

DERBYSHIRE COUNTY COUNCIL

CABINET

26 July 2018

Report of the Director of Public Health

A New Approach to Public Health Nursing and Achieving Population Health and Wellbeing Outcomes in 0-19 Year Olds across Derbyshire

1. Purpose of the report:

To seek Cabinet approval to endorse an enterprising approach in providing key public health services for the 0-19 age group and their families, including; Health Visiting and School Nursing as well as statutory functions including the National Child Measurement Programme (NCMP).

To seek Cabinet approval to achieve an integrated provider offer through integration of the current provision which is delivered by the County Council and Derbyshire Community Health Services NHS Foundation Trust (DCHS NHS-FT). This is subject to a public consultation around integrated provider arrangements underpinned by a partnership agreement between the Council and DCHS NHS-FT, whether by way of a Section 75 (S75) Agreement¹ or any other appropriate basis for such a partnership arrangement.

2. Information and analysis:

2.1 Background and Context

The current services in scope for integration are a mix of in-house Council services (Early Help and Live Life Better Derbyshire Public Health Lifestyle Services) and externally commissioned services provided by DCHS NHSFT (The Public Health Nursing Service – Health Visiting and Public Health School Nursing and NCMP), with the potential to expand on this agreement to include other externally commissioned services. Since 2013 and the transfer of Public Health responsibilities to the Council, there has been considerable joint work between the County Council and health services and more recently through the development of a whole system approach to commissioning and provision of services through ‘Joined-Up Care Derbyshire’ (STP) and the bringing in-house of the public health lifestyle services. These developments have laid the foundations for better system integration of commissioning and delivery of public health preventative services with the Council’s own public health, prevention and early help services for children and families. The recommendations in this report will help the Council and its partners work together to improve the health and wellbeing of 0-19 age groups and their families and address the challenges that currently result in poorer outcomes for some children and young people.

¹ Section 75 of National Health Service Act 2006
<http://www.legislation.gov.uk/ukpga/2006/41/section/75>

2.2 Supporting Evidence Base for the Importance of Early Intervention

There is a strong evidence base which demonstrates that effective early intervention is a cost effective approach and events that occur in early life affect health, wellbeing and outcomes in later life and children's life chances are most heavily predicated on their development in the first five years of life. This is also evidenced in the Report "The first 1000 days of life"². Effective early intervention is better delivered through an evidence based, single, coordinated approach focused on providing a continuum of support with a single set of outcomes.

Every child deserves the best possible start in life and Public Health Nurses play an essential role in helping families achieve this. By working with families from the crucial early days, Public Health Nursing can have a profound impact on the lifelong health and wellbeing of children, young people and their families. Public Health Nurses also lead the delivery of the Healthy Child Programme (HCP)³ in partnership with other health and social care colleagues.

Public Health Nurses are ideally placed within the local community to identify and address local need. With their close working relationship with families and communities, they can signpost to services that empower parents to express their needs, and can provide a range of support depends on individual circumstance, such as referral onto specialist services, support in access community services, or providing ongoing support for families with additional needs.

The HCP is the universal public health programme that is available to all children, young people and families. It promotes an approach to delivery of services that requires Public Health Nurses to work in partnership with other agencies to support the health and development of children, young people and families, and live a healthy life and maximise their potential.

As an early intervention and prevention programme, the universal reach of the Healthy Child Programme offers an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The HCP offers every family a programme of screening tests, promotion of immunisations, developmental reviews, and information and guidance to support responsive parenting and healthy choices, that is accessible from pregnancy. Pregnancy, birth and the first two years can be a chance to affect great change in parents as it can be a "window of opportunity" when parents are especially receptive to offers of advice and support.

² Leadsom A., Field F., Burstow P and Lucas C. (2013) The 1001 Critical Days: the Importance of the Conception to Age Two Period. [online at:
http://www.1001criticaldays.co.uk/UserFiles/files/1001_days_jan28_15_final.pdf]

³ Shribman S and Billingham K. (2009) "The healthy Child Programme, Pregnancy and the First five years of life", Department of Health
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. These early years have a lifelong effect on health and wellbeing, educational achievement and economic status.

