Cabinet
8th March 2017

CHILDREN'S SERVICES: RE-PROCUREMENT OF SERVICES: 0-19 PUBLIC HEALTH NURSING

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

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

Recommendation: that Cabinet approves Option 1.

~~~~~~~~~~~~~~~~~~~~

1. Introduction

1.1. Ensuring that Devon's children and young people have the best start in life, and grow into healthy adults, is one of Devon County Council's top strategic priorities. It is also fundamental to reducing inequalities in health, which is a statutory duty of local authorities and of the NHS.

1.2. Devon County Council is one of five partners in a commissioning partnership for the provision of Integrated Children's services. The five-year contract comes to an end on 31st March 2018. Public Health Devon is the commissioner of Public Health Nursing Services, which accounts for just over a third of the current contract value.

1.3. Although Public Health Devon had planned for the re-procurement and had achieved its timeline, in December 2016, the two Clinical Commissioning Groups in Devon confirmed that they were not ready to proceed with the planned re-procurement of the Integrated Children's Services contract in Devon.

1.4. In January 2017 Cabinet approved the consultation on three possible options for the future provision of 0-19 Public Health Nursing Services in Devon. A separate exercise is being undertaken by NHS England in respect of services which it currently commissions as part of the Integrated Children's Services contract.

1.5. A brief summary of the options is as follows:

Option 1: a 12-month interim contract (with partners) to allow for a full procurement with a contract start date of 1st April 2019.

Option 2: an independent procurement of 0-19 Public Health Nursing services.

Option 3: to bring the service "in-house".

1.6 Following the consultation exercise, this paper brings together the relevant considerations (the consultation outcomes, comprehensive impact assessment, risk assessment, and financial implications) to inform the Cabinet's decision on 0-19 Public Health Nursing services.
~~~~~~~~~~~~~~~~~~~~

2. Background

2.1. The scope of the Public Health Nursing service comprises services to children, young people and families:

a. 0-5 Health Visiting Services
b. 5-19 School Nursing Services
c. The National Childhood Measurement Programme

2.2. The overall purpose of the Public Health Nursing service is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep children and families safe, and reduce health related risks across the life-course. This is achieved through delivery of mandated (legally-required) universal public health assessments and undertaking public health interventions designed to offer prevention that supports families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible. The service therefore has a significant role to play in early help.

2.3. Public Health Nurses work with other agencies to provide additional support to children, young people and families at the earliest opportunity where longer-term intervention is needed. Resources are focused on the most deprived geographical communities and communities of need within Devon to improve their health outcomes while offering a universal service to all children who are residents of Devon, plus those who attend Devon schools and academies. Current service provision and health outcomes for children compare well in Devon to other areas, despite recent national concern about trends in the health and wellbeing of children[1].

2.4. The Government's intention in transferring the responsibility for Public Health Nursing services to the local authority as part of the public health transition arrangements was to ensure that local authorities were able to better align their social and health care responsibilities for children, young people and families and to ensure that all children have the best start in life. Each of the options considered would be able to meet these objectives.

2.5. Public Health Nursing services are funded by the ring-fenced Public Health Grant, which is provided to upper-tier and unitary local authorities for the provision of a specified range of public health services which protect and improve the health of the whole population of Devon. These services are defined by Public Health England and a financial return is required each year to confirm that the Public Health Grant has been spent in accordance with the regulations. Some of the services are subject to "mandation" – a legal requirement for them to be provided for the local population - and the others are required by the NHS Constitution, because of their impact on and importance to the NHS.

2.6. Unlike other County Council services, this range of defined public health services must be funded from a nationally-decreasing Public Health Grant – the value of which for each year has been notified for the next four years. This means that any decision on a part of the allocation of the Grant necessarily has an impact on other services. Currently Public Health Nursing services account for 41% of the total Public Health Grant, which indicates the importance of the financial implications of any decision for all the public health services provided to the local population.

---

[1] Royal College of Paediatrics and Child Health. *The State of Child Health*. London: RCPCH, February 2017.

