurance. This enables the delivery of the robust clinical governance framework that is necessary to support safe and high quality practice which includes clinical supervision, nursing re-validation and continuing professional development. The core components of the required framework are summarised in the table below.



The Framework above allows for specialist review against National and Commissioner led standards and frameworks. For example, the PHN lead for medicine attends the Business Unit Medicine meeting that feeds into the National Virgin Care meeting chaired by the Lead Pharmacist and attended by all 10 medicines leads across the country. This is mirrored by the infection control PHN lead who attends the Devon meeting that reports to the Infection Prevention and Control meeting for Virgin Care that is chaired by the Director of Infection Prevention and Control (DIPC) which is a legal requirement for all providers of NHS Care.

Trained Nurses are legally required to maintain their registration with The Nursing Midwifery Council. This requires an annual self-assessment and fee payable by the Nurse. They are also required to prepare and submit on request a portfolio that is signed by a Confirmer who needs to also be a Registered Nurse

To be compliant the Nurse seeking Revalidation must have a reflective discussion with her Confirmer and:

- Produce 5 pieces of written reflective accounts
- Produce 5 pieces of practice related feedback
- Undertake 35 hours of Continuous Professional Development of which 20 hours must be participatory

Under the Health and Social Care Act all providers of health care have a legal duty to co-operate in improving outcomes for the population .The Governance framework provides the challenge and assurance to drive and deliver this

through the PHN service using the expertise and specialist knowledge available through integrated working.

## **The Added value of being Integrated Children's Services**

Integrated Children's Services was procured as a single entity because Children and families told commissioners in 2013 that this was what worked well for them and made it easier to use and access the services.

As a result of being an integrated service overseen by a single accountable provider, we have been able to develop clinical pathways which support early help and joined up responses for children and young people taking into account their wider health needs.

Examples include:

- Under 5s pathway delivering an integrated assessment to children and families at home. A Specialist Nursery Nurse is allocated to the family who as well as undertaking an assessment can start to work with the child and family on what concerns them i.e. behaviour, sleep etc. at the point of assessment.  
Home visiting also means families have more choice when they are seen.
- Let's talk more involves joint working between Public Health Nursing, Children's Centre Services, Early Years Network and Speech and language therapy delivering early identification and support for speech and language difficulties. This has resulted in increased awareness and understanding regarding the development of speech and language across the community, more appropriate referrals, earlier support for identified children. 72% of children involved in the programme have reached their development milestones after 3 months of intervention.
- Early Help for Mental Health delivering training, consultation and supervision into schools to enable school staff to effectively support children and young people in their care. Joint work between this service, CAMHS and school nurses has led to improved practitioner confidence in discussing mental health needs routinely within all contacts with children, young people and families, improved identification and support of mental health needs, school nurses being able to demonstrate outcomes associated with support offered within this pathway and more appropriate referrals being made to CAMHS

### **A wider, comprehensive professional network**

Being part of an integrated service has also enabled Virgin Care to develop the clinical systems Public Health Nursing uses. We have designed our systems around the 'Child Health Information System' (the core health database for all children in Devon. This ensures children are picked up as they transfer in and out of the service and risk issues such as Child at Risk

Alerts, A&E attendances and safeguarding and child in care status can be held centrally and just updated once.

Economies of scale by being part of a larger health provider have also enabled ICS to provide a high quality, robust clinical infrastructure which supports the Public Health Nursing workforce to develop professionally, maintain their registration and complete revalidation. This has included provision of relevant training and continuing professional development support from health professionals in Integrated Children's Services and from Virgin Care's wider Public Health Nursing networks. Latest reports show 98% of staff in Devon Integrated Children's Services have had an appraisal and 87% are up to date with statutory and mandatory training.

### **Improved access for families and investment in IT**

As a result of being part of Integrated Children's Services, we've been able to introduce new IT systems, the Devon Single Point of Access for Children's Services, and enabled easier sharing of information with other health partners and with GPs and maternity services. For example, historically Child at Risk Alerts (CARA) were only shared with Public Health Nursing. However through our integrated SPA we have developed systems to share these with all professionals working with the child. This information has been used to reprioritise those who are waiting, alter treatment plans or change a multi-agency plan for a child, young person or their family.