Successive academic and economic reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years⁴.

Marmot, and the Chief Medical Officer, recognised the importance of building on early years support, and sustaining this across the life course for school-aged children and young people, using targeted support to improve outcomes and reduce inequalities.

2.3 Current Situation and Service Information:

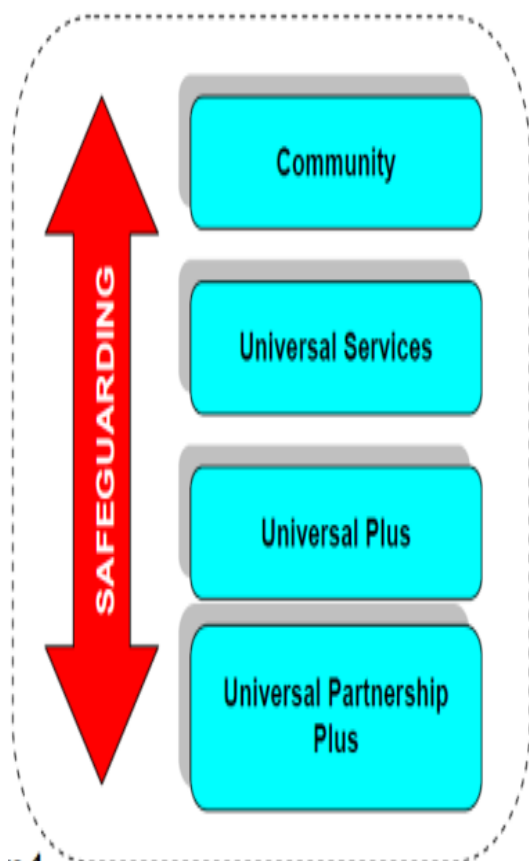
The Healthy Child Programme/Public Health Nursing Services in Derbyshire

The Public Health Nursing Service (Health Visitors and Public Health School Nurses, who lead The Healthy Child Programme) delivers key mandated public health functions, (5 Universal Health Reviews for 0-5s and the NCMP), in addition to other non-mandated elements of public health services. These services are funded through the Public Health Ring-fenced Grant and as such are subject to the conditions of the grant.

In its current format, the 'The Public Health Nursing Service' (Health Visitors and Public Health School Nurses) is commissioned by the County Council's Public Health Department to lead on the delivery of the Healthy Child Programme, and is provided by DCHS NHSFT. The service is delivered in accordance with the national programme design (The Healthy Child Programme) for Health Visiting and School Nursing services for 0-19 years, which is described as the '4-5-6 approach' (appendix).

The '4-5-6' approach describes the scope of Public Health Nursing - there are 4 levels of intervention, (Figure 1), describing the continuum of support that children, young people and families in Derbyshire can expect to receive. Safeguarding is cross cutting throughout. There are 5 universal reviews (mandated for health visiting services) to be delivered and in order to evidence and measure outcomes to commissioners, 6 high impact areas.

⁴ The Marmot Review, (2010). Fair Society, Healthy Lives. London: The Marmot Review [online at: http://www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE]



The four levels of intervention

COMMUNITY: Families self-support, access community & voluntary sector provision,

UNIVERSAL SERVICES: Promoting good health & wellbeing e.g. through education, **Developmental checks reviews, prevention and early identification of problems.** Activities include information surrounding the transition to parenthood, breastfeeding, prevention of minor injuries and managing minor ailments, maternal emotional health and wellbeing and healthy weights

UNIVERSAL PLUS: **Swift response when specific expert help is required** e.g. short-term and time limited interventions and early advice health related needs, for example: breastfeeding and infant feeding, communication, toilet training, home safety/injury prevention, harm reduction, school attendance and sexual health

UNIVERSAL PARTNERSHIP PLUS: Ongoing multi-agency support to deal with more complex problems over a longer period of time e.g. disability and statutory safeguarding duties.

