

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	22 January 2019
Title:	Approval to spend for Public Health Nursing Service
Report From:	Director of Public Health

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1. Recommendation

1.1. That the Executive Member for Public Health gives approval to spend for the Hampshire Public Health Nursing Service, 0-19 years, up to the maximum value of £144.7m (£20.6m p.a. for 7 years + £0.5m transformation money), for a maximum contract term of 7 years (5 years with the option to extend for a period or periods of up to 2 years), commencing on 1 August 2020.

2. Executive Summary

2.1. The purpose of this paper is to seek approval from the Executive Member for Public Health to spend for the Hampshire Child Health and Wellbeing Service (Public Health Nursing Service), up to a maximum value of £144.7m, for a maximum term of 7 years (5 years with the option to extend for a period or periods of up to 2 years) commencing on 1 August 2020.

2.2. This paper seeks to:

- a) Provide context including why Public Health nursing is important.
- b) Describe internal transformation and moves towards greater system integration within existing contracts.
- c) Explain how the new Public Health nursing service will differ from the current health visiting and school nursing services.
- d) Provide financial information for the decision to spend.

3 Contextual information

3.1 Responsibilities for commissioning for school nursing and health visiting transferred from NHS England to local authorities in 2013 and 2015 respectively. Since that time Public Health in Hampshire County Council has been the lead commissioner for these Public Health nursing services. The five face-to-face checks provided by health visiting and the National Child Measurement Programme provided by school nursing are mandated elements of the service. Together health visiting and school nursing deliver the Healthy Child Programme.

- 3.2 The Healthy Child Programme is a prevention and early intervention Public Health programme that lies at the heart of the universal service for children and families. Pregnancy and the first years of life are among the most important stages in the life cycle. This is when the foundations of future health and wellbeing are developed and is a time when parents are receptive to learning and improving their family's lifestyles. The opportunities for prevention and early intervention in 0-19 year olds are highlighted in the Marmot Review¹, by the Chief Medical Officer² and in the November 2018 Department of Health publication "Prevention is Better Than Cure"³.
- 3.3 Health visiting contract performance: Overall performance on the five mandated face-to-face reviews remains high compared to England and the South East. Performance on population coverage for the New Born Visit (84.4% in Q1 2018/19) and 6-8 week checks (89.6%) are average compared to Hampshire's statistical neighbours. Performance on the face-to-face reviews at 15 months (90.3%) and 30 months (87.0%) is high compared to Hampshire's statistical neighbours. Chat Health, the well used anonymous texting support service for 11-19 year olds, has been rolled out to parents of children aged 0-5 years. Uptake has been considerably higher than expected and there is potential in the future to enable parents of 5-19 year olds to also access this. Breastfeeding rates at 6-8 weeks are now recorded by health visitors instead of GPs. As a result the recorded rate has jumped from around a third to 54%.
- 3.4 School nursing contract performance: Overall performance is satisfactory. Coverage targets for the National Child Measurement Programme are being met (97.7% in Year R and 96.4% in Year 6 against targets of 95% for each). Coverage of Year R assessments was 90% in Q4 (May-July) 2017/18 against a target of 95%. Coverage of Year 6 assessments appears to be on track. Chat Health continues to be a popular service with secondary school aged children with mental health being the most frequent issue discussed. Safeguarding remains a key focus for the service.
- 3.5 It is proposed that the following transformation is part of the new service:
- 3.5.1 Health visiting and school nursing are combined into a single 0-19 Public Health Nursing service and that the division between services for 0-4 and 5-19 year olds is removed. The separate health visiting and school nursing contracts will be combined into a single service, underpinned by a single service specification. This will ensure that Public Health nursing services are provided by a single provider in Hampshire on an ongoing basis.
- 3.5.2 There will be greater integration with CCG community services, mental health services including CAMHS and Childrens Service's early intervention services. Integration is not an end in itself, but aims to improve outcomes and the experience of care for services users, families and frontline staff.

¹ <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>

² <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

4. Current issues

4.1. **Stakeholder engagement.** Extensive service user, public and practitioner engagement has been undertaken to inform the internal transformation of Public Health nursing and system integration. Engagement has included: practitioner workshops in spring 2018 (127 attendees); an online survey that had responses from 405 members of the public and 163 practitioners representing 41 organisations; and 13 parent discussion groups. Key findings were that:

- a) Services should be involved early enough to prevent problems from escalating;
- b) Waiting times should be short;
- c) Parents/carers should be involved in decisions around care and children and young people should be involved when appropriate;
- d) Services should be responsive to the needs of the child or young person and family;
- e) Services should offer continuity of care (both within and between services);
- f) And service integration should be bold, broad and timely.

The intention is that stakeholder engagement will be ongoing through the lifetime of the Public Health nursing contract. The service specification requests that a service user panel be set up to feedback on service quality in real time.

