

Children's Scrutiny Committee and Health and Adult
Care Scrutiny Committee

Public Health Nursing Spotlight Review

February 2018

1. Recommendations

The Spotlight Review recommends that the Cabinet adopt the principles that the review group has outlined below in order to inform their decision on the future delivery model for Public Health Nursing.

Principles that Service Delivery should uphold

1. Improve outcomes and life chances for children.

Any change to the delivery model must ensure that children are at the centre of decision making and that decisions lead to improved outcomes for children and families.

2. Strong governance and leadership

- Robust framework of governance in place to deliver
- Ensure Cabinet safeguards the legal position of the local authority.

3. Support frontline staff

It is imperative that the service can attract and retain a high quality public health nursing workforce. Staff are valued and supported to maintain the necessary skills and professional registration as public health nurses.

4. Work collaboratively across the whole system

Upholding the principles of integration and a commitment to working on shared goals regardless of who provides services, enabling a more resilient response to future challenges.

5. Enabling IT systems

Workable, simple systems that are focussed on front line solutions and compatible where needed.

6. Champion Devon as an exemplar

Working with universities and training institutions to help develop staff for the needs of tomorrow whilst celebrating the professional pride felt by staff.

The spotlight review group also undertook the commitment to undertake follow up work in this area to ensure that these principles are upheld.

2. Considerations

- 2.1 The spotlight review met on the 24th January 2018 to review progress in developing options for Cabinet. This builds upon the work undertaken by the 'People's scrutiny committee' in March 2017 when the public health nursing contract was reviewed in a scrutiny spotlight review. The focus of this short revisit was to contribute to the decision that Cabinet will be taking in Feb 2018 on the future delivery model for the service.
- 2.2 The Spotlight review heard that in October last year Cabinet agreed to undertake an options appraisal on how the service could be delivered from April 2019 onwards. The Spotlight review strongly agreed that in looking at the current situation the overarching aim of the group was to achieve outstanding outcomes for children. These options are summarised in the table below. Within each of the categories two options are considered:

1. Procurement of the Public Health Nursing Service	
1a: Open procedure with one contract	1b: Procure a joint venture delivery vehicle

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

- 2.3 The spotlight review heard that there are some parameters that will be consistent regardless of how the service is structured and delivered. These are:
- The specification for the Public Health Nursing Service is based upon the national template 0-19 Healthy Child Programme.
 - The budget (£10million per annum) for the service will not alter.
 - While identification of core staff who will be eligible for TUPE will be relatively straightforward there may be some difficulties in identifying staff that support more than one of the service lines within the current contract. This could delay finalisation of the TUPE information being made available from the current incumbent.
- 2.4 In considering the options the spotlight review was informed that option 1B be highly unlikely to be a viable option given the timeframe. In this option a procurement exercise would take place with an expectation of a joint venture being developed through collaborative working in the private sector. The complexities of making this model work and the due process to ensure the right outcomes would realistically require a longer time frame. The spotlight review heard that all the other options are considered deliverable against the timescale and available budget.
- 2.5 The spotlight review was particularly interested in the results of the consultation which has been undertaken. The questions and information given in the consultation is included in its entirety in Appendix 1. The public consultation was on the 'Have Your Say' website from 6th December 2017 – 15th January 2018. A total of 135 responses split with roughly half being members of the public, and half being from different staff groups.

2.6 There were 4 key areas where concerns were shared:

- Workforce - with the need to safeguard terms and conditions and NHS pensions and also to have some recognition of the identity of the work force e.g. being NHS nurses was seen as important.
- System alignment – good working relationships and information sharing. There have been some challenges with IT and data accessibility.
- Service offer – must be a universal offer. There should be a health focus regardless of model.
- Clinical Governance – making sure that leadership and terms and conditions were in place.