Figure 1. Healthy Child Programme - 4 Levels of Service delivered in Derbyshire

Service delivery includes the 5 mandated universal health reviews conducted by health visitors. The overarching aim is for service delivery to achieve the 6 High Impact Areas as defined by the National Healthy Child programme, (appendix):

- Transition to parenthood and early weeks (e.g. parenting and attachment)
- Maternal mental health (pre and post-natal mental health)
- Breastfeeding (initiation and duration)
- Healthy weight
- Managing minor illness and reducing accidents
- Healthy 2 year olds and getting ready for school (e.g. physical, learning social and emotional development).

The Five mandated reviews for the 0-5s include:

- Antenatal Motivational Interview
- New Birth Review (undertaken between 10-14 days of birth)
- 6-8 week Assessment
- 1 Year Review
- 2-2.5 Years Review

The school nursing service contributes to the 4, 5, and 6 model by providing a number of health reviews and screening including:

- School entry review
- Year 6 review

- Hearing and Vision screening
- Coordination and delivery of the mandated National Childhood Measurement Programme (NCMP - weighing and measuring children at Reception (4-5) and Year 6 (10-11)) in line with national guidance
- Health Promotion support to schools on smoking prevention
- Delivery of a Healthy Schools Communities approach, including pupil support to schools,
- Enhanced Drop-in Clinic provision
- Non-clinical provision within Special Schools
- Support to electively home educated

2.4 Current Performance and Outcomes

The current Provider performance across the 5 mandated reviews is excellent, with high standards for population coverage across Derbyshire. Delivery of the 5 mandated reviews is significantly above both regional and national average, with excellent NCMP coverage noted. Unlike the rest of the mandated reviews, the Antenatal Promotional Interview is not measured due to the national difficulty in effectively establishing the denominator. However, the Provider has worked collaboratively with the Council to establish a calculation to allow the antenatal visit to be effectively reported and monitored. In addition to the mandated reviews, the Provider also strives to provide a high quality service to children, young people and families across Derbyshire which can be evidenced in their outstanding UNICEF Baby Friendly Initiative Accreditation (Level 3) and their commitment to maintain this by going for the new “Gold” award in July 2019, which consolidates and protects the work that has gone into accreditation, and is a recognition that the service is not only implementing Baby Friendly Initiative standards, but that they also have the leadership, culture and systems in place to maintain this over the long term.

The Provider was also assessed by the Care Quality Commission in September 2016 and the community and young people’s services was assessed as good. CQC stated that there *“were arrangements in place to minimise and mitigate the risks to children and young people receiving care and to staff working alone in the community”*. CQC also found that *“Services were effective, evidence based and focussed on the needs of children and young people”* and that they saw *“examples of good multidisciplinary work”*. The CQC also found that the service was *“responsive to needs of children and families. Effective multidisciplinary team working, including external partners, ensured children and young people were provided with care that met their needs, at the right time without avoidable delay”*.

2.5 Current Commissioning Arrangements and Timelines

The current Public Health Nursing Service contract was awarded to DCHS NHSFT in March 2015 for a period of 3 years, with the option to extend for an additional year. The contract ends 30th September 2019. Permission to procure was approved by Cabinet on 11th January 2018. The early, pre-tender stages have commenced for a planned procurement of a provider for 0-19 Public Health Nursing Services via a standard commissioning and procurement route.

2.5.1 Future Planning

This paper proposes to cease the procurement process with immediate effect (subject to call-in period) and commence a stakeholder consultation process on a S75 approach to integration to commence by end of October 2018 for 42 days.

2.6 Local Drivers for Change and Innovation

The development of a S75 partnership approach to enable the move forward on an integrated prevention and early help offer for 0 -19 year olds is a part of a wider programme of review and transformation to improve outcomes for children and families in Derbyshire.