2.7. Commissioning partners are committed to strong working arrangements both as a commissioning partnership for children, young people and families, and strategically as part of the Devon Children, Young People and Families Alliance. This is to ensure that partners are aligned in their intentions, as further work is done to develop a new strategy for children and young people's services, taking account of the work currently being done on a wider Devon, Plymouth and Torbay footprint as part of the development of the local NHS Sustainability and Transformation Plan.

3. Options

3.1. The options approved by Cabinet for consultation were:

Option 1:
To negotiate a 12-month interim contract for the provision of children's services to allow for a full procurement with a contract start date of 1st April 2019 and which incorporates 0-19 Public Health Nursing Services.

Option 2:
To proceed with the independent procurement of 0-19 Public Health Nursing services.

Option 3:
To transfer the 0-19 Public Health Nursing Service to Devon County Council from 1st April 2018, under the management of the Director of Public Health as the statutory Director, until such time as strategic discussions on the configuration of children's services have been completed and a decision made on future commissioning/provision arrangements.

4. Results of the consultation

4.1 The consultation ran from 19th January to 22nd February 2017. A questionnaire was made accessible via the Council's "Have Your Say" website (alternative formats were available on request) with background information provided, including the relevant Cabinet report, impact assessment, and risk assessment.

4.2 Before completing the questionnaire, participants were asked to read the background papers. Consultation information was promoted to staff and relevant bodies, via the "Have Your Say" website, including subscribers, via press release, and through direct contact. 396 responses were received by the closing date. The tables below provide the main headlines from the consultation, with the summary consultation report attached in Appendix 1 and the full report provided separately.

4.3 From the proposed options, respondents were asked which of the options they agreed or disagreed with:

	Agree	Disagree	Not sure
Option 1	**74%**	15%	11%
Option 2[2]	**44%**	37%	20%
Option 3	**16%**	75%	9%

[2] 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.

4.4 Respondents were asked to choose their preferred option:

	Preferred Option
Option 1	57%
Option 2	28%
Option 3	12%
Any of these	0%
None of these	3%

4.5 Respondents were asked whether any of the proposed options would impact on them:

	Yes	No	Not sure
Option 1	**42%**	35%	23%
Option 2	**53%**	18%	29%
Option 3	**66%**	13%	21%

4.6 The predominant concern for Public Health Nursing staff was around change to their jobs and their service. Change may be seen as a threat to current job roles, terms and conditions, and uncertainty affecting morale. Concerns were also expressed about potential impact upon the current integration of services, which was seen as a positive arrangement, although a few concerns were raised about potential impact of Public Health Nursing being affected by a "social care" model with some of the options. Further concerns were raised around potential for loss of funding if coming under the direct management of the local authority, and issues around governance were raised, particularly in relation to Option 3. Health professionals highlighted the uncertainty created around change and the potential for reduced or loss of integration of services, which could affect outcomes for children. Parents with children who responded were concerned about the change of service, potentially into a non-health service, and that the (integrated) level of support they currently received would be lost.

4.7 Public Health Nursing staff suggested the impact could be reduced by introducing stability into their work. They felt this could be achieved by remaining with their current employer, ensuring TUPE was in place, and having more clarity around the contracting arrangements and what the service was to provide. Continued integration was seen by some as important in maintaining stability, which was expressed in terms of integration, cross-working, and Integrated Children's Services. Others saw maintaining the service under a "health" provider, if not the NHS, as key. Health providers highlighted the importance of maintaining the integration of the services, and the public highlighted the value and importance of maintaining stability of the service by keeping the current Public Health Nursing provision.

4.8 Responses were received from Public Health Nursing (37%), members of the public with children (28%), health professionals (15%), amongst others. The majority of public respondents were between 20 and 64 years old (96%), and female (77%). 5% reported having a long-term illness or disability, with no comments appearing to highlight specific issues around specific characteristics.

5. Financial considerations

5.1 The Public Health Nursing Service is commissioned by Public Health Devon within the context of a diminishing local authority Public Health Grant. The current contract value per annum for the Public Health Nursing element is £11.8million. The Comprehensive Spending Review (CSR) 2015 announced a five-year annual reduction to the Public Health Grant received by local authorities of 3.9%. This reduction followed an in-year cut of 6.2% (£1,647,526) in 2014-15 which was Devon County Council's contribution to the national £200million in-year savings. The Public Health Grant is then subject to annual recurring reductions of approximately 2.5% per annum for 2017-18, 2018-19, 2019-20 and then remains at the same level in 2020-21 (0% uplift). All the reductions are recurring. This funding currently represents 41% of the total ring-fenced Public Health Grant for 2016-17 to Devon County Council from Public Health England.