### **Reducing waiting times and offering more support**

A holistic, service-user focused approach to children's services made possible by Public Health Nursing and the other services which are delivered as part of Integrated Children's Services being kept together as a single entity has also allowed significant progress in developing services and resolving longstanding issues such as long waiting times.

Families see the services as a package of support from the NHS and local government rather than a range of contribution from individual services and this approach to deliver has allowed a focus on improving services to these families.

The fragmentation and potential absorption of elements of the Integrated Children's Services on an individual basis into larger organisations could mean that this focus on delivering the best outcome for families together is lost and historic challenges – such as long waiting times – develop once again.

### **Continued close work with other partners**

We acknowledge that as well as interfacing with other Integrated Children's Services and other health providers, Public Health Nursing already interacts and works closely with Social Care.

Strong partnership working has evolved over the last four years to facilitate this effective joint working for the benefit of families.

There is no evidence to suggest that Public Health Nursing and Social Care would work more effectively together to achieve positive outcomes if both were provided by Devon County Council as joint working is already in place.

By being part of Integrated Children's Services, Public Health Nursing is able to provide a greater input into this joint working without needing to involve a variety of other professionals from individual health services.

Through the single point of access, and as part of Integrated Children's Services, this effective joint working will continue to improve including improvements to the early help interface, CARA alerts and MARAC processes.

## **Risks**

The reorganisation and separation of services from a larger entity as proposed by option 3 and potentially option 2 presents a number of risks which Virgin Care believes should be considered before a decision is made to bring services in-house to Devon County Council for the first time.

These risks are both financial, causing additional cost for taxpayers, as well as clinical – presenting potential risks to the ongoing safe delivery of Public Health Nursing services and to the wider Integrated Children’s Services.

## **Legal**

The value of the Public Health Nursing service is above the threshold under the Public Contracts Regulations 2015 (“PCR”), and so Devon County Council would be required to issue either a contract notice or a Prior Information Notice (PIN) with all of the associated obligations regardless of the option chosen for the future of the service.

If Devon County Council were to fail to issue this notice, or confirm its intentions to move the service in-house, it would be at risk of a claim against it on the grounds of ineffectiveness under Reg. 99(20) PCR, to set aside the decision and/or for damages.

On the contrary, a decision to extend the current contract minimises the procurement risk as Devon County Council could utilise the exemption under Reg 71(1)(b) PCR to validly extend the existing contract, provided economic or technical reasons can be established why a caretaker provider for one year would not be possible.

## **Information Technology**

Virgin Care, as the current provider, has made significant investment in information technology, to enable more effective sharing of records and enable public health nurses to have access to records on the move and this has been made possible by the scale of the Integrated Children’s Services allowing effective sharing of investment and cost.

There will likely be additional costs associated with any change to disaggregate the Public Health Nursing services, including but not limited to:

- The move and/or acquirement of the relevant clinical systems (e.g. CarePlus, TotalMobile & DartKW EDM). Following a disaggregation of Public Health Nursing costs of these platforms would likely increase as there would need to be a renegotiation of scale agreements that are currently held nationally by Virgin Care with suppliers.



- The cost of purchasing relevant hardware (Tablet Computers, Smartphones, Desktop PCs and Laptops) and the associated costs for monthly fees, mobile device management systems, licencing of software and so on which, if disaggregated from a larger provider of health services, are likely to increase in cost for Public Health Nursing.
- The provision of infrastructure across approximately 35 sites, providing colleagues with the required network and/or WiFi connectivity to allow access to clinical systems and services. For example, DartKW EDM and access to patient records is funded by NHS CCGs and Devon County Council, but additional connectivity would be required by a new stand-alone provider of the Public Health Nursing Services to allow safe and reliable access to patient records and therefore presents a challenge to the ongoing safe provision of services.
- Any standalone provider of Public Health Nursing Services would need to provide a small BAU team consisting of 1st line support, 2nd line support, training & management, who would be required to deal with the general day-to-day upkeep and maintenance of the systems and services (e.g. new starters, leavers, user account management, password resets, implementing new software version releases, training requirements associated with new functionality introduced by changes/upgrades etc.).
- The current sharing and exchange of patient information between clinical systems and the interfaces for the electronic sharing of the information are bespoke platforms developed and owned by Virgin Care and only possible as a result of the services being provided by a single Data Controller. Any separate provider of the services would need to put Information Sharing Agreements in place, requiring patient consent for information sharing as well as developing or purchasing software facilities for the sharing.
- The provision and maintenance of the existing clinical systems during any transition/cutover period, in order to preserve the quality of care & patient safety during throughout any change of provider.
- The Return on investment (ROI) in technology to facilitate a split of the Public Health Nursing service needs to be considered carefully, as significant investment would be required in order to simply continue providing the service at the same level.