It is set against the following backdrop:

- Recent reviews of Derbyshire County Council's services for 0-5s (2.6.1 below)
- A reduction over the last 4 years in the number of Children's Centre services and activities available for children, young people and families due to funding constraints. This has resulted in an increasing need to focus Children's Services resources on highly targeted activities rather than universal, open access, activities
- Derbyshire Childrens Service Early Help Offer is currently under review. Consultation with the workforce, stakeholders and the public is taking place during June – September 2018. It is proposed that consultation feedback, new national policy (Keeping children Safe in Education 2018 & Working together to Safeguard Children 2018) and the funding envelope will inform the new Early Help Offer to be implemented in September 2019. As funding is reduced it is likely to lead to a reduction in the Local Authority Early Help Service.
- Our proposals are to :
 - Increase community and family resilience, to enable families to gain support from their local communities.
 - Support partners to enhance their early help offer and provide support when needs are initially identified.
 - Deliver targeted evidence based interventions for children and families, where they have entrenched need and at risk of escalating into social care thresholds
- Derbyshire Childrens Services are working with health partners to develop joint approaches to Early Help. The Health Partners Stakeholder Group has been the vehicle for this work. They are remodelling systems around Early Help, with a focus on parenting, emotional and mental health and behaviour, and report to Derbyshire Safeguarding Children Board and the Childrens STP Board. A new Health Early intervention pathway has been developed. The intention is to use this model to work with partners in Education.
- The bringing in-house to the Council 'Live Life Better Derbyshire' Public Health Lifestyles Services and further opportunities to develop the health improvement and health promotion service offer and provision in more local settings, community facilities and across all ages
- Reduction in the ring-fenced Public Health Grant in 2019
- A greater emphasis on ensuring services and activities have a strong evidence base and deliver value for money that is measurable in terms of positive change in the lives of children, young people and families

- The need to consider the totality of system resources, including shared public sector estate and the use of its combined assets to deliver integrated services resulting in people focused services and innovative working practices for staff.

2.6.1 Links to recent reviews of Derbyshire County Council's services for 0-5s

On 28th April 2018, Cabinet received a report on the review of Derbyshire County Council's services for 0-5s. The review made two main recommendations to Cabinet:

- (i) To deliver services holistically and locally through local family centres;
- (ii) To develop an integrated service model

The report also provided a number of options to consider to enable an integrated approach:

1. Virtual integration – building better partnership working
2. In-sourcing – bringing in externally provided workforce
3. Commissioned solution – e.g. integrated offer through external provider or group of providers
4. Joint venture – use Section 75 agreement to enable unified management structure and pooled resource

2.6.2 Preferred Option

This report recommends that Option 4 be pursued, as the most sustainable and enterprising solution.

Building on existing organisational, policy, partnership and delivery arrangements with commissioning and provider organisations would be the least disruptive option in terms of organisational change, allowing the Council and DCHS NHSFT to continue using existing mechanisms to promote better integration of services and care across public health and children's services and public health services.

Further advantages and benefits are:

- Builds on the very successful service we have at present, one of the best performing county areas in the country against the PHE Best Start in Life indicator set
- Current excellent performance doesn't drop as a consequence of procurement
- Stability maintained for existing provision and supports existing pathways
- Opportunities for more development, innovation and alignment with Council and NHS services, including moving to a system budget, starting initially with PH investment but with the opportunity to build in Children's Services and where relevant potentially relevant CCG commissioned services, (subject to further development and negotiation. This would substantially increase partnership working opportunities as a system, without the commissioner/provider split and gain efficiencies of scale from the approach
- Significant opportunity/cost benefit in freeing up commissioner and provider staff time from the procurement process
- Would create greater transparency in activity and outcome against investment and allow greater flexibility and responsiveness

- Would enable the Council and partners to work together in a cohesive fashion to manage future turbulence within the system and enact savings at a faster pace if necessary
- Would enable the services in scope to develop an integrated “hub and spoke” model at a faster pace and start earlier than if it was commissioned in contract form from Oct 2019
- Supports local system principles of Joined UP Care Derbyshire (STP)

Potential Constraints

It is envisaged that the development of a S75 partnership agreement may have the following potential constraints:

- The approach does not help stimulate the wider market, nor give the market the opportunity to respond to service specification and generate competition/innovation
- The span of the Council's control as formal commissioner may reduce a little, however the benefits include improved partnership working
- The approach may generate some challenge from the market. However, powers provided to local authorities and the NHS under the NHS Act 2006 supports the development of S75 agreements.