5.2 As with other public health services commissioned by Public Health Devon, spend on the Public Health Nursing service will need to reduce from 2018-19 to enable the reductions in the Public Health Grant to be managed and still comply with Public Health England's funding conditions. Working with the current provider, Virgin Care Limited, we have already put in place mitigations during the lifetime of the contract, and there are efficiencies to be realised from the recent digitisation of Public Health Nursing records and the benefits of "total mobile" working.

5.3 Although in Option 2 a procurement for Public Health Nursing services would allow greater control over costs to the Public Health Grant, it is accepted that the cost implications for other partners due to the lack of procurement readiness are unknown if this option is chosen. In Option 1, it is anticipated that NEW Devon Clinical Commissioning Group would be the Lead Commissioner for the interim contract and Public Health Nursing services would be commissioned by them on our behalf through a Section 75 agreement. It should be recognised that negotiation will be required and depending on the outcome, this may have an implication for other public health-funded services in 2018-19.

5.4 Costs have been sought for option 3, based on the management, clinical governance, premises, information technology and other support costs if the service were to be transferred into the Council. However, these costs are our estimates only as all the actual costs have not been available and may not be a comprehensive assessment of all the costs that would be entailed by the Council. This "in-house" option is based on an understanding that the transfer-in of this service is not *ultra vires* for a Local Authority and the legal requirements that Local Authorities would need fulfil to provide clinical services. The minimum cost of running the service in-house is estimated at £11.9 million with additional one-off costs relating to the transfer-in of the service of £340,000.

6. Legal considerations

6.1 The service forms part of the Director of Public Health's responsibilities made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act.

6.2 We have not yet sought legal advice as to the ability of the Council to act as described in Option 3, nor its fitness to deliver a clinical service.

7. Environmental impact considerations

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

8. Equality considerations

8.1 Where relevant to the decision, the Equality Act 2010 Public Sector Equality Duty requires decision makers to give due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other prohibited conduct;
- advance equality by encouraging participation, removing disadvantage, taking account of disabilities and meeting people's needs; and
- foster good relations between people by tackling prejudice and promoting understanding.

8.2 In considering equality impacts we need to take into account age, disability, race/ethnicity (including Gypsies and Travellers), gender and gender identity, religion and belief, sexual orientation, pregnant women/ new and breastfeeding mothers, marriage/civil partnership status, in coming to a decision, a decision maker may also consider other relevant factors such as caring responsibilities, rural isolation or socio-economic disadvantage.

8.3 In progressing the proposed Options, an Impact Assessment has been prepared which has been circulated separately to Cabinet Members and also is available alongside this Report on the Council's website at:

https://new.devon.gov.uk/impact/phns0-19-april2018/

Members will need to consider the Impact Assessment for the purposes of this item.

8.4 No consequences for current and future service users have been identified as a result of the commissioning options under consideration. Regardless of the commissioning and procurement arrangements, the protected characteristics will be considered across all elements of the service to ensure that the service reduces harm in those in greatest need.

8.5 The guidance for service delivery is set by the National Institute of Clinical Excellence (NICE) and Public Health England (PHE). Equality Analysis has been carried out by the Department for Health on the 'Healthy Child Programme' through regulation:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493625/Service_specification_CG4_FINAL_19Jan2016.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410685/Equalities_analysis.pdf

9. Risk assessment considerations

9.1 This policy/proposal has been assessed and all necessary safeguards or action have been taken/included to safeguard the Council's position. The Council's template was followed for the Future Service Delivery Models Risk Identification and Assessment 0-19 Public Health Nursing Services.