## **Financial**

- The nature of disaggregation will result in stranded costs for incumbent (which will impact commissioners) and duplication of costs for the Council (option 3) or a potential additional provider (option 2). The costs will be non-recurrent and recurrent in nature. They will cover indirect costs e.g. clinical governance functions as well as overheads e.g. estates, IM&T including clinical systems. For example, the estimate of the non-recurrent costs for IT is in the region of £700,000.
- Double procurement costs arising from separate DCC and NHS processes
- Time and cost to the public budget to disengage from an integrated service and to establish the clinical governance infrastructure that is required to ensure that a safe service is provided in a non-health provider organisation including
  - Named doctor and nurse roles
  - Medicines management and infection control frameworks
  - Incident reporting systems
  - Clinical governance infrastructure
  - CQC registration requirements
  - Clinical negligence insurance cover

## **Workforce**

The professional workforce we employ to deliver Public Health Nursing in Devon will be significantly impacted by the disaggregation of the service.

Our most recent 'Have Your Say' colleague survey results showed that Public Health Nursing colleagues felt well engaged and supported in their roles as part of the integrated service. Significant change will inevitably impact on morale and potentially delay innovation and development of initiatives which will improve the service for families.

## **Recruitment**

Nationally, NHS services also face considerable issues with recruitment and retention and the provision of high quality supervision, access to other specialist areas of health and progression for colleagues in the Public Health Nursing service have been an integral part of Virgin Care's ability to recruit successfully over the last 4 years in Public Health Nursing.

Virgin Care successfully recruited to *Call to Action* targets and the service is currently provided by a stable but aging workforce with advanced succession and development plans in place to cover retirements of various members of the team over the coming years.

We know from feedback from recruits that Virgin Care's employer brand along with our published KPI performance and our track record of innovation (Sepsis, Lloyds pharmacy, Devon Health Visiting in Partnership) is giving us a good choice of candidates to select from.

An ability to demonstrate innovative practice and good performance in the provision of health services will be necessary for successful recruitment for any future provider.

### ***Hosting Students***

Virgin Care's track record in hosting students through their Public Health Nursing or School Nursing qualification with robust placements and proactive practice tutors is strong.

We have strong links with universities through The Learning Enterprise, our training arm, including a Foundation Nursing Degree accredited by Derby University.

The ability to offer student placement, preceptorship opportunities and mentoring is critical to maintain in order to secure the ongoing provision of Public Health Nursing in Devon.

The provider of Public Health Nursing would need to be able to deliver a robust way of providing this.

There are three practice tutors within the Public Health Nursing service who maintain a clinical caseload as well as overseeing the mentoring and preceptorships. The posts benefit from the support of a wider clinical workforce and the experience of Virgin Care's The Learning Enterprise – one of just 20 Quality Mark accredited education providers in health and care in England.

### ***Internal Development Programmes***

Virgin Care also offers an internal development programme from Management Foundation to Executive level. The Public Health Nurses can access this programme, offering them the opportunity for learning and networking both across Devon Integrated Children's Services and Virgin Care's health and care services nationally, including other Public Health Nursing services.

### ***Pensions and benefits***

The Public Health Nursing workforce will be very concerned to ensure they remain in the NHS Pension scheme and this would need to be protected as part of the TUPE arrangements for any new provider.

In addition, the ability to offer the NHS Pension Scheme on an ongoing basis for newly recruited Public Health Nurses would need to be an essential part of any future provider's offer in order to successfully recruit to vacant posts.

The NHS Pension Scheme is only open to NHS providers, and any new non-NHS provider (such as Devon County Council) would need to apply for, and be granted, NHS Direction Status in order to offer the pension.