2.7 Insight

From previous engagement with Derbyshire families (included in the Review of 0-5 services) feedback from some parents and families in the 'Thriving Communities' programme indicates support for more joined up community approaches - Table 1:

Table 1

Feedback from Thriving Communities What matters to people? Views of parents/families
<ul style="list-style-type: none"> • Help is local and familiar • Having positive support networks • Services are connected so that if people don't meet thresholds they can still be supported • To be treated within the context of community, family and networks • Flexible services • Children's opportunities and education

Source: Reshaping the 0-5s pathways in Derbyshire Report of findings of review, November 2017 to March 2018

Formal consultation with the public and wider stakeholders will be undertaken on the proposed development of a S75 agreement between the Council and DCHS NHSFT.

2.8 Similar Local Authority Approaches

A number of councils have now entered into S75 partnership arrangements for Public Health Nursing Services and Prevention Services, including: Southampton; Croydon; Northumbria, Tower Hamlets and Brighton & Hove councils, who have these arrangements in place with local NHS partners. For example:

- Southampton City Council has implemented a Section 75 joint venture integrated model: it is starting small, but hoping to grow to include Early Years, SEND, and CAMHS. It is closely aligned with midwifery; looking at a

hub and spoke model; have recruited a single manager for integrated services, with 3 locality managers below, managing both NHS and LA staff.

2.9 Links to County Council Services

Entering into a formal partnership arrangement through a S75 agreement will enable the further development of prevention and early help services, including those delivered and managed in house by Public Health, Children's Services and those currently commissioned from Public Health and delivered by DCHS NHS-FT

This includes opportunities for the Council's 'Live Life Better Derbyshire Service' to expand and adopt the mandatory responsibilities for the NCMP and develop the current approach to an enhanced health promotion offer to families. Similarly the existing public health nursing health promotion service offer to schools could be enhanced and delivered by 'LLBD'.

The Children's Services Early Help offer can be further developed with the voluntary and community sector in relation to adapting the support and empowerment model for supporting families through the local early help offer.

The use of existing Council estate can also be maximised for integrated delivery in the community, including links to the development of community wellness approaches and the use of planned 'hub and spoke' delivery models in local communities.

2.10 Expanding the scope of the Section 75

The learning taken from the proposed S75 agreement and the services in scope may inform future development and decisions on the direction of other commissioned services with partners, whilst safeguarding local authority investment and the terms of the public health ring-fenced grant.

3. Financial considerations:

The overall aim will be to realign savings from both the current service contract value and future budget arrangement that will be re-invested to support and broaden both the Children's Services Early Help and Public Health Improvement offer.

It should be noted that the development of Section 75 Agreements does not constitute a delegation of statutory responsibilities for this Service and the Council must continue to ensure that the relevant regulatory requirements relating to the funding stream is met and consider the regulatory impact of decisions made. This is applicable to the conditions attached to the use of the ring-fenced Public Health Grant.

4. Legal considerations:

A Section 75 agreement is a legal agreement between a local authority and an NHS body under section 75 of the National Health Service Act 2006 (updated under the Health and Social Care Act 2012). It enables local authorities and NHS bodies (including clinical commissioning groups and foundation trusts) to enter into arrangements in relation to the exercise of each other's health-related functions where such arrangements will provide a more streamlined service if they are likely to lead to an improvement in the way those functions are exercised. The arrangements may

mean that one body carries out the functions of both in providing the service; that the two bodies share functions (usually with a pooled budget); or that one body commissions services on behalf of both. Where one party is commissioning services on behalf of both parties, that organisation's procurement rules apply to the procurement.

In negotiating the s75 agreement it is essential that the EU treaty principles of transparency, fairness and, equal treatment are followed.

The two parties (the Council and the NHSFT) must undertake a joint public consultation with stakeholders including service users, CCGs and local authorities and it is proposed that a public consultation takes place from the end of October for 42 days. Responses shall be assessed by the proposed Governance Group, chaired by the Director of Public Health.

The agreement will include clearly defined shared performance measures, outcomes, aims and objectives, setting out the services to be delivered. It will also detail governance arrangements including accountability, financial reporting, management of risks, exit strategy and treatment of any overspends/under spends.

