

**TITLE OF REPORT:** **Future Delivery Model for Public Health Nursing Services and Extension of Current Contract**

**REPORT OF:** **Alice Wiseman, Director of Public Health**

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### **Purpose of the Report**

1. To seek Cabinet approval to develop an options appraisal for the future delivery model of the Council's 0-19 Public Health Nursing Service (up to 25 for those with a special educational need or disability).
2. Approval is also sought for the extension of the current 0-19 Public Health Nursing Service contract to afford an additional timeframe to implement the most appropriate future delivery model.

### **Background**

3. The 0-19 Public Health Nursing Service is currently delivered by Harrogate and District NHS Foundation Trust (HDFT NHS) under a procured services contract with the Council. The Service is an evidence based universal healthy child programme with targeted interventions for children, young people, and their families in accordance with need, many elements of which are the Council's statutory obligation to provide. The Service is delivered by HDFT's health visitors, family nurses and school nurses. The contract commenced on 1st July 2018 and will expire on 30th June 2023. The funding associated with this service is contained within the ringfenced Public Health Grant.
4. Recently the Council was awarded funding for the development of the Family Hubs/Start for Life programme across the Borough. Family Hubs are a place-based way of joining up locally in the planning and delivery of family services by bringing together services to improve access, improve connections and put relationships at the heart of family support. Services offered to families in the critical period between conception and age 2 (Start for Life 1001 critical days) are often disjointed making it hard for those who need help to navigate the support available to them. In addition, the support they need may not be available, or services are not always developed with the needs of families in mind.
5. The Family Hubs/Start for Life programme presents an opportunity to further develop and strengthen the support available and our early help offer to achieve better outcomes for families in Gateshead. Specifically, there appears a potential

opportunity for an enhanced role for the 0-19 public health nursing service via this programme. The 0-19's public health nursing services placement at the heart of our communities could expand current community-based service provision and facilitate a greater degree of integration between services to maximise efficiency and help facilitate co-ordination between key delivery partners, including voluntary sector providers.

6. With the term of the 0-19 Public Health Nursing Service contract coming to an end this year and with obvious synergies between the Service and the implementation of the Family Hubs/Start for Life programme, there appears an opportunistic need to consider service delivery models beyond what can be achieved with a simple procured contract for services.
7. Public Health see real potential in a more integrated approach to 0-19 Service delivery (up to 25 for those with special educational needs and disabilities) with our partners across the health system. We would like to develop delivery model options to bring to Cabinet that will offer a future 0-19 Service provision that secures improvement in the delivery of our health-related functions. In particular, Public Health would like to explore, understand, and consider the potential benefit in forming a Partnership arrangement for Service delivery with our current service provider, HDFT NHS, in order to exploit the opportunities to integrate our approach to health delivery and achieve service improvement that will benefit service users. Such a Partnership arrangement has been adopted by many of our local authority neighbours and is known as a Section 75 Agreement.
8. The development of an options appraisal and the implementation of Cabinet's eventual preferred model will be time consuming and significantly longer than the duration remaining on the current 0-19 Public Health Nursing Service contract term (i.e. 3 months). Cabinet approval is therefore being sought to extend the current 0-19 Public Health Nursing Service contract term with HDFT NHS for a term of 9 months with the option to extend for a further 3 months if required (12 months in total). This additional timeframe is essential to ensure we are able to implement the most appropriate future delivery model for 0-19 Services in light of the emerging Family Hubs/Start for Life programme and landscape.
9. Advice has been sought from Legal services and it is believed that an extension of the current contract on this interim basis is a permissible modification under Regulation 72 (1) (e) of the Public Contract Regulations 2015, with the modification, irrespective of its value, not being 'substantial'.

## **Proposals**

10. It is proposed that Cabinet approves:

- (i) the Public Health team, working alongside health partners and internal services, to develop an options appraisal, including the potential of a Partnership arrangement with HDFT NHS, for the future delivery model of

the Council's Public Health Nursing Service. Such options appraisal to be the subject of a future report to Cabinet; and

- (ii) the extension of the current 0-19 Public Health Nursing Service contract for a term of 9 months with the option to extend for a further 3 months if required (12 months in total). The annual value for 12 months is £4,519,747 (note this does not include the NHS pay award for 2023/2024 which is yet to be agreed).