If the application for Direction Status is not approved, the service is likely to suffer significant issues with recruitment. The alternative of offering Local Government Pension Scheme access could increase costs to the provider, and may not be as attractive to nurses looking to transfer from existing NHS providers.

### **Clinical**

There are clinical risks which must be mitigated effectively associated with any change to a clinical service.

In particular:

- Service fragmentation – clinical pathways developed within ICS may be fragmented by separation of PHN from the rest of ICS
- Disruption and additional costs to the service as resources are disentangled from ICS (option3). This could result in all development stopping as energy and resources are directed to this and would not be the case with option 1
- Loss of support systems and processes that are guidance based and assured against National Frameworks e.g. SIRI processes
- Loss of clinical expertise e.g. Director of Infection Prevention and Control
- Integrated supervision and support networks e.g. Learning Disability specialism and co-joined delivery with special schools for the Public Health Agenda

## **Service User Experience**

Children, families and stakeholders were clear that integrated services should be delivered through a single accountable provider when commissioners consulted with them prior to the award of the contract to Virgin Care.

Across ICS our Friends and Family Test shows that over the last 12 months nearly 96% of the 6000 respondents are extremely likely or likely to recommend our services. For PHN this figure is just over 96%.

In addition, it is highly likely that there will be a poor public perception and possibility of challenge about the added value of the decision to separate PHN from ICS, when the current integration of the service is performing well and delivering a service which people value.

## **Devon County Council Risk assessment**

We have reviewed the risk assessment included with the consultation papers. In our experience of delivering the Public Health Nursing services, as well as mobilising and demobilising large and complex services across England, we disagree and have some serious concerns with the risk scores associated with some key issues.

Virgin Care has been providing public health nursing services in Devon for four years and is demonstrating good performance; prior to the launch of this consultation Devon County Council assured us that there was no question of the quality of the current service, and have not raised concerns with us through the normal channels.

It is, therefore, difficult to understand how the option of extending the contract with the current provider (Option 1) can be considered to pose the highest risk to the ongoing safe provision of services – which must, in our view, always be at the forefront of decision making.

- Reputational risks are minimal for an extension, as Virgin Care can demonstrate good performance of the Public Health Nursing services over the last 4 years and at present.
- The risk of set up costs for an extension is minimal – contract extension and extension to premises agreements present some, limited, risk but as demonstrated elsewhere in this document option 3 and option 2 (if a different provider were successful) have set up costs far higher than we believe an extension would create.
- As described above Virgin Care has invested in enabling the Public Health Nursing service to innovate and deliver new ways of working through technology. This is expected to deliver savings and has been part of the work we have already been doing with commissioners in recognition of the reduction in the Public Health Grant in the future.

- Legal risks have been outlined above and it is our view that there are grounds for challenge in relation to option 3 under procurement regulations, and the exemptions available are able to facilitate option 1 at minimal risk. This is not reflected in the risk scoring.
- The risk assessment identifies a lack of market interest in Option 1 as significant. A potential outcome in this scenario could be a 12-month contract extension with Virgin Care, and the risk score allocated does not reflect this.
- The potential for information governance breaches increases with change of provider, and therefore risk is likely to be lower with option 1 as the risk is not increased beyond 'Business as Usual' today.
- Under environmental factors, the use of technology is scored equally for all options. As set out above, Virgin Care has invested significantly in providing public health nurses with technology that both enables access to records on the move and increases the amount of face to face time available. This should be reflected in a lower score for option 1. Much of this technology would need to be transferred, new licences agreed at potentially higher cost, and solutions put into place for those technology solutions which cannot transfer as they are part of the wider Integrated Children's Services.

## Conclusion

We strongly believe that separating the Public Health Nursing service from the Integrated Children's Services in Devon is not in the interests of children, young people and families in Devon and presents additional risk and cost to the taxpayer both for the ongoing provision of Public Health Nursing Services.

The service, as part of the Integrated Children's Service, is performing above the national average and continues to innovate and improve as a result of being part of 'something bigger' both in respect of Integrated Children's Services and as part of a large health and care provider.

The service is working well, as part of Integrated Children's Services, with all partners – including other Integrated Children's Services, other health services and social care services.

