Joint Health/Childrens Scrutiny Committee

Meeting date: 14 September 2016

From: Assistant Director – Health, Care and Community Services

Recommissioning of public health services for 0-19 year olds

1. Purpose of report

1.1 To seek Scrutiny Committee views on proposals to recommission 0-19 public health services and integrate these with Early Help services.

2. Background

2.1 The County Council took responsibility for commissioning public health services for 0-5 year olds (health visiting and the Family Nurse Partnership) in October 2015, adding to its existing responsibility for services for 5-19 year olds (school age nursing services).

2.2 In the strategic planning round for 2015/16-2017/18, Council approved a savings proposal to redesign and recommission public health services for children and young people, integrating the whole pathway and bringing it together with Early Help services.

2.3 Over the past 6 months considerable work has been underway to identify a new model for the delivery of the 0-19 public health services and to define integration with Early Help. Throughout this process a number of design principles have been consistent. These have included:

- The need to deliver mandated services, specifically key contacts and assessments for the 0-5 age group, and the national child measurement programme;
- A requirement to realise savings;
- The principle of integrating services with Early Help, and in particular having health visiting services integrated within Children's Centres, through extending the existing Early Help contracts where appropriate; with a presumption towards co-location of services.
- A prioritisation given to supporting children, young people and families around the key priorities of promoting breastfeeding, tackling obesity, and supporting mental and emotional health and wellbeing;
- The need to ensure that the system for safeguarding children is enhanced and children receive effective early help support.

2.4 However, the key factor influencing the pace and design of integration is the staggered timescales for renewal of the 0-19 public health service contracts (1st April 2017) and Early Help Contracts (April 2019). Ultimately this means that integration will need to occur in two phases, as follows:

- Phase 1 – Interim integration programme introduced in April 2017, which primarily focuses on bringing together health and wellbeing support for 0-19s across public health and Early Help, in order to reduce duplication and improve joined-up working.
- Phase 2 – A radical proposal for total system integration, which would see a wide range of children and young people's practitioners working together as one team via hubs located in children's centres.

2.5 Further detail on the proposed phase 1 and 2 integration programmes is provided below.

3. Current service provision

3.1 Universal health visiting services are delivered across Cumbria by approximately 80 Health Visitors and 3 Clinical Practice Tutors. They deliver checks on children and families at five mandated points: pre-birth, shortly after birth, and at 4-6 weeks, 1 year, and 2.5 years old. While these checks are universal, the level of support subsequently given varies depending on need. Health Visitors are an important part of the County's systems for safeguarding children, helping to identify those at risk and in need and to provide support as required.

3.2 The Family Nurse Partnership delivers specialist health visiting services to first time teenage mothers. It is an intensive 2-year programme delivered by 6 health visitors in line with the requirements of a franchised scheme. It supports approximately 90 people at any one time, below its capacity of 150.

3.3 The school age nursing service is provided by 11 full time equivalent School Nurses. There is also a small team of screeners who carry out the height and weight measuring as part of the National Child Measurement Programme (NCMP) and also undertake vision screening. A number of staff work part-time and term-time only. Our school nurses work hard to deliver an excellent service, however due to this limited capacity the service struggles to deliver fully either on the individual care for children that schools would like, or on the public health role that they could be playing.

4. Phase 1: Achieving an Interim Integration Programme

Description of proposed interim integration programme

4.1 Diagram 1 overleaf summarises the proposed interim integration model. In order to achieve this model, a number of changes are proposed. Table 1 describes the detail of these changes together with the rationale, implications and risks involved in making these changes.

Diagram 1: Summary of proposed interim 0-19 Service (to be introduced April 2017)

