

Executive

27 August 2015

Report of the Director of Children's Services, Education and Skills

Healthy Child Service

Summary

1. The purpose of this report is to provide the Executive with a proposal for the future provision of a Healthy Child Service in York.

Recommendations

2. Executive are asked to:
 - a) Approve Option Three – to allow the contracts for the existing health visiting, school nursing and National Child Measurement Programme to end on 31 March 2016 and create an “in house” provision with a new delivery model with effect from 1 April 2016.

Reason: Given the imperative to ensure that the establishment of a new Healthy Child Service supports the delivery of the transformation programme already in progress across children's services and, in particular, the offer provided by Children's Centres and Youth Services, including Castlegate, this is the option that provides the greatest flexibility and value for money. It will also facilitate local integration with health services for children and young people that are delivered by NHS organisations such as York Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

Background

3. The Healthy Child Programme (HCP) was published in 2009 and sets out the recommended framework of services for children and young people aged 0-19 years to promote optimal health and well-being, prevent ill-health and provide early intervention when required.
4. The HCP delivers universal services to all children and families, including routine screening and developmental checks. Through the programme,

families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce health inequalities.

5. Effective implementation of the HCP 0-5 years contributes to a range of health and well-being outcomes such as:
 - Strong parent-child attachment and positive parenting; resulting in better social and emotional wellbeing and improved resilience
 - Care that helps to keep children healthy and safe
 - Healthy eating and increased physical activity contributing to a reduction in childhood obesity
 - Prevention of some serious and communicable diseases through promoting uptake of immunisation programmes
 - Increased rates of breastfeeding
 - Improved readiness for school and improved learning
6. The HCP 5-19 years aims to improve a range of public health outcomes including:
 - Improved sexual health and a reduction in rates of sexually transmitted infections in young people
 - Reduced numbers of teenage pregnancies
 - Healthy diet and exercise contributing to a reduction in obesity
 - Improved learning and educational outcomes
 - Smoking prevention and cessation
 - Alcohol and substance use prevention and awareness
 - Improved emotional health and well-being and improved resilience
 - The programme also incorporates the mandatory function of the National Child Measurement Programme (NCMP)

Current Commissioning Arrangements

7. City of York Council (CYC) became responsible for the HCP 5-19 years with the transfer of public health in April 2013. It was agreed to put in place a Deed of Novation to transfer the existing contract for the provision of school nursing and NCMP from the NHS to the Council up to 31 March 2015. A recent waiver to contract procedure rules extended this contract to 31 March 2016. The provider is York Teaching Hospital NHS Foundation Trust.

8. On 28 January 2014 the Department of Health confirmed the transfer of 0-5 child public health services commissioning. The transfer on 1 October 2015 completes the transfer of public health responsibilities to local authorities.
9. The scope of the transfer includes the 0-5 Healthy Child Programme specifically:
 - Health visiting services (universal and targeted)
 - Family Nurse Partnership services (targeted services for teenage mothers)
10. The following commissioning responsibilities will remain with NHS England (NHSE):
 - Child Health Information System (CHIS)
 - The 6-8 week GP check (Child Health Surveillance)
 - NHSE are also responsible for the antenatal and newborn screening and childhood immunisation programmes
11. The Government has announced that certain universal elements of the HCP will be mandated in regulations in the same way it has for sexual health and some other public health services. The universal elements that are mandated are:
 - Antenatal health promotion review
 - New baby review by a health visitor usually around 10-14 days after birth
 - 6-8 week assessment
 - 1 year assessment
 - 2 to 2.5 year review (this is to be a joint review carried out by the health visiting service and the early years provider where a child is accessing early years provision)
12. NHSE issued guidance in October 2014 to support local areas with contract transition for health visiting and Family Nurse Partnership (FNP). York does not have a FNP service; for health visiting, in order to ensure a smooth transition of responsibilities and sustainability of services, CYC has approved a Deed of Novation to confirm the contract with York Hospital Teaching NHS Foundation Trust will transfer to the Council on 1 October 2015 and be extended for a further six months to 31 March 2016.

Consultation

13. The transfer of responsibility for the HCP 0-5 to the local authority provides a unique opportunity for CYC, together with our partners, to think about how we want to transform and integrate health, education and children's social care services and improve quality health and wellbeing outcomes for our children and young people.