4.2. **Responding constructively to pressures in the public sector.** Public Health nursing provides universal support to public sector services working with children, young people and their families. Those services are under increasing pressure and require a system wide response incorporating universal services, system integration and the development of a new delivery model. Reasons for increased pressure on services include:

a) **Increasing need:** The incidence of some forms of vulnerability is increasing including neglect, childhood obesity and complex medical needs. Rates of admission for 15-24 year old self harm are increasing in Hampshire, and are high compared to the national average. Hampshire's infant mortality rate showed a slight increase compared to previous years in 2015-17.

b) **Increasing demand:** There has been an increase in referrals to Childrens Services, Paediatric Intensive Care Units, Neonatal Intensive Care Units and Childrens and Adolescent Mental Health Services (CAMHS). Paediatric emergency attendances at hospitals are increasing.

c) **Demographics:** While the proportion of 0-19 year olds is expected to remain constant at about 23% of Hampshire's population the numbers of 0-19 year olds is increasing. There were 313,104 0-19 year olds in 2016 with a forecast of 336,401 in 2024. The 10-14 year old age group is expected to increase by 16%.

4.3. **Transformation.** A Public Health nursing transformation board, a monthly meeting for Public Health and the current provider leads, is implementing internal transformation within the existing contract. Transformation includes increased use of skill mix and a greater focus on mental health in school nursing. Service transformation within the existing contract places Public Health nursing on a strong footing for further transformation from August 2020 onwards.

4.4. The Family Nurse Partnership (FNP) aims to support 200 vulnerable, young mothers (under 20 years of age) in two areas of Hampshire: the North focused on Basingstoke, Rushmoor and Hart and in the South, Gosport and Havant. It is currently available to approximately half of eligible young mothers creating an inequity of provision and it has not been shown to be effective nationally⁴ or locally (compared to an enhanced Health visiting offer). The FNP is being reviewed to ensure an equitable offer across the county within the current contract.

4.5. **Moves towards system integration.** Since 2016 system leaders and stakeholders have placed an increased emphasis on system integration, partly as a result of the pressure described in paragraph 3.2. Stakeholders want integration to be bold and ambitious. Successful integration would result in:

- a) More child and family centred care;
- b) A prevention, early intervention and assets based approach;
- c) Multi agency working and improved staff retention;
- d) Integrated IT and information sharing;
- e) Cost efficiencies;
- f) and improved outcomes.

4.6. Integration is being developed through focused partnership work, a shared outcomes framework and a series of three aligned procurements (further information in paragraph 5.3). Partnership working to embed children and young people's integration has been a long-held ambition in Hampshire and the approach has been approved by the Hampshire Health and Wellbeing Board. That work has become more focused recently as a result of pressures the system faces, greater involvement of frontline staff such as GPs, and learning from local integration of community services for adults. A number of initiatives are ongoing including: social care transition to adulthood; closer community working between CCG and Children's Services teams; and the work of the High Impact Area Partnership Board that is tackling shared concerns across maternity and health visiting and early years. The focus is on integration of work in front line staff including improved care pathways between services, shared objectives in service specifications and improved information sharing.

5. Future direction

5.1. **Procurement timeline.** Preliminary work is already underway with engagement with partners for a start date for the new service of 1 August 2020. A full procurement is planned in accordance with the County Council's Contract Standing Orders. Given the scale of service and system transformation involved a negotiated procedure will be used for the procurement.

5.2. **What will be different about the new service?** There is a clear direction of travel for service development. Services and systems are composed of culture(s)/behaviours, structure and processes⁵. To deliver transformational development all three need to change:

⁴ www.cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/building-blocks

⁵ KM&T. Health and care. How to deliver sustainable transformation using system thinking. KM&T, 2016.

Table: service developments in the new Hampshire Child Health and Wellbeing Service contract and their rationale

Lever for change	Approach	Rationale
Culture	A shift to outcomes based commissioning	Current Public Health nursing contracts have large numbers of process related Key Performance Indicators. The aim is to measure less, but measure the most important outcomes for the service.
	Increased focus on equitable access to the service	Replacing the Family Nurse Partnership, which is only available in two areas, with an enhanced health visitor offer will be more equitable. More digital support will increase the reach of the service (for example to fathers/ partners).
	Focus more on mental health and childhood obesity for all children and young people	These are the priorities of stakeholders. It is important to make the best use of a finite resource.

