

Wiltshire Council

Cabinet

21 June 2022

Subject: Public Health Nursing Services: future delivery model

Cabinet Member: Cllr Laura Mayes, Deputy Leader and Cabinet Member for Children's Services, Education and Skills

Cllr Ian Blair-Pilling, Cabinet Member for Public Health, Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Key Decision: Key

Executive Summary

The purpose of this report is to provide Cabinet with the information to decide on the future delivery model for Wiltshire's Public Health Nursing (PHN) Services beyond April 2024. These services are currently delivered by HCRG Care Group (previously Virgin Care Services) as part of Wiltshire Children's Community Healthcare Services (WCCHS) contract.

The HCRG contract is a collaborative commissioning arrangement between the Council and NHS Bath and North-East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG). The total contract value for 20/21 was £13.6m of which Wiltshire Council contributes 48% to fund Public Health Nursing (PHN) Services and 2% to fund Speech and Language Therapy services to support children with Education Health and Care Plans (EHCPs). The five-year contract for WCCHS, awarded to HCRG Care Group (previously Virgin Care) in 2016, was extended by two years, taking the current contract until 31st March 2023. In March 2022, Cabinet agreed for a further one-year contract to be negotiated with HCRG Care Group to enable due diligence of the options to be completed and for full consultation to be undertaken with children, young people and families if required. This takes the contracting period to 31st March 2024.

Prior to 2016, children's community services were provided across six separate organisations and parents/ carers of children with special educational needs reported healthcare provision to be confusing and disjointed. It was decided to bring the services together as one overarching children's community health service to create a more pathway-based, less medicalised approach to care.

An initial assessment of a long list of options for the future commissioning of WCCHS was presented to the Wiltshire Locality Commissioning Group (WLCG) and it was agreed for an in-depth option appraisal of the following to be undertaken:

- 1a. Combined WCCHS - one single provider of universal and specialist services across Wiltshire (the current model) – contracted as a single lot
- 1b. Combined WCCHS – one single provider (current model) - contracted as 2 separate lots
2. Disaggregate the current service - LA in-house PHN services and CCG commission specialist community health services separately

All three options have been thoroughly appraised against a set of key criteria which takes account of the strategic objectives for PHN services and a range of technical elements including human resources, finance and IT. See Appendix for the full report.

The appraisal highlighted greatest variation across the three options in relation to the technical elements – particularly human resources and finance and as a result, the option to procure a combined community children’s health service with BSW CCG as a single lot scored the highest (option 1a).

However, a closer look at the procurement options identified a modified version of this option, thought to be more favourable, which is for the Council and the CCG to issue their own terms and conditions for their respective commissioned services. This will allow a single integrated service to be provided and should also allow the Council and CCG to maintain ‘ownership’ and oversight of their respective services.

Proposal(s)

It is recommended that the Cabinet agrees to the following in respect of the future delivery model for Public Health Nursing Services:

- To undertake a single procurement of a combined universal and specialist children’s community health service with separate terms and conditions for the respective Council and CCG elements of the contract.
- To ensure a clear collaborative commissioning agreement is in place
- To strengthen the emphasis on PHNS-partnership and integration with non-health services through the commissioning process
- To delegate to the Director of Public Health and Director of Procurement & Commissioning in consultation with the Corporate Director of People and Corporate Director of Resources/Deputy Chief Executive to agree the award of a contract following the tendering process.

Reason for Proposal(s)

The contract with HCRG Care Group to deliver the Wiltshire Children’s Community Healthcare Service expires on 31 March 2024 following completion of an exceptional 1 year contract agreed at Cabinet on 29 March 2022. There

is a need to decide on the provision of Public Health Nursing Services from 1 April 2024.

Terence Herbert
Chief Executive

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Key Decision: Key

Purpose of Report

1. The purpose of the report is to provide Cabinet with the information to decide on the short-term future of Wiltshire's Public Health Nursing Services (PHNS), currently delivered by HCRG Care Group (HCRG) as part of Wiltshire's Children's Community Healthcare Services (WCCHS) contract.