Some of the opportunities already identified include:

- Joining up commissioning for children's public health services, early help and wider family services
 - Streamlining universal access to the HCP with early intervention and targeted programmes for families needing more help
 - Better integration of services at the point of delivery with improved access and improved service user experience helping to lead to improved outcomes for children, young people and families and reduced health inequalities
14. CYC is intending to take advantage of the opportunity by developing a new Healthy Child Service that will offer an integrated child and family centred approach and deliver the HCP 0-19 years.
 15. The YorOK Board launched a public consultation on a proposed 0-19 Healthy Child Service in May of this year (See **Annex 1 and 2**). A key element of the consultation has been to seek the views of a wide range of people about how health visiting and school nursing services are currently provided across the city and how the needs of our younger residents can be met in future through a new single 0-19 Healthy Child Service delivering both the HCP 0-5 and 5-19 elements.
 16. The consultation was co-ordinated by the Children's Trust Unit and comprised of:
 - Stakeholder mapping which was tabled at various forums for scrutiny and feedback
 - A development day was hosted by York Teaching Hospital NHS Foundation Trust for front line staff to share the proposed vision for the new service and provide an opportunity for them to help shape this and discuss the challenges and potential opportunities it presents. This event was attended by representatives from the Vale of York CCG and CYC children's and public health services
 - Face to face discussions took place at a range of forums including internal Council meetings, the Youth Council, the 'Show Me I Matter'

Panel, the Head Teacher's forum for primary and secondary schools and School Governors

- Communication via the media to the public and via existing communication channels to the Vale of York CCG, Partnership Commissioning Unit, NHSE, PHE, Elected Members, staff in the Council and partner organisations including newsletters sent out to schools, colleges, community and voluntary organisations. A dedicated email account was set up for people to submit feedback
- Three short confidential on-line surveys were disseminated using Survey Monkey aimed at young people, parents and practitioners

17. 92% of respondents agreed with the proposed vision and strategic framework for the new Healthy Child Service. Some of the gaps in provision and priorities emerging from the consultation include:

- The importance and increasing demand for help with issues related to emotional wellbeing and mental health
- Lack of advice and practical help after children have been weighed and measured as part of the National Child Measurement Programme
- Lack of provision for young people aged 16 and over
- Insufficient focus on the needs of children and young people who are at higher risk of poor health outcomes
- Lack of clarity and publicity about what the services provide
- Inconsistency of services being offered in different settings, particularly education settings
- The importance of having effective screening and health checks to identify problems that may be impacting on the child's development and identifying these problems early
- Better integration of services – universal, targeted and specialist

Recommended Model

18. The new service is intended to give every child in York the best start in life and enable young people to achieve their full potential through supporting them to make healthier life choices.

19. Some of the challenges that the new delivery model will need to address include:

- Development of a multi-agency and integrated approach to improving emotional health and wellbeing in children and young

people focusing on prevention and early intervention with appropriate support to help reduce the need for more specialist interventions

- Ensuring the accessibility and visibility of the service and better communication about the role
- Ensuring that there is a standard operating framework in place to ensure consistency of quality of care across all settings where the service is offered and measurement of outcomes
- Establishing a seamless HCP including having due regard to key transition points such as on entering school, entering and leaving care and transition to adult provision, particularly for young people with complex health and care needs
- Effective partnership working with NHS commissioned services including screening, childhood immunisation, maternity, primary care and paediatric services for children and young people with long term health conditions and complex health care needs
- Meeting unmet need including outreach work with children and young people not in mainstream school including those being educated at home, those in Pupil Referral Unit and alternative education as well as 16-19 years old who may be in need or at risk of unhealthy behaviours
- Building on the work taking place to develop a family focused approach and supporting cross-cutting priorities in the Council Plan
- Prioritising important public health action such as breastfeeding, smoking prevention, alcohol and substance misuse, healthy weight and improved sexual health and reduction in teenage pregnancies and stopping work that is not included in the service specification
- Ensuring appropriate data collection and reporting systems are in place across the service, to collect evidence of activity and impact as well as routine feedback from service users, partners and stakeholders
- Ensuring that the service delivers value for money