Lever for change	Approach	Rationale
Culture cont.	Emphasis on retention of staff	The 5 year + 2 year contract length will provide some stability for a valued workforce.
	Strategic partnership approach for commissioner/provider relationship	In a rapidly evolving environment it is critical to build a trusting relationship between commissioners and providers so that the service can adapt during the life time of the contract.
Structure	Introduction of a 0-19 Public Health nursing service	Ending the division between health visitors and school nurses and increasing skill mix will allow the provider greater flexibility in delivering the service.
Structure cont.	Meaningful integration with Children's Services, NHS England and CCG services	To ensure that the potential of integration at a system level is fully realised and outcomes are improved.
	A major step up in digital support	To broaden the reach of the service beyond the traditional model e.g. the provision of more online parenting support.
	Greater financial transparency	Specific aspects of the current contracts are difficult to cost. A move towards open book accounting will make service transformation easier to plan in the future.
Process	Ongoing engagement with frontline staff, service users and the public	There is currently a peak in engagement prior to a new procurement. Ongoing engagement will encourage evolution of the service model during the lifetime of the contract, avoiding the need for disruptive contract variations.
	Clarity of pathways between Public Health nursing and other services	Learning from engagement and pathway redesign events will be used to increase the efficiency of working practices for universal, complex need and safeguarding pathways.

5.3. Aligned procurements. A number of contracts delivering services for children and young people come to an end in 2020 across The Council and NHS. Decision making bodies in the CCGs, NHS England, Public Health and Childrens Service's have agreed to utilise the opportunity to increase integration

with a view to improving outcomes for families. There will be a series of three aligned procurements resulting in a new model of delivery by 2022/23, of which this is the first one. HCC and NHS England Public Health nursing will be procured at the same time, with alignment to phase 2 (CCG community services) and 3 (CAMHS and neurodiversity services) CCG led procurements. The providers of these new contracts will work together to provide integrated care pathways between services.

6. Finance

- 6.1. It is proposed that the maximum spend under the contract would be £144.7m over the term of 7 years. The Hampshire Child Health and Wellbeing Service is currently funded from the Public Health grant.
- 6.2. The maximum annual contract value requested in this report, (£20.6m) is the equivalent of the draft budget for the Public Health Nursing Service 0-19 in 2019/20. In addition £0.5m one off funding will be provided to support internal transformation of the service. Due to the requirement to reduce Public Health expenditure in line with confirmed and planned reductions in the ring fenced grant the Public Health nursing contract will be constructed in a way that provides contractual flexibility to adjust service provision in line with changes in available funding. It is currently anticipated that the budgeted annual expenditure of £20.6m on this service will reduce by a minimum of £1.1m during the proposed contractual period.
- 6.3. At the time of writing it is unclear a) whether there will be further reductions in the Public Health grant, beyond those already confirmed / announced or, b) whether the Public Health ring fence will continue. Therefore any changes in funding in addition to those already known may further affect the resources available for this contract.
- 6.4. Whilst a maximum spend for the 7 years has been estimated for this approval the annual spend will be monitored and will need to take into account the value of the annual budget set for these services approved by Full Council in February of each year.

7. Equality Impact Assessment

- 7.1. A full Equality Impact Statement has been completed and the link is available in Integral Appendix B.
- 7.2. Overall the impact of the proposed transformation of Public Health nursing should be positive for protected characteristics, poverty and rurality:
 - a) Age. Positive impact. Public Health nursing will continue to support 0-19 year olds, or up to 25 years for Children in Care and Special Educational Needs and Disability. There will be increased emphasis on transition to adulthood, for instance the “ready for adulthood” domain in the new outcomes framework.
 - b) Disability. Positive impact. An aim of integration is to improve the care pathway between Public Health nursing and community NHS services for children with complex needs. This will be delivered through the aligned procurements.
 - c) Sexual orientation. Positive impact. One of the priorities for focused partnership working is mental health. A new emotional wellbeing and mental

health strategy for children and young people is being developed. One of the strategy's priority areas is to develop a whole school approach to mental health. Educational setting will be encouraged to celebrate diversity in sexual orientation, partly through the development of LGBT guidance in educational settings.

d) Race. Neutral impact.

e) Religion or belief. Neutral impact.

f) Gender reassignment. Positive impact. Those undergoing gender reassignment are expected to benefit from the LGBT guidance being developed for educational settings.

g) Gender. Positive impact. The new service is being asked to consider the mental health needs of fathers, in addition to the correct focus on the needs of new mothers. Fathers will also benefit from an enhanced digital offer e.g. the use of apps aimed at new fathers.

h) Marriage or civil partnership. Neutral impact.

i) Pregnancy and maternity. Positive impact. An enhanced health visiting offer will be made across Hampshire whereas the current Family Nurse Partnership offer is only available in two areas. There is a greater emphasis on the mental health needs of new parents in the new service specification.

j) Poverty. Positive impact. The intention of the new service is to target families and carers who are more vulnerable, for instance with more face-to-face support, digital support and printed information.

k) Rurality. Positive impact. Cost savings may require some reduction in the number of drop in clinics available to families. However there will also be a big step up in digital support, which overall will mean that the new service benefits those in rural locations.

8. Consultation and Equalities

8.1. It is for the Executive Member as decision maker to have due regard to the need to: Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

A full Equality Impact Assessment has been completed; please see [here](#)

2. Impact on Crime and Disorder:

2.1. None.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?