## **Recommendations**

11. It is recommended that Cabinet:

- (i) approves the development of an options appraisal for the future delivery model of the 0-19 Public Health Nursing Service; and
- (ii) approves the extension of the current 0-19 Service contract with Harrogate and District NHS Foundation Trust for a term of 9 months from 1<sup>st</sup> July 2023 with the option to extend for a further 3 months if required (12 months in total).

For the following reasons:

- (i) To ensure the improved delivery of the Council's health related functions;
- (ii) To afford sufficient additional time for implementation of the most appropriate future delivery model

## **Appendix 1**

### **Policy Context**

1. Making Gateshead a Place Where Everyone Thrives sets the strategic direction for the Council, redressing the imbalance of inequality, championing fairness and social justice. This approach has shaped development of the Health and Wellbeing Strategy for Gateshead.
2. The Health and Wellbeing Strategy has been adopted as the corporate plan of the Council and is the delivery mechanism for Thrive. Its evidence based strategic priority areas aim to address the wider determinants of health through a place-based approach. They include:
  - Give every child the best start in life, with a focus on conception to age two
  - Enable all children, young people, and adults to maximise their capabilities and have control over their lives
  - Create the conditions for fair employment and good work for all
  - Ensure a healthy standard of living for all
  - Create and develop sustainable places and communities
  - Strengthen the role and impact of ill health prevention

### **Background**

3. Local authorities inherited responsibility for commissioning the Healthy Child Programme 5-19 (school nursing) in April 2013 and subsequently 0-5 years (health visiting and family nurse partnership) in October 2015. The funding associated with these services is contained within the ringfenced Public Health Grant.
4. The current 0-19 Public Health Nursing Service is delivered by Harrogate and District NHS Foundation Trust (HDFT NHS) under a services contract with the Council. The Service is an evidence based universal healthy child programme with targeted interventions for children, young people, and their families in accordance with need. The contract was awarded to HDFT NHS for an initial 2 years with 3 X 12-month period options to extend. The contract commenced on 1st July 2018 and will expire on 30th June 2023.
5. In line with statutory public health responsibilities Local Authorities are required to secure the delivery of five mandated early years (health visitor) contacts, as well as the National Child Measurement Programme (NCMP), within the overall 0-19 service specification.
6. The principle of greater synergy between local partners on the practical arrangements for delivering support to families, such as these mandatory

contacts, is embedded in national policy. In England statutory guidance requires local authorities and relevant partners to work together to deliver early childhood services in an integrated manner, defining this as ‘where everyone supporting children works together effectively to put the child at the centre, meet their needs and improve their lives’, facilitating access to services and maximising benefits to families.

7. Gateshead Council is committed to public health services being as easy to access as possible and well-co-ordinated for the people who use them. We believe that the most effective way of improving the health and wellbeing for people in Gateshead is for Gateshead Council to work collaboratively with its NHS partners. Collaborative working includes a shared vision of an integrated service recognising the strengths, opportunities and challenges faced by local government and the wider heath system.
8. By working together, we can further drive forward improvements, align to wider service review and deliver services in an integrated manner, in line with the Family Hubs model framework key delivery areas (access, connection and relationships). The Family Hubs/Start for Life Programme presents an opportunity for an enhanced role for the 0-19 Public Health Nursing Service. The 0-19's Public Health Nursing Services placement at the heart of our communities could expand current community-based service provision and facilitate a greater degree of integration between services to maximise efficiency, help to achieve better outcomes for families, and help facilitate co-ordination between key delivery partners, including voluntary sector providers.
9. A public health informed approach to primary prevention, early intervention and mitigation which promotes actions with other partner organisations across different sectors will help us to ensure that every child grows up healthy, safe, and able to achieve their full potential, regardless of where they live or their family circumstances.
10. With the term of the current 0-19 Public Health Nursing Service contract coming to an end this year and with obvious synergies between the Service and the implementation of Family Hubs/Start for Life Programme, there appears an opportunistic need to consider Service delivery models beyond what can be achieved with a simple procured contract for services. Public Health see real potential in a more integrated approach to 0-19 Service delivery with our partners across the health system and would like to develop delivery model options to bring to Cabinet that seek a future 0-19 Services provision that secures improvement in the delivery of our health-related functions.
11. An alternative delivery model to a simple contract for services, which has been adopted by many of our local authority neighbours, is the creation of a