2.7 The spotlight review heard that the current provider has achieved some of the things that it set out to do but that a reduction in budget has made the situation difficult. In 2018/19 the budget reductions of £1.86million will lead to approximately 30 FTE fewer staff. Performance levels have been good, however the practice on day to day basis is being challenged as staff numbers reduce. There is a structured approach to ensure that the current contract is meeting its requirements, this includes:

- Contract Review Meetings, quality markers and performance
- Quality subgroup – doing deep dives into compliments and complaints.
- Regular feedback with parents

2.8 It was reported that some staff are worried about change. However, the current arrangements are seen as challenging. The hub based model has had some implementation difficulties. There have been significant IT challenges for example health visitors still have to access 4 or 5 data recording systems. Whatever decision is made, we will need to ensure that better IT systems are in place.

2.9 The spotlight review heard that 14 local authorities have brought public health nursing in-house for a mixture of reasons including non-provision where providers have not been able to meet the reduction in grant. This option would pose a risk but the authority has experience in successfully leading staff through complicated change processes. Whichever option is determined by cabinet the development of service delivery should be informed by children and young people and their families.

3. Conclusion

This spotlight review has taken a snapshot view of the process that the Council is taking to make a decision on the future of how Public Health Nursing is delivered across Devon. The spotlight review took information from officers from Devon County Council as well as the NHS and was informed by the results of the recent consultation undertaken by public health.

The intention was not to comment on the options for the future but to consider the principles that any future service must uphold.

4. Sources of evidence

Witnesses

The Task Group heard testimony from several sources and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

In attendance	Role	Organisation
Steve Brown	Assistant Director of Public Health	DCC
Jo Olsson	Chief Officer for Children's Services	DCC
Fiona Fleming	Head of Commissioning Children's Services	DCC
Jon Richards	Senior Commissioning Officer, Public Health	DCC
Val Smith	Senior Commissioning Manager Early Years	DCC
Sharon Matson,	Head of Commissioning for Children and Young People	NEW Devon CCG and South Devon and Torbay CCG

Written material considered

- 0-19 Public Health Nursing Service – Looking to the future Consultation: Key Themes document produced by public health
- Future provision of the 0-19 Public Health Nursing Services for Devon for April 2019 Service delivery model options.
- Previous task group report
<http://democracy.devon.gov.uk/documents/s6679/CS%2017%2011.pdf>
- Virgin Care draft response to the 0-19 Public Health Nursing Service – looking to the future consultation
- Letter to chairman of the Spotlight review from Virgin Care dated 19 January 2018
Re: Future of Public Health Nursing in Devon

5. Spotlight Review Membership

The Task Group review was chaired by Councillor Debo Sellis and membership of the Spotlight Review was as follows: Councillors Hellyer, Squires and Wright

6. Contact

For all enquiries about this report or its contents please contact

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Appendix 1: Consultation paper

0-19 Public Health Nursing Service – looking to the future

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. The 0-19 Public Health Nursing Service (PHNS) has a key role in this as its main purpose is to contribute to the improvement in the health and wellbeing that support all children and young people, to keep them and their families safe, and reduce health related risks across the life-course. This is achieved through delivery of universal public health assessments and undertaking public health interventions designed to offer prevention and support for 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.

The 0-19 Public Health Nursing Service is a mandated (legally-required) service directly funded by the Public Health Grant, which the local authority receives from the Department of Health and forms part of the Director of Public Health's statutory responsibilities. It comprises of the following 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

During the summer of 2017 Devon County Council, together with Devon's Clinical Commissioning Groups (CCGs), consulted a wide range of people on Community Health and Wellbeing Services for Children and Young people in Devon. One of the main themes from the summer consultation was around working better together as one system. Devon County Council Cabinet took the decision in October 2017 to undertake an options appraisal for the future provision of the 0-19 Public Health Nursing, Portage and ROVIC services from April 2019 onwards. This decision resulted in the removal of these services from the Clinical Commissioning Group led re-procurement of Community Health and Wellbeing Services for Children and Young People.