We do not believe that separating Public Health Nursing from the wider contract adds any value to the service which is being delivered to families across Devon, who only five years ago told commissioners they wanted the service delivered as part of an Integrated Children's Service, by a single accountable provider.

In addition, as the current provider and therefore a well-informed party we do not believe the risk assessment, which describes option 1 with the highest risk, is correct and this is of considerable concern as the document is in the public domain and underpins the consultation.

However, the separate commissioning of these services (option 2) does risk being both a material distraction from the delivery of improvements and an increase in costs, through a loss of economies of scale, for both the Public Health Nursing services and the other Integrated Children's Services.

As both the NHS and local authorities face financial challenges, Virgin Care and Integrated Children's Services already have significant work underway to adapt to a reduced budget while continuing to deliver constantly-improving services over the coming years.

This includes investment in technology to make the services more efficient, training and professional development for colleagues and – as a benefit of being part of an experienced health provider – the development, at zero cost, of programmes like Devon Health Visitors in Partnership which is improving outcomes for families in Devon and securing the best possible future for children and young people.

The value of easy access to a wide professional network of qualified health professionals is a very important part of providing effective services, and in

our discussions with colleagues as a result of this consultation, we know that the professionals working in the Public Health Nursing Service feel strongly that they are able to provide the best service to families as a result of being part of an experienced healthcare provider.

Many of these professionals have also responded to the consultation individually setting out their views, but as the current provider of the service we feel that the view of the qualified professionals delivering the services, as well as the views of the families who rely on the services, must be seriously considered as part of any decision on the future of Public Health Nursing services.

For the reasons and evidence set out in this response option 1 enables the opportunity for the benefits of integrated working to be continued for children, young people and their families. Contrary to the published risk assessment there are increased risks associated with the other options and in particular significant risks associated with option 3.



## Appendices

### **How we developed and implemented a new programme for our Health Visitors to improve outcomes for the most vulnerable families in Devon at zero additional cost to commissioners**

Our commissioners in Devon set us the challenge of developing and delivering an intensive, targeted health visiting programme for the most vulnerable families in the county which could improve outcomes, enable healthy pregnancies and improve children's health and development and give them the best chance for the future – at no additional cost.

Virgin Care's Public Health Nursing Team in Devon, led by Linda Murray, designed and developed the programme which was then trialled in a small area before being rolled out across Devon.

The Public Health Nursing Service in Devon, which Virgin Care run as part of our Devon Integrated Children's Services contract, work with and support families and their babies in the early stages of their life – including young, first time parents and more vulnerable mothers.

The Devon Health Visiting in Partnership (DHViP) programme supports these more vulnerable families with intensive support based on more regular visits and meetings with trained public health nurses.



For more information: <http://www.virginicare.co.uk/case-studies/pioneering-a-family-nurse-partnership-at-no-cost-to-ccg/>

## How we helped children and young people and educational staff understand continence issues through video

Virgin Care's Public Health Nursing service in Devon pioneered an idea to create films to help public health nurses, schools and parents to easily learn and understand bladder and bowel issues in children and young people they support. We invested £1,000 to produce the videos and deliver a difference to the professionals we support, and the children and young people who rely on them.



For more information: <http://www.virginicare.co.uk/case-studies/transition-dvd-support-continence-issues-children/>

## How we partnered with LloydsPharmacy to deliver one-to-one advice clinics for mums who had been referred to us for additional support feeding their baby

Virgin Care's Health Visiting Service in Devon partnered with a high street pharmacy to deliver specialist one-to-one advice clinics for mums in Devon who were having difficulty breastfeeding and had asked the NHS to support them to continue breastfeeding for longer. Plans for the partnership were commended by the Baby Friendly Initiative inspectors during a 2015 re-inspection.



For more information: <http://www.virginicare.co.uk/case-studies/partnering-with-lloydspharmacy-to-deliver-breastfeeding-advice-clinics-for-mums/>

## **How we invested in Sepsis training for Health Visitors to help raise awareness of the condition for parents**

We delivered training for colleagues to help improve and raise awareness of Sepsis among Devon's parents by offering knowledge, leaflets and advice when visiting parents at new birth, one year and two year reviews to help them understand what to do if their babies show signs of Sepsis.

For more information: <http://www.virginicare.co.uk/case-studies/14395/>