Options

20. Three options are available:

Option 1 – Do not re-procure a new service

Option 2 – To re-procure a new service through competitive tender

Option 3 – To allow the existing contracts for health visiting, school nursing and National Child Measurement Programme to lapse on 31 March 2016 and create an “in house” provision based on the recommended model for the new 0-19 Healthy Child Service from 1 April 2016

Analysis

21. Option 1 – Do not re-procure a new service

- 21.1 This is not an acceptable option. Some elements of the HCP 0-19 are mandated and set out in government regulations and the Council will be required to report to the Department of Health against these mandated elements.
- 21.2 The Council’s contract procurement regulations and procedure rules do not provide any opportunity to extend the existing contracts through a further waiver to contract procedure.

22. Option 2 – To re-procure a new service through competitive tender

- 22.1 This was the original plan with the intention of going out to tender through an open procurement exercise and award of a new contract for delivery of an integrated 0-19 Healthy Child Service from 1 April 2016. A commissioning project team had been established and a procurement timetable developed to enable a tendering process to be completed in accordance with EU procurement regulations.
- 22.2 However it became apparent in March 2015 that there had not been any consultation or engagement with service users, partners or stakeholders in the development of the proposed delivery model and insufficient regard had been given to the linkages with other Council provided children, young people and family services and opportunities for wider integration and efficiencies.
- 22.3 A consultation and engagement exercise has subsequently been carried out as outlined earlier in this report. Based on this feedback, it is clear that the existing health visiting, school nursing and NCMP services, although being highly regarded, are a long way off from our recommended delivery model and there is insufficient time to work with the current provider on a transformation programme in preparation for going out to tender.
- 22.4 Moreover the budget allocated to the existing services from the local authority public health grant allocation is based on historical investment decisions made by the NHS which has been ‘lifted and shifted’ to the Council. If we were to award a new contract based on

this level of investment it would significantly hamper our ability to realign the budget to other Council priorities in the future without undergoing complex contract negotiations to secure agreement to a waiver to contract.

- 22.5 It has not been possible to undertake any benchmarking to establish whether the current services are value for money. Historically health visiting and school nursing services have been provided as part of 'block' community services contracts with NHS providers and services have evolved to meet local needs. Therefore there are no reliable criteria on which to compare the cost of providing the services across local authority areas.
- 22.6 There is not a vibrant market for these services which have historically been delivered by the NHS (although their origins lie with local government until the transfer of public health to the NHS in 1975). Other providers are beginning to emerge but the market is in its infancy and we are aware of one local authority in the region who are preparing to bring their school nursing service "in house" having failed to secure an appropriate provider through an open tender process.
- 22.7 There is a risk that we would not find a suitable provider through a tender process but even if we are successful in awarding a contract the first twelve months of the contract are likely to be taken up by jointly undertaking service reviews, stakeholder consultation and engagement on improvements that need to be made to the service and service transformation. This will take up considerable officer capacity in addition to the work involved with actually managing a contract of this value.
- 22.8 Any opportunities for efficiencies arising from better alignment to Council priorities and integration with Children's Centres and Youth Services transformation plans would also be much more difficult to realise.
- 22.9 In conclusion this is not the recommended option.
- 23. Option 3 - Allow the existing contracts for health visiting, school nursing and National Child Measurement Programme to lapse on 31 March 2016 and create an "in house" provision based on the recommended model for the new 0-19 Healthy Child Service from 1 April 2016.**
- 23.1 This is the recommended option. Given the imperative to ensure that the establishment of a new 0-19 Healthy Child Service supports the delivery of the transformation programme already in progress across

children's services, education and skills and, in particular, the offer provided by Children's Centres and Youth Services, including Castegate, this is the option that provides the greatest flexibility.

- 23.2 It will also facilitate local integration with health services for children and young people that are delivered by NHS organisations such as York Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust, the new provider of child and adolescent mental health services for York.
- 23.3 It is recommended that a phased approach is adopted that will enable the development of the new Healthy Child Service to be aligned to the transformation programme for Children's Centres and Youth Services.