9.2 The risk assessment has now been updated in the light of the consultation and information received in the consultation period from commissioners and providers. Option 2 still presents the least risk, although as a result of assessing the further information available and consultation feedback, the revised risk scores are as follows:

Option	Initial score	Revised score
Option 1	214	157
Option 2	141	153
Option 3	194	226

9.3 The corporate or community risk registers have been updated as appropriate.

10. Public Health Impact

10.1 The Joint Health and Wellbeing Strategy is a relevant document, drawing together priorities from the Joint Strategic Needs Assessment. This report, and related documents, emphasise the need for children to have the best start in life.

10.2 The prime purpose of the Public Health Grant is to ensure the delivery of the mandated elements of the grant as described in the statutory instrument, and the expectation of local authorities to deliver year-on-year improvements in the health of all children and young people through the delivery of an effective 0-19 Public Health Nursing service.

10.3 Formative years can have an impact on a young person and adult's later health and wellbeing, and this relates directly to other important health, social care, and wellbeing outcomes such as; physical health e.g. smoking, healthy weight, oral health, mental health and health inequalities, detection and prevention of child safeguarding risks, and reducing the risk of children going in to statutory care proceedings. These can have a life-long negative impact on individuals, their families, and others, and are the cause of significant costs to local authority social care.

11. Recommendation

11.1 Following the consultation, the risk assessment has been reviewed and the revised risk assessment has been taken into account when making this recommendation.

11.2 In response to the consultation, Option 1 is recommended to Cabinet because it would maintain the stability of the service for 2018-19, and it does not predetermine what the outcome of further work may bring. It should be noted, however, that from April 2019 onwards, the cost of service delivery will need to be affordable from the Public Health

Grant. Although Option 2 is the lowest risk to Public Health Devon, and would offer greater certainty over a longer time period, the length of time now available to Public Health Devon to procure the new service has weakened its ability to undertake sufficient market warming to attract a wide range of providers. Option 3 has been identified by respondents as least popular, as it provides less certainty, and from Devon County Council's cost estimates, it is likely to be the most expensive option.

11.3 Option 3 would also be a change in approach for Devon County Council in that it has increasingly moved to become a commissioner of services rather than providing them directly. Recent developments such as the creation of Libraries Unlimited and DYS SPACE illustrate Devon County Council's success in creating new commissioning and delivery models that move the Council away from direct service provision.

11.4 Based on the outcome of the consultation, the revised risk assessment and the importance of ensuring that our local services are commissioned in accordance with a shared strategic approach, it is recommended that Option 1 is approved. Although this is not the option which creates the greatest financial certainty for Public Health Devon, the continued benefits of working together with partners and maintaining a period of stability for a further 12 months will enable time to plan together with partners to best promote the health, wellbeing and safety of the children and young people of Devon.

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

Electoral Divisions: All

Cabinet Member for Improving Health & Wellbeing: Councillor Andrea Davis

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

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:
Becky Applewood, Public Health Specialist (Children, Young People and Families)
Public Health Directorate, Room 141, County Hall, Topsham Road, Exeter EX2 4QL
Tel No: 01392 383000

BACKGROUND PAPER	DATE	FILE REFERENCE

Impact Assessment: Public Health Nursing Service (0-19) – April 2018
https://new.devon.gov.uk/impact/phns0-19-april2018/

PHN – Re-procurement options risk assessment v10 180117
https://devoncc.sharepoint.com/sites/PublicDocs/Corporate/_layouts/15/guestaccess.aspx?docid=00eaf50dab2d44b58b69703a96a81b97b&authkey=Adj9ic125idbOKvB9CJDMYw

Consultation: Public Health Nursing
https://new.devon.gov.uk/haveyoursay/consultations/public-health-nursing/

Future service delivery models - risk identification and assessment template 260217
Public Health Nursing Consultation Report 230217

APPENDIX 1

0-19 Public Health Nursing consultation: summary of results

---

1. Background

This consultation considered the options for delivery of 0-19 Public Health Nursing in Devon. We are seeking to continue using the current National Specification for Public Health Nursing Services 0-19, so there should be little, if any, change to the service the public receives. However, we are looking at different options on how to do this and welcome views on these.

