

Wiltshire Council

Cabinet

2 May 2023

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, 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.

Proposals

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

- 1) For the Local Authority to undertake a standalone procurement of Wiltshire PHNS.
- 2) To delegate to the Director of Public Health in consultation with the Cabinet member for Children's Services, Education and Skills and Cabinet member for Public Health, Public Protection, Leisure, Libraries, Facilities Management and Operational Assets, 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. Circumstances related to the agreement at Cabinet in June 2022 to undertake a joint procurement for the service with Bath and North-East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB), have recently changed and require a subsequent decision to be made about the provision of Public Health Nursing Services from 1 April 2024.

Effective integration and partnership with interfacing services is critical to the effective delivery of Public Health Nursing Services. There is commitment from both the Local Authority and BSW ICB to continue to work closely together to align Wiltshire's universal and specialist service specifications and monitoring processes to ensure services continue to be joined up and seamless. We do not foresee any impact on children, young people, and families. The Local Authority will also ensure an emphasis on strengthening partnership and integration with local authority and non-health services, including the voluntary and charitable sector in the best interests of children, young people and families.

Terence Herbert
Chief Executive

Wiltshire Council

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Purpose of Report

1. The purpose of the report is to provide Cabinet with the information to decide on the future delivery model for 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. 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.
3. 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

4. Wiltshire Council and Bath and North-East Somerset, Swindon, and Wiltshire Integrated Care Board (BSW ICB) currently jointly commission HCRG Care Group to deliver Wiltshire Children's Community Health Service. This service delivers PHNS and specialist children's community health services.
5. 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.

6. In June 2022, Cabinet was presented with options for the service beyond April 2024 and agreed for PHNS to be part of a single procurement of a combined universal and specialist children's community health service for Wiltshire with separate terms and conditions for the respective Council and ICB/ICA elements.
7. Integrated Care Boards (ICBs) were formally established in July 2022 and BSW ICB began a review of community health services across Bath and North-East Somerset, Swindon, and Wiltshire. Wiltshire Council has been an active participant in the review, whilst maintaining its intention to progress with arrangements as agreed by Cabinet in June 2022. The community health service review continues and the ICB has recently clarified it is not able to progress a joint procurement process with the Local Authority at this time. The Local Authority cannot extend the current contract any further under procurement legislation and the options available to us for the future delivery of PHNS are, therefore, different to those presented to Cabinet in June.
8. 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. There is every intention to maintain as much integration as possible between universal and specialist children's community health services despite this change in direction. Service users are not expected to experience any significant difference in service delivery from any change in provider that may arise.
9. The total contract value for WCCHS for 2022/23 was £14,122,700, of which 48% (£6,741,769) was provided by Wiltshire Council to fund Public Health Nursing Services from the Public Health Grant. BSW ICB fund Children's Specialist Community Health Services and the Children Looked After Service.
10. 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'.
11. 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.

12. 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.

13. BSW ICB 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
- Children Looked After Service

14. The Children Looked After (CLA) 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 children looked after are undertaken by health visitors (up to age 5) and school nurses (over the age of 5).

Main Considerations for the Council

15. The Council is looking at 2 options for the service:

1. Single procurement of Wiltshire PHNS by Wiltshire Council
2. Local Authority in-house PHNS

16. Both options have been thoroughly appraised against the same set of strategic objectives set out in the June 2022 Cabinet report and listed 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

17. 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.

18. The appraisal highlighted minimal variation in relation to the strategic elements. The differences in scoring are explained below.

18.1 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 perceived increased risk from in-housing of maintaining the core universal element of the PHNS service in the face of increasing pressure on targeted and specialist children's services within the Local Authority. It is considered that such a development would reduce opportunities to deliver the preventative elements of the Healthy Child Programme and identify need early.

18.2 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.

19. 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 procurement option.

19.1 The appraisal indicated considerable financial risk associated with in-housing PHNS, including: 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.

19.2 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.

19.3 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.

20. 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, including the voluntary and charitable sector.

21. Attention will also need to be given to aligning universal and specialist children's community health services specifications and monitoring processes to ensure services continue to be joined-up and seamless for children, young people, and their families.

Overview and Scrutiny Engagement

22. The report will be considered by the Health Select Committee and Children's Select Committee chairs at an extraordinary meeting on 25 April 2023.

Safeguarding Implications

23. 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

24. 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.
25. 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.
26. 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).
27. The foundations for virtually every aspect of human development including physical, intellectual, and emotional development, are established in early childhood.

Procurement Implications

28. The procurement and award of the contract will be completed in line with the Public Contract Regulations 2015 (PCR2015) and Part 10 of the Council's Constitution.
29. The Commercial and Procurement Team should be engaged through the entire process agreeing the final procurement model with Commissioners and partners as required.
30. The Commercial and Procurement will review and sign off procurement related documentation.

Equalities Impact of the Proposal

31. 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

32. 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.

33. 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

34. 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

35. 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.
36. There is commitment from both the LA and ICB to continue to work closely together to align Wiltshire's universal and specialist service specifications and monitoring processes to ensure services continue to be joined up and seamless. We do not foresee any impact on children, young people, and families.

Financial Implications

37. The recommended option proved to be the most favourable from a financial perspective.
38. No transitional costs are required as these will be managed by the provider to whom the contract is awarded.

Legal Implications

39. There should be no legal barrier to this option.
40. 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.
41. 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.

42. 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

43. There are no direct employment issues for Council staff as a result of the recommendations.

44. 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

45. The options under consideration are:

1. Single procurement of Wiltshire PHNS by Wiltshire Council
2. Local Authority in-house PHNS

46. Both options have been thoroughly appraised against a set of key criteria which take account of the strategic objectives for PHN services and a range of technical elements including human resources, finance, and IT.

47. Option 2 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.

48. Option 1 scored the highest and was most favoured.

Conclusions

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

- For the Local Authority to lead a single procurement of Wiltshire's PHNS.
- To delegate to the Director of Public Health in consultation with the Corporate Director of People, Corporate Director of Resources/Deputy Chief Executive, the Director of Commissioning, Cabinet Member for Children's Services, Education and Skills, and Cabinet member for Public Health, Public Protection, Leisure, Libraries, Facilities Management and Operational Assets, to agree the award of a contract following the tendering process.

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Date of report: 19 April 2023