Delivery Programme

24. Phase One from 1 August 2015 to 31 March 2016

- Phase 1 of the development of the new service will be to bring health visiting, school nursing and the NCMP together into a single Healthy Child Service with a new Standard Operating Model that takes account of the service gaps and emerging priorities identified.
- A key priority will be to ensure the safe transition of the existing services from York Teaching Hospital NHS Foundation Trust to the Council for delivery from 1 April 2016. A project steering group and overarching project plan will be put in place.
- Increasingly local authorities are employing nursing staff and the Royal College of Nursing has worked in collaboration with the Local Government Association to produce a helpful guide that sets out the accountability and employment needs of nursing staff. This will be used to help inform transition planning.
- There will need to be shared accountability across the Children's Services, Education and Skills (CSES) Directorate and Public Health for the delivery of outcomes and so there will be joint responsibility for managing the transition. It is proposed that operational delivery for the service is developed within Children's Services with professional leadership and clinical responsibility for the service sitting with the Director of Public Health. The DPH will be accountable to Public Health England for these elements of the service.

25. Phase Two from 1 April 2016 to March 2017

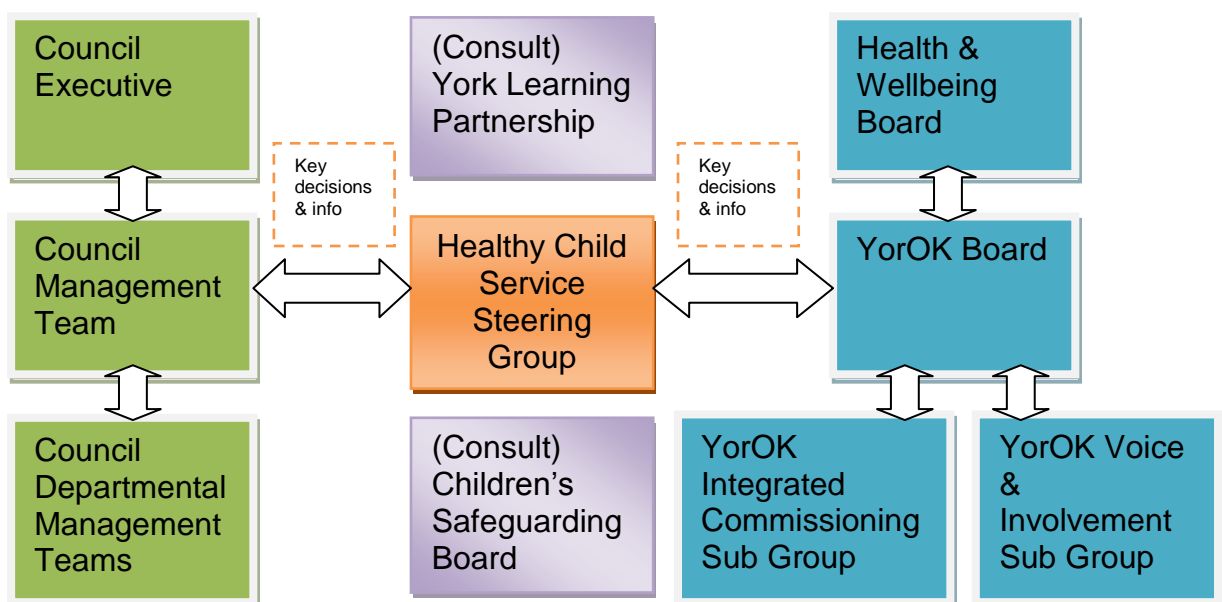
- Phase 2 will involve work to ensure that the new service more closely aligns with the priorities set out in the Council Plan, the refreshed Children and Young People's Plan and supports the rewiring of Council commissioned/directly provided services for children, young people and families.
- This will involve identifying and exploiting the opportunities to link into the transformation of Children's Centres, Youth Services, Castlegate etc. thereby improving delivery and outcomes while maximising the opportunity for efficiencies against a background of shrinking budgets.

26. Phase Three from April 2017 to 31 March 2018

- Undertaking further consultation and engagement with children and young people, parents/carers and other key partners and stakeholders to explore alternative delivery models for a fully integrated Healthy Child Service. A report on options for delivery of the service to be presented to the Executive for decision by 31 March 2018.

27. A Healthy Child Service Steering Group will be established with responsibility for producing a project plan for the transition of the services to the Council and development of the new delivery model. The accountability for this steering group is described in Figure 1 below:

Figure 1.