legally binding Partnership agreement (also known as a Section 75 agreement) between the local authority and an NHS body, in exercise of Section 75 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). The agreement enables the NHS body to directly exercise the statutory functions of the local authority (for example, the 0-19 Service) in order to lead to an improvement in the way such functions are exercised. That improvement would then be felt by and benefit service users.

12. Public Health are of the opinion that consideration of such a partnership approach with HDFT NHS could potentially provide the Council with a mechanism to formalise arrangements for 0-19 Services in a way which provides more flexibility, improved efficiency, and better integration to allow us to take a locally tailored approach and be more responsive to the needs of families. It could maintain stability of service provision and support a more integrated approach to delivery and the implementation of Family Hubs/Start for Life Programme. Improving the join up between services and taking a whole family approach better supports families to access the help they need.
13. The drive towards more integrated health and social care for children and young people and the development of Family Hubs/Start for Life Programme will require an ongoing commitment from all partners, and the Public Health Nursing Service is a critical component of the future design. Integrated working with partners will be an important element of our long-term success in achieving a high-quality service.
14. Public Health will develop an options appraisal pertaining to alternative delivery models for 0-19 Services to present to Cabinet in July 2023. However, as the time between presenting options and implementing Cabinet's preferred model will be significantly longer than the duration remaining on the current 0-19 Services contract term (i.e. 3 months), Cabinet approval is sought to extend the current contract. This will enable the options appraisal and implementation of the best approach (whether that be an open procured process or a partnership approach).
15. It is considered the most appropriate option would be to extend for a period of 9 months with the option to extend for a further 3 months if required (12 months in total). The additional 3 months may be required should a full procurement be required, to allow for an appropriate transition period following contract award if a new provider were successful. This additional timeframe is essential to ensure we are able to implement the most appropriate future delivery model for 0-19 Services in light of the emerging Family Hubs/Start for Life landscape.

16. Advice has been sought from Legal services and it is believed that an extension of the current contract on this interim basis is a permissible modification under Regulation 72 (1) (e) of the Public Contract Regulations 2015, with the modification, irrespective of its value, not being 'substantial'.

## **Consultation**

17. The Portfolio holders for Children and Young People and Health and Wellbeing have been consulted on this report.

## **Alternative Options**

18. The Council is required to meet statutory obligations in relation to the 5 mandated early years (health visitor) contacts as well as NCMP. There are no alternative options at this stage as this report is requesting Cabinet approval to:
  - Develop an options appraisal for the future delivery model of the Council's Public Health Nursing Service and;
  - Agree an extension of the current 0-19 Service contract

## **Implications of Recommended Option**

### **19. Resources:**

- a) **Financial Implications** – The Strategic Director, Resources and Digital confirms there are no direct financial implications for any other budgets within the Council arising from this report. Public Health Nursing Services are funded from the ring-fenced public health grant received by the Council and are a high priority within the grant.
- b) **Human Resources Implications** –There are no direct human resource implications for the Council arising from this report.
- c) **Property Implications** - There are no direct property issues arising from this report.

20. **Risk Management Implication** - There are no risk management implications arising from this report.
21. **Equality and Diversity Implications** – There are no equality and diversity implications arising from this report.
22. **Crime and Disorder Implications** – There are no crime and disorder implications arising from this report.

- 23. Health Implications** – There are no health implications arising from this report.
- 24. Climate Emergency and Sustainability Implications** - There are no climate emergency and sustainability implications arising from this report.
- 25. Human Rights Implications** - There are no human rights implications arising from this report
- 26. Ward Implications** - There are no ward implications arising from this report.  
This is a universal service which is available to any families with children in Gateshead.