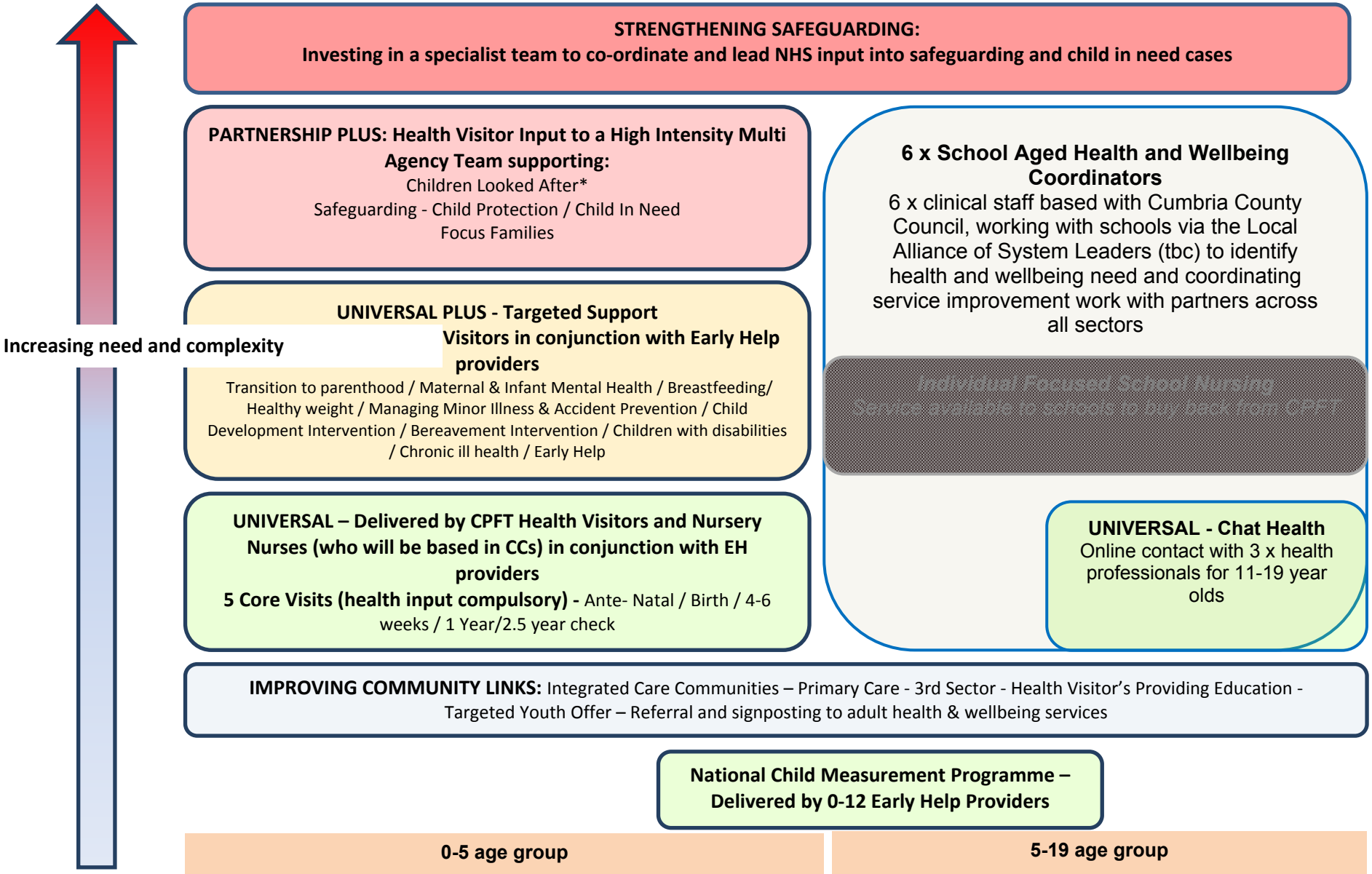

Table 1: Interim 0-19 Service Model – considerations

Change	Implications	Rationale	Risk	Mitigating Action
National Child Measurement Programme (NCMP) work stream transfers to Children's Centres	£130K removed from CPFT contract. Transferred to Early Help providers via a contract variation. Increase in Early Help budget and capacity	Current service provides public health information both on an individual child and locality/county basis; however CPFT do not currently provide services that respond to the need identified like children's centres do The integration of these functions would enable better targeting of support, create efficiencies and result in better outcomes for children	No clinical risk. Potential staff anxiety about implications.	Early engagement with staff underway
Reductions to Health Visitor (HV) workforce in 2017/18 Remaining workforce: 6 specialist HV 3 HV/Clinical Practice Tutors [CPT] 71 HV	Increased caseloads 50 per specialist HV 150 per CPT 340 per HV (an increase from 250)	Meets financial expectation and significantly supports £744k MTFP savings. Reduction in core offer to ante natal, birth, 6 week and 1 year visit. Reduced number of clinics across the county will maintain a priority service for 0-1 yr olds to support the earliest intervention possible and identification of families who require early help or targeted support. Retention of Family Nurse Partnership expertise into specialist roles will enhance the skills within the locality teams.	National guidelines suggest a caseload level of around 300 per HV. Therefore exceeding guideline levels. Reduced contact with families increases the risks of issues and concerns not being recognised and identified in a timely way. Potential for increased demand on targeted and intensive intervention if opportunities for early help are missed	New safeguarding team will take on the more complex cases, enabling HVs to take a larger but simpler caseload Reduced HV contact needs to be balanced against increased contact with EH and other support within the community where required. Work with HV to identify current work activity that is non-