Relevance to the Council's Business Plan

- 2.1 The Public Health Nursing Service (PHNS) is central to the guiding themes of prevention and early intervention, improving social mobility and tackling inequalities set out in the Wiltshire Council Business Plan Principles 2022-2032. Core to any PHNS is to lead the delivery of the Healthy Child Programme, an evidence based universal programme for children aged 0-19 (currently being updated to extend from 19-24 years). The programme provides the bedrock for health improvement, public health and reducing inequalities. Expectant parents, parents/carers, children, and young people are empowered to make healthy choices and additional support is provided proportionate to need as required.
- 2.2. The universal nature of PHNS provides an opportunity to gather population health data that can inform our local Joint Strategic Needs Assessment and enable a better understanding of our local communities, thus also contributing to this guiding theme.

Background

- 3.1 Wiltshire Council and Bath and North-East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) currently contract with HCRG Care Group (HCRG) to deliver Wiltshire Children's Community Health Service (WCCHS). This service delivers PHNS and specialist children's community health services.

- 3.2 The original contract commenced in April 2016 and was for a period of 5 years with the option to extend for 2 years. This option was exercised in April 2021, taking the current contract to the end of March 2023. In March 2022, Cabinet agreed for an additional one-year contract to be negotiated with HCRG, taking the contracting period to 31st March 2024.
- 3.3 Prior to 2016, children’s community services had been provided across six separate organisations; some of the specialist services were sitting outside of Wiltshire-county borders and required parents / carers to travel outside of Wiltshire for appointments. This also limited the extent to which community services could provide services embedded within education and respite settings. Parents / carers of children with Special Educational Needs and/or Disabilities (SEND) reported this to be a confusing and disjointed healthcare provision. For this reason, and to create a more pathway-based, less medicalised approach to care, it was decided to bring the services together as one overarching children’s community health service.
- 3.4 The total contract value for WCCHS for 2021/22 is £13,684,068, of which Wiltshire Council contributes 48% to fund Public Health Nursing Services and 2% to fund Speech and Language Therapy Services to support children with Education Health Care Plans. BSW CCG contribute the remaining 50% to fund Children’s Specialist Community Health Services and the Looked After Children Service. The table below shows how the funding is split between commissioners.

| Commissioner | Value | Proportion |
|--|------------|------------|
| Wiltshire Council (Public Health) | £6,528,047 | 48% |
| Wiltshire Council (Children’s Commissioning) | £336,277 | 2% |
| BSW Clinical Commissioning Group | £6,819,744 | 50% |

- 3.5 Wiltshire Council is responsible for PHNS in Wiltshire. PHNS is a service directly funded by the Public Health Grant which the local authority receives from the Department of Health and Social Care. The service forms part of the Director of Public Health’s responsibilities for ‘any of the Secretary of State’s public health protection or health improvement functions that they delegate to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act’.
- 3.6 The PHNS is required to deliver against the requirements set out in the Health & Social Care Act 2012 to provide a universal service for all expectant parents, children and young people, with an emphasis on prevention and support. This includes leading on the delivery and co-ordination of the Healthy Child Programme 0-19, a national public health programme based on the best available evidence to achieve good outcomes for children. The mandated elements of the PHNS are five universal reviews delivered by the health visiting service from pregnancy through to two and a half years of age, and the National Child Measurement Programme.

3.7 The PHNS service is made up of the following key elements:

- Health Visiting - 0-4 years old
- School Nursing - 5-19 years old
- Family Nurse Partnership (FNP) – a strengths-based programme to support young parents. In Wiltshire this is targeted on young women who conceive at or below the age of nineteen. It is a licenced programme that provides intensive support from pregnancy until the child's second birthday. It is not mandated.
- The National Child Measurement Programme - delivered through the School Nursing Service provides robust public health surveillance data on child weight status to inform national and local planning to reduce obesity

3.8 BSW CCG is responsible for commissioning the following services:

- Community Paediatrics
- Speech & Language Therapy
- Integrated Therapies (Physiotherapy & Occupational Therapy)
- Children's Community Nursing Services
- Children's Continuing Care
- Learning Disability Nursing Services
- Children's Safeguarding Services (named nurses & specialist safeguarding nurses)
- Paediatric Audiology (West Wiltshire only)
- Children's Continence Service
- Looked After Children's Service