Council Plan

28. This proposal specifically relates to the priorities within the draft Council Plan 2015-19 currently out for consultation:

- **A Prosperous City for All** - the new Healthy Child Service will be aimed at ensuring that every child and young person in York has the best start in life and is supported to achieve their full potential
- **A Focus on Frontline Services** – by ensuring that all York’s younger residents live and thrive in a city which allows them to contribute fully to their communities and neighbourhoods and where every child has the opportunity to get the best start in life and are encouraged to live healthily
- **A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations** – by ensuring that the new service delivers the mandated elements of the Healthy Child Programme and contributes to the Council’s statutory duties for improving health and reducing health inequalities in our residents

Associated Implications and Risk Management

29. **Financial**

- The Council has a budget of £592,000 for the school nursing service in 2015/16 and will receive an additional grant of £901,000 for the transfer of the health visiting service for the six months from 1 October 2015. The annual budget for the combined service will, therefore, be £2,394,000 at current funding levels.
- If **Option Three** is approved, the total cost (including on costs) of the staff to be transferred to the Council is £1,992,000 at 2015/16 prices (See Annex 3 for a breakdown). This leaves a remaining budget of £402,000 which is expected to be sufficient to cover the non staffing costs of the service, together with any one off costs of the transfer.
- It should be noted that the funding for the service forms part of the Local Authority Public Health Grant Allocation from the Department of Health, which has not yet been confirmed for 2016/17. The potential impact of future reductions in the grant will need to be met from efficiencies generated by bringing the health visiting and school nursing services together.

30. **Human Resources**

- Should **Options Two or Three** be approved, there will be TUPE (Transfer of Undertakings of Employment) implications for the transfer

of staff currently providing the service from York Teaching Hospital NHS Foundation Trust to a new provider or the Council.

- If **Option Three** is approved, in keeping with the legal advice contained under paragraph 32, a detailed Human Resources project plan will need to be developed to ensure a safe and legal transfer takes place.
- Furthermore an overarching project plan will need to be developed. Identification of resources to support the transfer of 50+ NHS staff to the Council will need to be included as part of that project plan. This option will require dedicated input from Human Resources.
- The transfer would include health visitors and school nurses who are qualified nurses who have undergone further training to be recognised as Community Specialist Public Health Practitioners and they are regulated by the Nursing and Midwifery Council (NMC). The Council's Recruitment and Selection procedures and Workforce Development offer will need to be reviewed in light of the specialist skills, Continuous Professional Development requirements and mandatory training associated with this staff group.
- The Council's trade union recognition agreement will need to be reviewed to consider the inclusion of the Royal College of Nursing as the professional association representing qualified nurses.
- In order to deliver the opportunities for integration within existing CYC provided services the service will be operationally managed within the Children's Services, Education and Skills Directorate with day to day operational responsibility sitting with the Director of Children's Services, Education and Skills. This will need to be reflected in the role and responsibility of the Director of Children's Services and therefore the appropriate Management of Change process should be followed.
- The professional leadership and clinical governance responsibilities will need to be reflected in the role and responsibility of the Director of Public Health who will be accountable to Public Health England for these elements of the service.

31. **Equalities**

A Community Impact Assessment is in the process of being completed. The 0-19 Healthy Child Service is a universal service accessible to all children, young people and families in York but the new service will have a key focus on reducing the gap in service provision identified during the

consultation to specific groups such as the homeless, gypsy and traveller communities and ensure equity of access across the city.

32. **Legal**

- **Options Two** and **Three** are likely to entail a service provision change under the provisions of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).
- If under **Option Two** a new service is procured from a new Provider, then the NHS staff who are assigned to the current health visiting, school nursing and NCMP services would transfer to the new Provider and there would be minimal risk to the Council. This is because under TUPE the procurement would be classed as a 'second-generation' contracting out and the Council would effectively step-back whilst the York Hospital Trust and new Provider determine any issues associated with the transfer of NHS staff. This situation may not apply however if the current Services were to be procured and divided between multiple service Providers. In this case it is possible that TUPE would not apply because of a 'fragmentation' of the Services.
- If under **Option Three** the existing health visiting, school nursing and NCMP contracts are brought 'in-house', then TUPE would apply such that everything under or in connection with an individual's contract would transfer to the Council. In effect the transferred NHS staff would be employed by the Council under their existing NHS terms and conditions of employment and this is likely to include not only those terms expressly included in individual contracts, but also any non-contractual rights and obligations provided by York Hospital Trust. Transferring NHS staff would be required to join the Local Government Pension Scheme or retain their existing NHS pension. Potential redundancy costs could be an issue if in the future a decision is taken to restructure the 'in-house' service.