0-19 Public Health Nursing (health visitors, school nurses and the National Child Measurement Programme), needs a new contract as the current one ends in March 2018. The current service is part of the Integrated Children's Services contract. Legal requirements mean that the current contract cannot be extended, so a new contract needs to be put in place. We aim to maintain the service in line with reductions to the Public Health Grant by using new, more efficient technologies and through robust contract management.

0-19 Public Health Nursing is a mandated (legally required) service, paid for by the County Council, and is currently delivered by Virgin Care Limited.

We are considering the following options:

2. Options

Option 1 – Interim one-year contract

We would aim to negotiate a 12-month interim contract for the provision of children's services to allow for a full procurement of Integrated Children's Services, including 0-19 Public Health Nursing, to start April 2019.

Option 2 – Procurement of long-term contract

We would proceed with an independent procurement of 0-19 Public Health Nursing services.

Option 3 – Bring management of service in-house

We would transfer the 0-19 Public Health Nursing Services to Devon County Council from 1st April 2018, until strategic discussions on the configuration of Children's Services have been completed and a decision made on future commissioning/provision arrangements.

3. Consultation

This consultation was carried out to determine whether there may be any considerations around proposed methods of securing continued delivery, even though the service itself should not change.

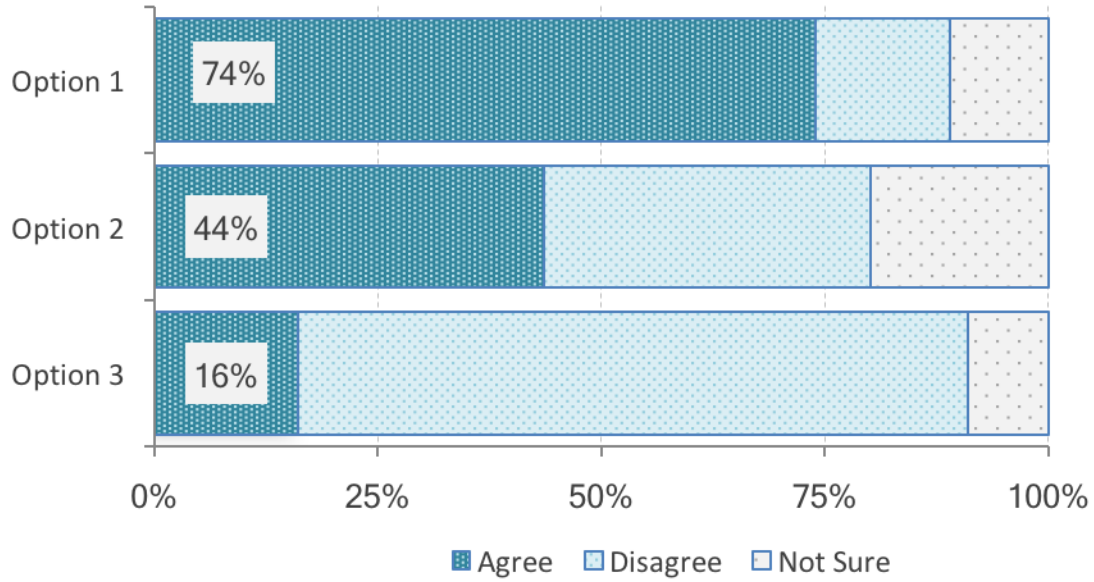
The consultation consisted of a questionnaire [Appendix B] accessible via the Council's "Have Your Say" website (alternative formats were available on request) with background information provided, including the relevant Cabinet Report, Impact Assessment, and Risk

Assessment. Before completing the questionnaire, participants were asked to read the background papers. Consultation information was promoted to staff and relevant bodies via the 'Have Your Say' website, including subscribers, via Press Release, and direct contact with key stakeholders. The Consultation ran from the 19 January to 22 February 2017.

396 responses were received by the closing date. The report below provides a summary of the consultation responses.