Change	Implications	Rationale	Risk	Mitigating Action
			Staff morale in reducing service following 'call for action' Increased difficulty in recruitment and retention of staff.	priority or can be managed via a referral to EH in order to improve capacity.
Health Visitor workforce to be based within and functionally integrated with Children's Centres	Requirement for day to day operational management arrangements to ensure proper integration not just physical co-location	Service improvement in the context of reduced workforce can only come with functional integration of teams at local level	Challenges in integrating IT systems lead to difficulties with practical integration	Early decision making on management structures and policies for integration to be agreed summer 2016
Reshaping priorities of Early Help (EH) providers – more focus on health and wellbeing	Increased EH activity around healthy weight, breastfeeding and mental health. Reduced focus on following activity: Some out of school activities Children and Young People's (CYP) Forums Vocational and non-vocational training Poverty advice and support	More strategic targeting of out of school activities Advisory Board fulfils function re: CYPs forums Inspira provides vocational and non-vocational training CCC contract with Citizen's Advice Bureau (CAB) re: debt advice currently under utilised	Families lose ability to gain advice in a 'one stop shop'. May be less likely to access support from elsewhere.	Carry out further work to define clear roles and pathways between: HVs and EH practitioners HVs/EH practitioners and other key providers such as CAB Reduced duplication of services by promotion of Debt Advice and the

Change	Implications	Rationale	Risk	Mitigating Action
				Careers, Information, Advice and Guidance (CIAG) contracts held by other commissioned Providers.
Family Nurse Partnership (FNP) programme to be decommissioned with staff moving to specialist safeguarding roles	6 FNP nurses with specialist skills to work with vulnerable families retained in the 0-19 service by inclusion in safeguarding teams. FNP nurses will provide expert supervision and training to wider team, rather than being stand-alone like they currently are.	FNP programme is very prescriptive and provides evidenced based high input services for a small number of young parents over a 2 year period; however the service is not fully integrated with main stream HV. Cumbria has not maintained a full cohort of families at times (the aim is to work with 150 families county-wide, however the average number routinely being worked with is 90). This makes the costs per client are very high.	Loss of FNP programme and therefore some of the clinical tools that are licensed to the programme Reduction in ring fenced highly specialised work for young parents	Ensure transition plans are in place for families currently receiving support via FNP Improve referral pathways from HV into the Focus Family Programme
Change of school nursing provision: Decommissioning of traditional school nursing service. Development of school-aged health coordinator workforce (CCC	There will no longer be a generic school nursing offer, however schools can increase their health input through a buy back scheme that CPFT will develop through this process. 6 x clinical school aged heath coordinators would be based with CCC's	Current role is not sustainable. The service is significantly under-resourced, therefore ineffective. Role is not clearly defined and understood and has changed frequently in an attempt of be effective in meeting the diverse range of expectation. Coordinator role is key to developing responsive health and social care provision across Cumbria and to support schools in meeting their	Less visible access to health services for 5-19 year olds. Partners especially schools and primary care will not have school nursing to refer to, so potential for a young person's needs not to be met if colleagues do not have the knowledge or	Early and on-going engagement with Trade Unions to be established. Engagement of professionals in defining coordinator posts and understanding the impact of losing face-to-face clinical support

Change	Implications	Rationale	Risk	Mitigating Action
based) - service development roles rather than face-to-face clinical roles Development of web and text based communications with young people (learning from Kooth and Chat Health) Increased safeguarding leadership via additional capacity in a dedicated team	Children's Services to complete school-aged reviews, identify health need within school cluster areas and work with the LASLs to coordinate service improvement work across all sectors.	health needs. CHAT health is evidenced based and allows young people easy access to services in a way that they would choose; positioning the service within the single point of access for emotional and mental health will further improve good access to services. However, service is currently staffed 9-4 Monday-Friday.	experience to either deal with the issue or appropriately signpost. Potential increased clinical risk due to lack of expert school nursing assessment and intervention for an individual child. Reduced advocacy for young people's health. CPFT/CC reputation	currently provided by school nurses Ensure CHAT Health is accessible at times that are convenient to young people

Continuing to contract with CPFT - Public Contracts Regulations 2015 (PCRs)

4.2 In order to support integration proposals, it is proposed that CCC enter a contract partnership arrangement with CPFT (i.e. does not go to competitive tender for the delivery of the clinical elements of the 0-19 healthy child programme, but instead acknowledge CPFT as the most appropriate provider). Such a contract between two contracting authorities (the Council and CPFT) is permissible provided the following conditions in regulation 12(7) of the Public Contract Regulations are fulfilled:

- That the contract establishes or implements a cooperation between the participating contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common.
- The implementation of that co-operation is governed solely by considerations relating to the public interest. (i.e. not for profit).
- The participating contracting authorities perform, on the open market, less than 20% of the activities concerned by the operation (i.e. is CPFT contracted to deliver 0-19 HCP services elsewhere).