3.9 The Looked After Children's (LAC) Service provides specialist health assessments, personal health planning and intervention, advice and support to children and young people who are looked after and their parent/carers. It also provides specialist advice to partner agencies on the health needs of children looked after and actively participates in care planning and review meetings. These services are delivered in conjunction with universal services. Currently review health checks and assessments for looked after children are undertaken by health visitors (up to age 5) and school nurses (over the age of 5).

Main Considerations for the Council

4.1 The Council is looking at 3 potential options for commissioning the service:

- 1a. Combined WCCHS - one single provider of universal and specialist services across Wiltshire (the current model) – contracted as a single lot

- 1b. Combined WCCHS – one single provider (current model) - contracted as 2 separate lots
2. Disaggregate the current service - LA in-house PHN services and CCG commission specialist community health services separately
- 4.2 Options 1a and 1b propose the same model of a combined WCCHS but present alternative tendering and procurement arrangements.
- 4.3 All three options have been thoroughly appraised against a set of key criteria which takes account of the strategic objectives for PHN services (summarised below) and the following technical elements: human resources, finance, ICT/ systems, procurement and legal.

Strategic objectives:

- Service user engagement, whole family approach and smooth transitions
 - Focus on prevention, early identification, early intervention and targeting those at higher risk of poorer outcomes
 - A strong partnership and integrated working ethos within the service and across the system
 - Equity and ease of access to a high high-quality, agile, and responsive evidence-based service that meets the needs of children, young people, and families in the right place and at the right time
 - Strong population health approach to assessing need
 - An excellent resilient workforce
- 4.4 Evidence was gathered from liaison with key local stakeholders and representatives involved in PHN commissioning and provision across a range of local authorities, and comparative performance data was reviewed See Appendix for the full report.
 - 4.5 The appraisal highlighted minimal variation in relation to the strategic elements. The differences in scoring are explained below.
 - 4.5.1 The in-housing option (2) scored slightly lower when considering the focus on prevention, early identification, early intervention and targeting those at higher risk of poorer outcomes (strategic element 2). This was due to the anticipated negative impact of disaggregating the universal and specialist elements of WCCHS on the current pathway-based approach to care for children. Public Health Nurses having ready access to specialist nurses supports addressing developmental challenges at an early stage without having to refer on to specialist teams, improving timeliness of care for service users. It also increases knowledge among the PHN team.
 - 4.5.2 Option 1b scored slightly lower on strategic element 3 (a strong partnership and integrated working ethos within the service and across the system) to reflect the risk of a seamless WCCHS across

both universal and specialist services if each of the lots are awarded to two separate providers.

4.5.3 The in-housing option (2) scored slightly lower when considering strategic element 4 (equity and ease of access to a high-quality, agile, and responsive evidence-based service that meets the needs of children, young people, and families in the right place and at the right time). A review of health visiting metric data on the coverage of mandated contacts, indicates that commissioned providers tend to perform better than in-housed services. The current service performs the same or better than the regional average and the three closest statistical neighbours.

4.6 Overall, option 1a scored highest in the appraisal, followed by option 1b and lastly option 2. The greatest variation occurred in relation to the technical elements, specifically human resources, finance, and ICT/systems, where the in-housing option scored notably lower than the other two options.

4.6.1 The appraisal indicated considerable financial risk associated with disaggregating the combined WCCHS and in-housing PHNS, including: the potential for the financial envelope to not be sufficient when the service is disaggregated; losing economies of scale; the need for additional ongoing support and running costs to manage a service of this size; and the cost of mobilisation which were reported to be underestimated and very high in other areas.

4.6.2 The human resource implications of in-housing bring with it additional costs and risks to staffing recruitment and retention. Administering the TUPE process for such a large workforce (minimum of 166 people/ 125 FTE) would require significant resource from Council support services, such as HR, finance, legal and IT. Staffing retention and recruitment difficulties are a significant risk associated with in-housing, particularly if the local authority cannot provide assurance that NHS terms and conditions (which tend to be more favourable than local authority terms and conditions) will be retained for existing and future clinical staff.