33. **Crime and Disorder**

There are no crime and disorder implications arising from this report.

34. **Information Technology (IT)**

- The transfer of commissioning responsibility for 0-5 services to local authorities in October 2015 will create additional responsibilities on the Council for the data collection and reporting to the Health and Social Care Information Centre against mandatory performance indicators.

- Should **Option Three** be approved, a detailed IT project plan will need to be developed to ensure a safe transfer to the Council. This will require dedicated input from the Business Intelligence Hub.
- It is not clear at this stage at how much work resides within the CSES area, or staff moving across. If as hinted, on an initial fact-finding look at 0-5 datasets and other areas, that this is a significant data negotiation, capture, cleansing, reporting and management process, it might be worth thinking that the resources needed will be similar to other large statutory returns within the children's services arena, such as Troubled Families / Children in Need Census that are currently managed by the Hub.
- The skills needed to manipulate the information efficiently and accurately exist at present.
- At this stage there is little detail about how the data needs to be captured and held from an IT perspective, as well as who may need to access this information. CYC is currently undergoing the changes to the main case management system for children and this may provide opportunities to develop a shared child record.
- The bringing together of this information, alongside other datasets currently held by the Hub, will put the council in a stronger position to understand and commission services in the future.

35. **Property**

There are no property implications arising from this report. The health visiting service is already based in Children's Centres and the intention is to co-locate the school nursing service.

36. **Risk Management**

- The project to transfer responsibility for the delivery of health visiting, school nursing and the NCMP services from the NHS into the Council carries a number of risks. It is a multi-million pound project that has a tight delivery timescale with the requirement to have completed a safe transfer by 31 March 2016. These are new services to the Council which will need to be integrated into corporate policies and procedures.
- To mitigate these risks, the project must be adequately resourced. The Council has arranged to put in place stronger strategic leadership from Public Health with the appointment of an interim Director of Public Health who will be responsible for project delivery. Additional project

support has been identified within the Public Health Team and negotiations are underway with York Teaching Hospital NHS Foundation Trust to secure a member of staff on secondment to the Council to support the work programme. Cross directorate support and commitment will also be required to ensure that each directorate meet their identified and agreed delivery timescales.

- A detailed project plan with a timeline and risk register is being produced. This will be in place by the end of August 2015 with regular reporting to the Council Management Team and YorOK Board on progress. The YorOK Board will be responsible for briefing the Health and Wellbeing Board
- A Communication Plan will ensure that all key stakeholders are informed of key decisions and briefed on progress.
- In addition contact has been made with North East Lincolnshire Council who already deliver an “in house” service and employ health visiting and school nursing staff, to learn from their experience and they have agreed, in principle, to a “buddying” relationship.

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**Report
Approved**



Date 29/07/15

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Wards Affected: List wards or tick box to indicate all

All

For further information please contact the author of the report

Annexes

Annexe 1 - Vision and Strategy: an approach for health visiting and school nursing

Annexe 2 - Life Course Healthy Child Programme 0-19

Annexe 3 – School Nursing & Health Visiting Transfer – Staffing Costs

Background Papers

<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

<https://www.gov.uk/government/publications/healthy-child-programme-review-of-children-aged-2>

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_107566

Royal College of Nursing. Employing Nurses in Local Authorities. 2014
www.rcn.org.uk

Glossary of abbreviations used in the report:

CCG – Clinical Commissioning Group

CHIS – Child Health Information System

CSES – Children’s Services, Education and Skills

CYC – City of York Council

DPH – Director of Public Health

EU – European Union

FNP – Family Nurse Partnership

HCP – Healthy Child Programme

NCMP – National Child Measurement Programme

NHSE – NHS England

NMC – Nursing and Midwifery Council

PHE – Public Health England

TUPE – Transfer of Undertakings (Protection of Employment) Regulations
2006