4. Consultation responses

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



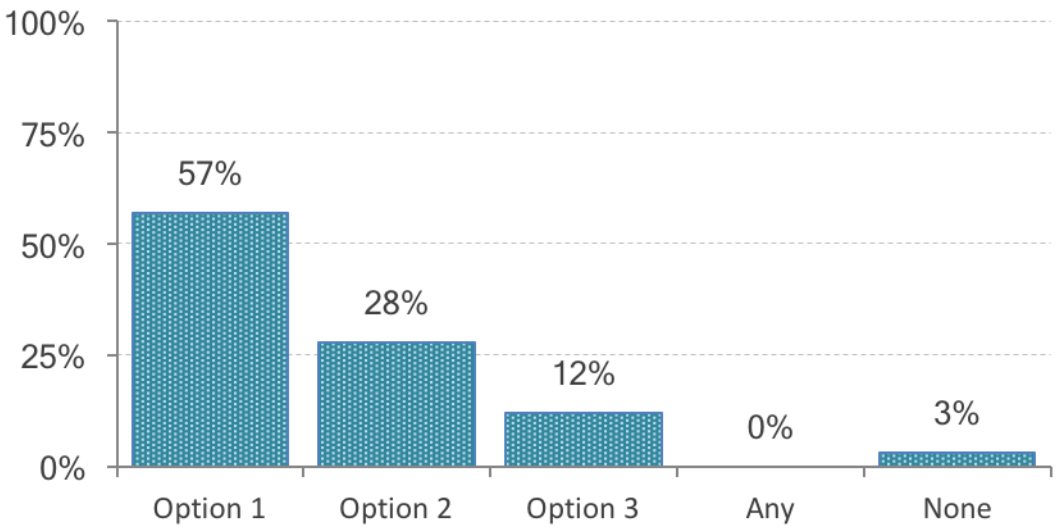
From the proposed options, Option 1, had the highest level of agreement (74%), whilst Option 3, had the lowest (16%).

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

From those who disagreed to all of the options, 29 provided comments, and some suggestions for alternatives. Suggestions fell under three main concepts: that Public Health Nursing should come under the NHS, remain with Virgin Care Limited, and at least remain part of Integrated Children's Services.

> *"That PHN is maintained under umbrella of ICS and diluted to a point whereby we have not continuity of care…"*
>
> *"NHS best to run services."*
>
> *"Stay with Virgin Care."*

Q3. Which is your preferred option?

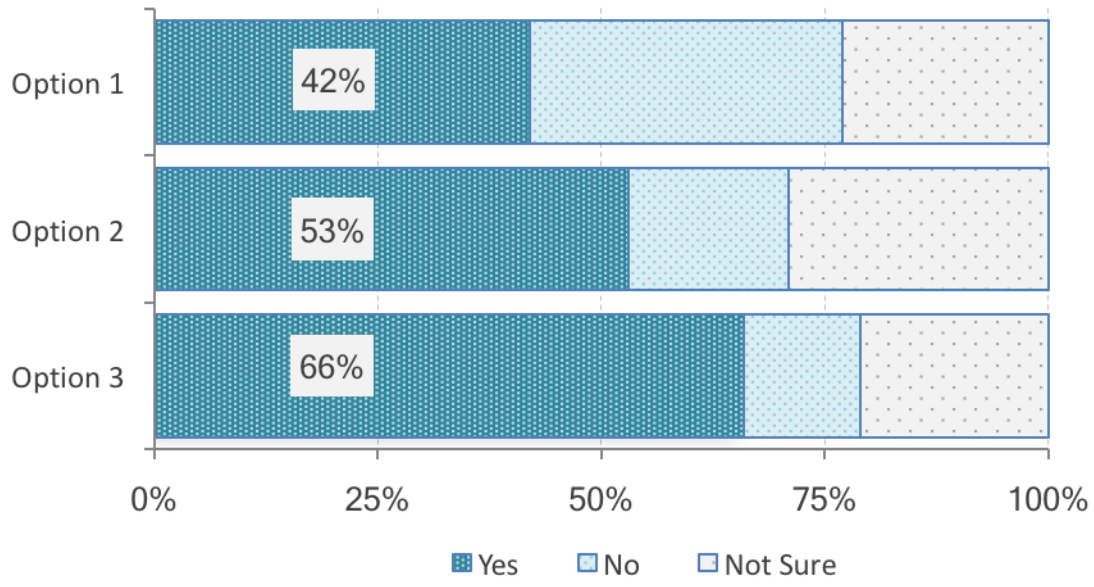


When asked which was their preferred option, Option 1 had the highest percentage (57%) selecting this option.