4.6.3 ICT risks identified with the in-housing option relate to the challenges of data migration and interfaces with systems for both current and historical records. The need for IT support with suitable experience and understanding of NHS data requirements was also found to be critical for mobilisation and data migration.

4.7 Whilst option 1a scored highest, a closer look at the procurement options identified a modified version of this option, thought to be more favourable. This would involve the procurement of a combined children's community health service with BSW CCG however, the Council and the CCG would issue their own terms and conditions for their respective commissioned services. This will allow a single integrated service to be provided and should also allow the Council and CCG to maintain 'ownership' and oversight of their respective services.

- 4.8 Integration is one of the guiding themes of the Wiltshire Council Business Plan in terms of designing and delivering services in partnership with service users and local communities. In-housing PHNS clearly presents great opportunity for alignment and joined up pathways with local authority partners, however, the appraisal demonstrates that PHNS-LA partnerships are possible for commissioned as well as in-housed services. It will be important that the commissioning process places an emphasis on strengthening partnership and integration with local authority and non-health services.

Overview and Scrutiny Engagement

5. The report will be considered by the Health Select Committee at its meeting on 7th June.

Safeguarding Implications

6. Safeguarding children is a key component of the PHN Service. Health Visiting, Family Nurse Partnership and School Nursing Services are expected to ensure appropriate safeguards and interventions are in place to reduce risks to children and young people from conception where there are safeguarding concerns. When concerns are identified they will work in partnership with key services to intervene effectively in line with agreed local safeguarding protocols. This proposal is not believed to pose any risk to the safeguarding of children, young people, or vulnerable adults.

Public Health Implications

- 7.1 Central to the PHN Service is the delivery of the national Healthy Child Programme (HCP), a universal evidence-based prevention and early intervention programme that aims to ensure that every child gets the good start they need to lay the foundations for a healthy life. It is an integral part of Public Health England's priority to support healthy pregnancy, ensure children's early development and readiness for school, and reduce health inequalities in young children.
- 7.2 Good health, wellbeing and resilience are vital for all our children and there is strong evidence that robust children and young people's public health is important to achieve this. Universal and targeted public health services provided by health visiting and school nursing teams are, therefore, crucial to improving the health and wellbeing of all children.
- 7.3 The Healthy Child Programme is based on the concept of 'proportionate universalism' recognising that it is not sufficient to focus solely on the most disadvantaged to reduce health inequalities. Services must be available to all and able to respond to the level of presenting need. This is one of the key messages from the Marmot Review of health inequalities (2010).
- 7.4 The foundations for virtually every aspect of human development including physical, intellectual, and emotional development, are established in early childhood.

Procurement Implications

- 8.1 The procurement and award of the contract will be completed one in line with the Public Contract Regulations 2015 (PCR2015) and Part 10 of the Council's Constitution.
- 8.2 The Commercial and Procurement Team should be engaged through the entire process agreeing the final procurement model with Commissioners and partners as required.
- 8.3 The Commercial and Procurement will review and sign off procurement related documentation.
- 8.4 The modified version of the preferred option, namely, to undertake a single procurement of a combined universal and specialist children's community health service with separate terms and conditions for the respective Council and CCG elements of the contract, would ensure commissioners maintain 'ownership' of their respective services.

Equalities Impact of the Proposal

9. The equalities impact of the proposed decision is believed to be low against all criteria on the Equalities Risk Criteria Table and, therefore, a full Equalities Impact Assessment is not required.

Environmental and Climate Change Considerations

- 10.1 A transformation programme set out by commissioners in the early part of the current contract and implemented by the provider demonstrates a commitment to reduce the impact on the environment and reduce emissions. This included reducing the number of buildings staff were working out of; eradicating paper records; and introducing mobile working which has enabled staff travel to be more efficient.
- 10.2 Consideration of opportunities to further reduce carbon emissions and positively affect climate change will be factored into the future contract and retendering process.