5. HR considerations:

The current services in scope for the partnership arrangement employ a range of staff across the County Council and within external health services. Employee briefings will be undertaken in order to ensure that information is disseminated among affected staff groups and to ensure the delivery of the services is maintained during the management of change process.

6. Other considerations:

Principles of Whole System approaches and Opportunities for Integrated Prevention Services

The proposals in this report are to support further integration and to develop a formal partnership agreement which is fully aligned with the principles of whole-system and partnership working as detailed in the STPs 'Joined Up Care Derbyshire' plan and will support the approach of local accountable care systems. These proposals are also aligned with the national and local shift, which is moving away from single organisational accountability and competition in the local system to a more integrated and formally joined-up, whole-system approach to commissioning and service delivery.

A move to a partnership Section 75 Agreement will demonstrate the Council's commitment to the Joined Up Care Derbyshire principles, by developing a collaborative approach to designing local population-based public health services.

7. Background papers:

- 3rd March 2015, Cabinet Report, Children and Young People's Public Health Services
- 11th January 2018, Cabinet Report, Forward Plan of Procurement Projects for Adult Care and Public Health

- 28th April 2018, Cabinet Report Review of 0-5 Services

8. Key Decision:

Yes

9. Call-in:

Is it required that call-in be waived for any decision on this report? - No

10. Officer's Recommendations:

10.1 That Cabinet agrees to cease the current pre-tender engagement and planned procurement of a provider for 0-19 Public Health Nursing Services via a standard commissioning and procurement route

10.2 That Approval for delegated authority to be given to the Director of Public Health, the Director of Children's Services, the Director of Finance and Cabinet Member for Health and Communities to develop a business case for these services to be delivered through Section 75 agreements with NHS partners and to enable the Section 75 Agreements to be developed, along with the establishment of appropriate Governance arrangements

10.3 That Cabinet approves taking forward a consultation exercise on moving to a pooled budget arrangement either via a section 75 or other similar type of agreement

10.4 That Cabinet approves the proposed move to a 'system' based budget for Public Health Nursing and related Services via a section 75 type agreement or similar mechanism in partnership with DCHS NHS-FT

10.5 That Cabinet notes the progress across Public Health, Children's Services and DCHS NHS-FT in moving to an integrated service model in-line with recommendations from the 0-5 review and in light of further work taking place across the 5-19 services

10.6 That Cabinet agrees the budget for 0-19 Public Health Nursing Services does not exceed £12m per annum

10.7 That Cabinet approves the transfer of delivery of the statutory national child weight management programme (NCMP) and smoking prevention activity from DCHS NHS-FT into DCC Public Health Department (including relevant budgetary requirements for delivering these functions) to be delivered as part of the 'Live Life Better Derbyshire' Service

10.8 That Cabinet notes the intention for Public Health and Children's Services to engage with the voluntary and community sector in relation to adapting the support and empowerment model for supporting families through the local early help offer

10.9 That Cabinet approves that the remaining savings made (estimated to be in the region of £1m) from this new approach are invested into an integrated approach across Children's Services and Public Health to support the Early Help Offer. As this

funding is via the ring-fenced Public Health grant it will be necessary to ensure that funded activity meets the requirements and conditions of the grant

10.10 That Cabinet delegates approval for any further decisions required in relation to moving this new approach forward at pace to the Director of Public Health and Cabinet Member for Health and Communities

10.11 That Cabinet approves that variations can be made within the final 16 months of the Public Health Nursing Contract to begin adapting the service model to meet the future requirements, subject to agreement from both parties.