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

3% selected that they wouldn't prefer any of the options, 9 of whom provided comment. From those who selected "none of these" the suggestions were to either stay with Virgin Care Limited, or return services within the NHS.

Q5. Would the proposed options impact on you?



Option 1 was considered to impact least on respondents (42%), while Option 3 was considered to impact the most (66%).

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

Almost 200 hundred comments were received around what impacts the options may have on respondents. Almost half were from Public Health Nursing staff (48%), just over a fifth from members of the public with children (21%), and just under a fifth from health professionals 17%. The remainder came from other sources, including schools and the Children, Young People, and Families Alliance (comments in the Public Health Nursing Consultation Report, Appendix A). Specific additional responses were provided by NEW Devon Clinical Commissioning Group (NEW Devon CCG – Appendix C), and Virgin Care Limited (VCL – Appendix D).

The predominant concern for Public Health Nursing staff was around change to their jobs and service. Change may be seen as a threat to current job roles, terms and conditions, and uncertainty affecting morale. NEW CCG also highlighted that the Risk Assessment could be improved in highlighting this.

> *"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."*

> *"Currently working for Virgin Care, so would result in change to employer and potentially terms and conditions of employment."*

Concerns were also expressed about potential impact upon the current integration of services, which was seen as positive, though a few concerns were raised about potential impact of Public Health Nursing being affected by a "social care model" with some options. Fundamentally, it appeared that integration was seen as highly important, that there appeared to be risks around moving from a single integrated contract to integration through separate contracts, however, integration should not necessarily mean assimilation. Whichever option chosen would have to integrate with the (draft) Children's Services Delivery Plan, that many respondents, both public and professional, felt there were risks involved in not having one Integrated Children's Services contract.

Further concerns were raised around potential for loss of funding if coming under the local authority, and issues around governance raised, particularly in relation to Option 3. It was recognised that there was a risk with any change of service, especially any change in leadership. A number of comments were made about the current Virgin Care Limited contract. Overall these comments supported that the positive changes already made should continue.

Health professionals highlighted the uncertainty created around change and the potential for reduced or loss of integration of services which could affect outcomes for children.

> *"Organisational change out of ICS would lead to fragmentation of children's services making joined up working challenging for clinicians and service users."*

Parents with children who responded were concerned about the change of service, potentially into a non-health service, and that the, integrated, level of support they currently received would be lost.

> *"I have had involvement with the service regarding my child and I am worried that moving the service will impact negative changes."*

Other responses reflected those above, particularly around the risks of change, the uncertainty it produced, and an overall positive view of current arrangements. There were

substantial concerns around change and level of service, with some additional concern that funding would be reduced further, especially if brought into direct control of the Council. There appeared to be some confusion around the fact that Public Health Nursing is currently commissioned by Devon County Council, and that whether Option 1 or 2 was chosen a given provider would be guaranteed – the notion that this could ensure that services remained with Virgin Care Limited as an integrated solution appeared to be a key consideration for some respondents. Concerns were raised about Option 3, particularly as DCC is not currently in a position to provide relevant governance around health services.

Q7. How could we reduce the impact?

Around half of the responses on reducing impact came from Public Health Nursing staff (49%), around a fifth from members of the public with children (21%), and over a tenth from health providers (14%).