Risks that may arise if the proposed decision and related work is not taken

11. If the proposed decision is not taken, the Local Authority will have to agree an alternative delivery model that comes with the risks identified in the options appraisal report.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

12. The risks of this proposal are outlined in the options appraisal. There is a perceived risk that partnerships with LA and non-health services will not be as strong although the evidence around this is mixed from other areas. Emphasis will be placed in the contract and through the commissioning

process on the importance of strengthening PHNS-partnership and integration with non-health services.

Financial Implications

- 13.1 The recommended option proved to be the most favourable from a financial perspective.
- 13.2 A combined universal and specialist service enables efficiencies and economies of scale to be achieved through sharing of management and back of house functions. Any opportunities for achieving future economies to also be explored as part of the development of Family Hubs.
- 13.3 No transitional costs are required as these will be managed by the provider to whom the contract is awarded

Legal Implications

- 14.1 There should be no legal barrier to this option. However, should the Council act as lead commissioner, a Section 75 agreement will be required to authorise the Council to commission NHS services on the CCG's behalf.
- 14.2 Any procurement exercise should be conducted in accordance with the requirements set out in Part 10 of the Council's Constitution, the SPH Manual and the Public Contract Regulations (2015). Legal Services will need to be engaged throughout this process, with the relevant legal and procurement advice sought.
- 14.3 Wiltshire Council's Legal Services must draft robust legal documentation for this matter. Legal Services will be consulted to review the final documentation before execution.
- 14.4 Cabinet should delegate authority to enter into the contract with the provider and any other relevant legal documentation required (such as a Section 75 agreement with the CCG) to an appropriate individual.

Workforce Implications

- 15.1 There are no direct employment issues as a result of the recommendations for Council staff.
- 15.2 The evidence suggests that the option recommended will provide relative stability for the PHNS workforce – at a time of increasing demand and increasing complexity of cases among children and families, and national staffing shortages.

Options Considered

- 16.1 The options under consideration are:

- 1a. Combined WCCHS - one single provider of universal and specialist services across Wiltshire (the current model) – contracted as a single lot
 - 1b. Combined WCCHS – one single provider (current model) - contracted as 2 separate lots
 2. Disaggregate the current service - LA in-house PHN services and CCG commission specialist community health services separately
- 16.2 All three options have been thoroughly appraised against a set of key criteria which takes account of the strategic objectives for PHN services and a range of technical elements including human resources, finance and IT.
- 16.3 Option 2 was rejected as it does not best support a service that requires integration for the following reasons:
- Each Lot will be for a different service and have different terms and conditions
 - The process could result in two different providers with no history of working together, or with a potentially difficult relationship
 - Whilst we can specify that they must work together in certain circumstances there are limitations to this under this procurement approach
- 16.4 Option 3 was rejected mainly due to the anticipated increase in costs associated with in-housing the PHNS (ongoing costs, mobilisation costs, clinical governance), and the risks related to staffing retention and recruitment if Agenda for Change (health service) Terms and Conditions were no longer available to the workforce.
- 16.5 Option 1 scored the highest and was most favoured, however, a closer look at the procurement options identified a modified arrangement for the procurement aspect of this model. The modification is for the Council and the CCG to issue their own terms and conditions for their respective commissioned services. This will allow the benefits of a single integrated service to be realised, whilst also allowing the Council and CCG to maintain 'ownership' of their respective services.

Conclusions

- 17.1 It is recommended that the Cabinet agrees to the following in respect of the future delivery model for Public Health Nursing Services:
- To undertake a single procurement of a combined universal and specialist children's community health service with separate terms and conditions for the respective Council and CCG elements of the contract
 - To ensure a clear collaborative commissioning agreement is in place
 - To strengthen the emphasis on PHNS-partnership and integration with non-health services through the commissioning process
 - To delegate to the Director of Public Health and Director of Procurement & Commissioning in consultation with the Corporate Director of People and

Corporate Director of Resources/Deputy Chief Executive to agree the award of a contract following the tendering process.

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