Variation of Early Help Provider contract

4.3 It is permissible under regulation 72(5) of the PCRs to modify the Early Help Contracts services without new procurement, provided that the value of the modification is below both the relevant EU threshold and 10% of the initial contract value. The modifications are to be agreed with existing providers. Applying these rules based on the value of the Early Help service modifications of up to a value of £589,148 over the life time of the contract is permissible.

4.4 In order to support phase 1 of integration, it is proposed that NCMP delivery is undertaken by 0-12 Early Help (EH) providers from April 2017 onwards. The £130k annual budget for NCMP would be transferred to the three EH providers. The allocation per locality will be weighted depending on the number of pupils in Reception and Year 6 who would require measuring. In addition, £30k that is currently allocated to support breastfeeding peer-review support in Carlisle and Barrow will be distributed across the six localities on the basis of the number of new births in each area.

Financial Modelling for Interim Integration Model

4.5 In the strategic planning round for 2015/16 – 2017/18, Council approved a saving proposal to redesign and recommission public health services for children and young people, integrating the whole pathway and bringing it together with Early Help services. The proposed overall budget saving was £900k, of which £156k was to be realised through service efficiencies in 2016/17 and a further £744k in 2017/18 through full redesign and recommissioning.

4.6 The savings target of £156k for 2016/17 has been achieved in full through a combination of ending a short term uplift that had previously been given to the provider (Cumbria Partnership Foundation Trust - CPFT) for school nursing services, and not passing on a recurrent budget uplift received when the budget for 0-5 services transferred from NHS England to the Council in October 2015.

4.7 Implementing the proposed interim integration model proposed above would achieve the £744k saving by reducing the CPFT contract value and transferring NCMP funding to Early Help Providers.

Consultation to date

4.8 The budget reduction was part of the 2015/16 annual council budget consultation.

4.9 Thinking about the new model has been shaped by a consultation exercise undertaken in October to December 2015 with provider staff, parents and young people focused on the sort of services they would like to see provided, and by a design session with providers in March 2016, which has been followed up with individual provider discussions over recent months.

4.10 Consultation is ongoing with the key stakeholders regarding the proposed interim integration model. Views have been obtained from Early Help Providers, Safeguarding Hub and Targeted Youth Support 11-19, and discussions are taking place with the Learning Improvement Service and CASL. CPFT are taking responsibility to consult with their staff regarding the proposed changes. Consultation with schools is currently ongoing.

Timescales for Interim Integration Programme

4.11 This proposed service review is currently working to the following timetable:

Action	**Date/Time Period**
Consultation with schools.	10th – 30th September
Consideration of proposal by joint meeting of Health and Children's scrutiny panels.	14th September
Paper to Cabinet	20th October
Publication of voluntary ex-ante transparency (VEAT) notice to reduce risk of challenge	20th October – 20th November
Contract award – CPFT (assuming VEAT notice is not challenged)	End Nov
EH Contract Variation - SDP submission for CCC approval	30th November 2016
Contract variation issued to EH providers - updated SDP and pricing schedule	28th February 2017
Amended Early Help contract commences	1st April 2017
New CPFT Contract commences	1st April 2017

5. Phase 2: Full integration of health and early help services to create one 'best start' service for 0-5 year olds

5.1 The interim programme proposed above supports a step change towards improved integration between children's public health services and Early Help, while supporting the savings agreed by Council in February 2015. However, it is recognised that a much more radical transformation programme could be implemented when the Early Help contracts are recommissioned in April 2019.

5.2 If Cumbria County Council aims to achieve a fully integrated approach to early help services, there needs to be a bold redesign of service provision that puts children and families at the heart of multi-disciplinary teams that can fully identify and respond to a range of needs and help children and families achieve their full potential.

5.3 This means the removal of organisational boundaries and a move towards integrated teams with shared line management, consisting of health visitors, social workers, early help practitioners, targeted youth workers and others. Children's Centres would provide the hubs for these multi-disciplinary teams who would collectively ensure support across the whole 0-19 age range.

5.4 Initial discussions with CPFT about this approach have been positive, with support given for the direction of travel. Realising this vision would require a transformation programme of work to be implemented during 2017-2019.

6. Conclusion and recommendations

6.1 Taking responsibility for all public health services for 0-19 year olds in Cumbria gives the Council the opportunity to ensure that these are properly joined up with Early Help services in order to offer improved outcomes for the County's children and young people. The proposals outlined above begin this process, though it is acknowledged that full integration will not be feasible until 2019.

6.2 The Scrutiny Committee is asked to comment on the proposals prior to them being finalised.

Appendices

None

Previous Relevant Council or Executive Decisions

Budget, February 2015

Background Papers

No background papers

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