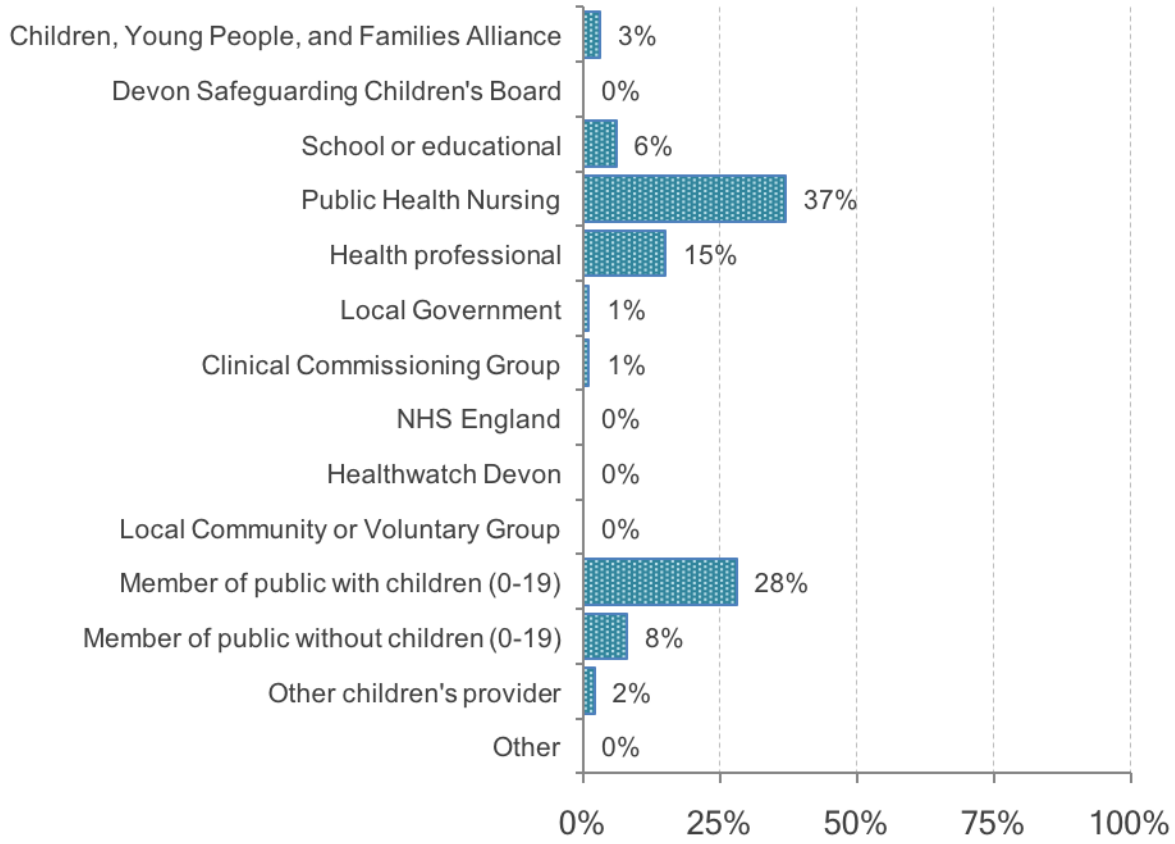
Public health nursing staff suggested the impact could be reduced by introducing stability into their work. They felt this could be achieved by remaining their current employer, ensuring TUPE was in place, and having clarity around contracting and what the service was to provide. Continued integration was seen by some as important in maintaining stability, which was expressed in terms of integration, cross-working, and Integrated Children's Services. Others saw maintaining the service under a "health" provider, if not the NHS, as key.

> *"Stability needed. - Staff morale eroded with each change. Uncertainty about ability to deliver services in the future. - More information on impact on terms and conditions of employment."*
>
> *"Local authority should still out source public health to its known providers to reduce the impact on budgets…"*
>
> *"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…"*

Health providers highlighted the importance of maintaining the integration of the services, and the public highlighted the value and importance of maintaining stability of the service by keeping the current Public Health Nursing provision.

Q8. Which of the following best describes you?

The majority of responses were received from Public Health Nursing (37%), members of the public with children (28%), and health professionals (15%).



Respondents

The majority of public respondents were between 20 and 64 years old (96%), and female (77%). 5% reported having a long-term illness or disability, with no comments appearing to highlight specific issues around characteristics. Specific comments around the Impact Assessment were made by NEW CCG (Appendix D).

Impact and Risk Assessment additional considerations

The NEW Devon Clinical Commissioning Group suggested that the scoring in the Risk Assessment was “excessive”. Virgin Care Limited questioned scoring Option 1 as the highest risk, and that there were heightened cost risks with Option 2. A few commented, including GPs and other health professionals, that the impact on partners may not have been fully evident.

A summary is provided in the Cabinet report above and the detail is in the accompanying ***Public Health Nursing Consultation Report*** with full responses in the appendices.