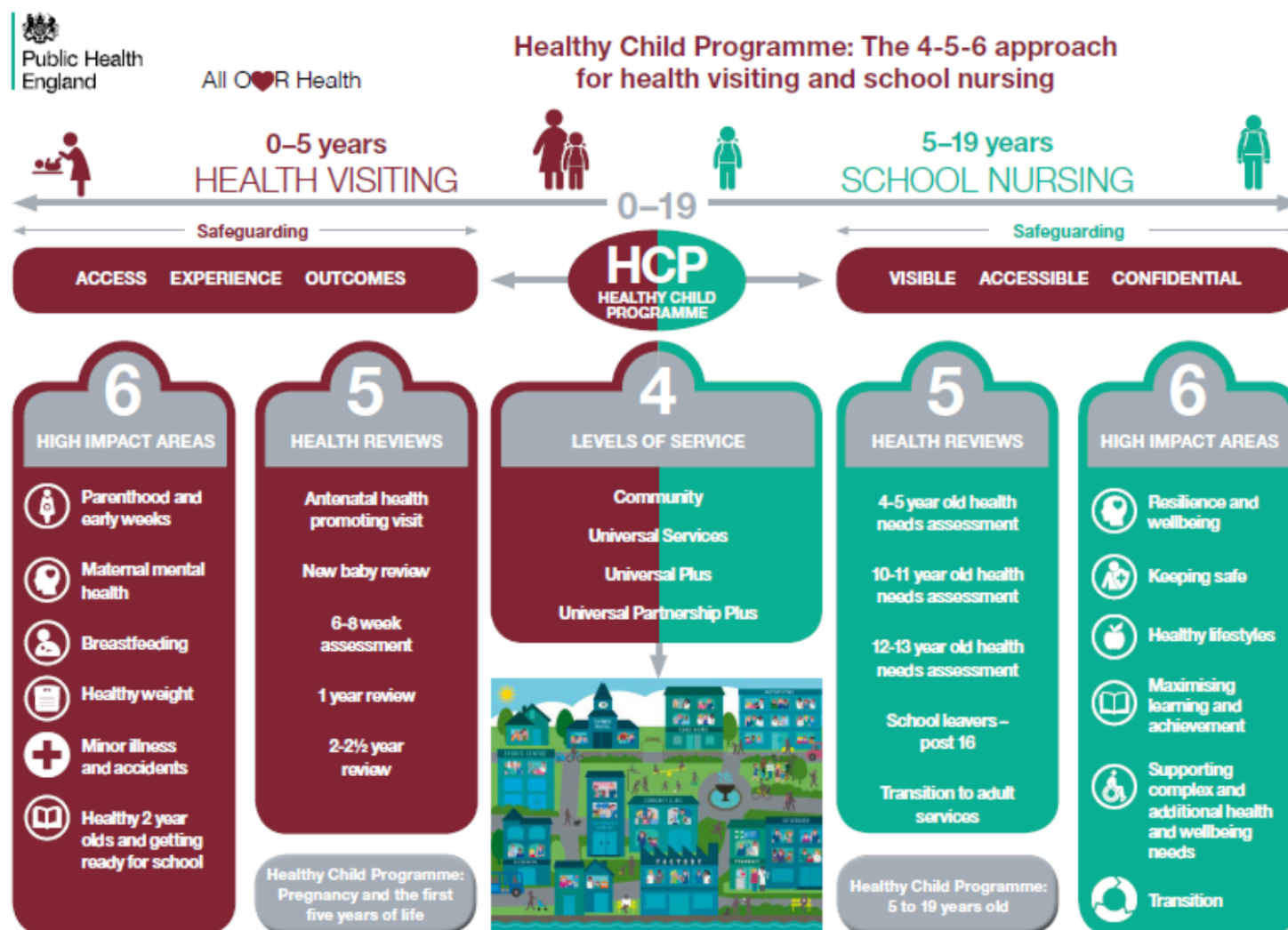
10.12 That Cabinet agrees any savings made by DCHS NHS-FT from contract variations and adaptations to current service models be reinvested into supporting the formation of the integrated working across service areas at a faster pace than would not otherwise be possible without this investment

10.13 That Cabinet agrees to accept a further update paper on progress made within the next 12 months

10.14 That Cabinet note that development of Section 75 Agreements does not constitute a delegation of statutory responsibilities for this Service and the Council must continue to ensure that the relevant regulatory requirements relating to the funding stream is met and consider the regulatory impact of decisions made.

Dean Wallace
Director of Public Health

APPENDIX 1



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