The government's intention in transferring the responsibility for Public Health Nursing Services to the local authority was to ensure that local authorities could better align their social and health care responsibilities for children, young people and families. Devon County Council is committed to ensuring that services for children and young people are joined up.

In considering the future provision of the 0-19 Public Health Nursing Service a set of strategic objectives has been devised. The objectives have been devised with the necessity of ensuring the delivery of a clinically safe, high quality, effective service, with the aim of ensuring better alignment of Children Services, including Early Years and education including Portage.

Strategic Objectives:

1. To ensure Devon residents have open access to a high quality 0-19 Public Health Nursing Service (PHNS):

services are compliant with national clinically recognised standards.

there are clear mechanisms for quality assurance.

governance processes are robust/fit for purpose.

2. To ensure Devon has an effective Healthy Child Programme and an integrated system, in which all service providers, commissioners and stakeholders work collaboratively to ensure services are evidence based and promote positive child health for its population and improve children and young people's health outcomes.

3. To ensure that the process for the re-provision of the PHNS does not adversely affect service quality and access.

4. To ensure the PHNS is capable of delivering the outcomes detailed within the service specification within the available DCC Public Health Grant allocation.

5. To ensure that the service delivery model aligns with the strategic vision for the Local Authority (Best Start in Life).

6. To ensure that the PHNS is agile and responsive so it is capable of flexing and adapting to changing future needs. This includes the ability to react quickly and adopt new, more efficient ways of working effectively in a timely manner such that best value for money is achieved on an ongoing basis, whilst continuing to drive up quality.

1. Do you think we have got the 6 strategic objectives for the 0-19 Public Health Nursing Service, right?

Yes

No

2. If not, what else should we be considering?

Alignment of services 0-19 Public Health Nursing, Education and Social Care services

As Devon County Council is a lead organisation in children and young people's health and wellbeing we are looking at ways we can better align our own services for children, enabling us to help and support children and young people have the best start in life.

3. We are committed to delivering closer alignment between public health, education and social care services. How might we best achieve this?

Service Delivery Models

The mechanism to deliver our strategic objectives needs careful consideration, so that we have the right operational model for 0-19 Public Health Nursing to enable delivery of our strategic objectives. Virgin Care Ltd currently provides the 0-19 Public Health Nursing Service and the contract for this service ceases on the 31st

March 2019.

A number of different service delivery models are currently being considered for April 2019 onwards. Once a preferred option has been agreed further detailed work will be undertaken, including stakeholder engagement.

The following service delivery models are currently being considered:

Options
Brief description

1a Procurement of the PHNS

The PHNS would be specified and procured as a standalone service, whilst recognising the landscape of children's services and indicating links and pathways to ensure an integrated system from a user's perspective. The contract awarded would be a DCC Public Health contract.

1b Procurement of a Joint Venture delivery vehicle

This option considers an approach of procuring a joint venture delivery vehicle whereby DCC will work with another organisation to deliver the PHNS which may be from the public sector or the private sector.

2a DCC direct delivery of the PHNS ('In House')

This option considers an approach bringing the management, delivery and employment for the PHNS service directly within the remit of DCC.

2b DCC direct delivery of the PHNS through a wholly owned Special Purpose Vehicle

This option considers an approach of not procuring a PHNS but establishing a Special Purpose Vehicle (SPV), from which the PHNS will operate.

[\(Please look at the further information on the models including key strengths and weaknesses\)](#)

4. Which of the proposed service delivery models do you think best supports our strategic objectives?

- Procurement of the PHNS
- Procurement of a Joint Venture delivery vehicle
- DCC direct delivery of the PHNS ('In House')
- DCC direct delivery of the PHNS through a wholly owned Special Purpose Vehicle

5. Please state a reason for your choice:

6. At this stage, do you think any of the suggested delivery models could have an impact on you?

- Yes
- No

If 'yes', what impact?

7. If a negative impact how can we reduce the impact on you?

8. Any further comments you wish to make?

9. Who are you representing?

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