

TITLE OF REPORT: **0-19 Public Health Nursing Service – Future
Commissioning Arrangements**

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

Purpose of the Report

1. The 0-19 Public Health Nursing contract is due to end on 30th June 2024. Arrangements need to be made to enable the continued delivery of the service from 1st July 2024 to ensure that the Council's statutory public health responsibilities are met.
2. This report sets out details of the commissioning options for the 0-19 service delivery post 30th June 2024 and seeks approval from Cabinet to proceed with the recommended commissioning option. Approval is also sought to undertake a statutory consultation based upon the approved commissioning option.

Background

3. On [21st March 2023](#) Cabinet considered a report asking for permission to develop an options appraisal for the future commissioning arrangements of the Council's 0-19 Public Health Nursing Service (up to 25 for those with a special educational need or disability).
4. The following options for the future commissioning arrangements have been carefully considered: (a) do nothing, (b) in house delivery, (c) establishment of a Section 75 partnership agreement, and (d) a competitive procurement. The detail for each option considered is outlined in Appendix 1 paragraph 17.

Proposal

5. The proposal is that the public health team develop and establish a formal partnership arrangement (known as a Section 75 agreement) with the current service provider, Harrogate and District NHS Foundation Trust and other key partners for the provision of the 0-19 Public Health Nursing Service in a manner that is likely to lead to an improvement of the delivery of the 0-19 function. It is proposed that the public health team also undertake a public consultation engagement exercise for a period of 4 weeks regarding the establishment of a partnership arrangement.

Recommendations

6. It is recommended that Cabinet:

- (i) approves the recommended option to develop and enter into a Section 75 Partnership agreement with Harrogate and District NHS Foundation Trust for the delivery of the 0-19 Public Health Nursing Service:
- (ii) approves the Public Health Team undertaking a public consultation engagement exercise on the use of a partnership arrangement; and
- (iii) agrees to receive a further report by April 2024 to update on the consultation engagement exercise and the development of the Section 75 agreement to include the new 0-19 service delivery model, proposed outcomes and performance framework, length of agreement and financial costings.

For the following reasons:

- (i) To ensure the improved delivery of the Council's public health related functions.
- (ii) To enable the further development of an integrated prevention and early help offer to improve outcomes for children and families in line with the Family Hubs and Start for Life Programme, and the Gateshead Partnership Early Help Strategy.
- (iii) To contribute towards the Councils strategic vision "Thrive" and the priorities of the Health and Wellbeing Strategy.
- (iv) To further develop collaborative working recognising the strengths, opportunities and challenges faced by local government and the wider health system.
- (v) To ensure the Council meets its statutory responsibilities to carry out a joint consultation with such persons as appear to be affected by such arrangements.

CONTACT: Louise Sweeney extension: 2909
Moira Richardson extension: 3034

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
3. Early help in Gateshead is a partnership system as outlined in our [Early Help Strategy 2023-2026](#). In Gateshead early help is not a service but a way of thinking across a varied system of support comprising universal, targeted and specialist services, along with families' own informal and peer networks.
4. The Family Hubs and Start for Life programme's vision is to provide families with the integrated support they need to care for their children from conception, throughout the early years and into the start of adulthood. This is to enable parents to establish a firm foundation for their children, from which to meet their full potential in life.

Background

5. 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.
6. The 0-19 Public Health Nursing Service is currently 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.

7. [The Healthy Child Programme](#) (HCP), launched 11 years ago, is still the national evidence based universal programme for children aged 0-19. The programme provides the bedrock for health improvement, public health and supporting families.
8. The HCP offers every family an evidence-based programme of interventions and remains universal in reach, setting out a range of public health interventions to build healthy communities for families and children, reducing inequalities and vulnerabilities. It includes a schedule of interventions which range from universal services for all, through to intensive support. The HCP model was updated in 2021 but continues to emphasise the health visiting, school nursing and family nurse's role as leaders of the programme whilst acknowledging the important contribution of a range of delivery partners.
9. 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.

Service Delivery (Harrogate and District NHS FT)

10. Performance across the 5 national mandated reviews is excellent, with high standards for population coverage as shown in table 1 below.

Table 1 Mandated Reviews

	18/19*	19/20	20/21	21/22	22/23**
Antenatal	75.6%	90.6%	95.6%	91.3%	94.1%
Newborn	91.4%	96.2%	96.9%	97.4%	98.1%
6 to 8 weeks	89.4%	95.5%	94.9%	96.1%	96.3%
12 months	83.5%	94.9%	96.9%	94.7%	95.5%
2 to 2 ½ years	86.5%	95.8%	97.3%	95.8%	95%

*The Provider was only responsible for 9 months coverage in 2018/2019 and on transfer of contract all paper-based records had to be transferred into their electronic case recording system.

**Final figures for 22/23 have not yet been validated.

11. We have seen an increase in the 6 to 8 week breastfeeding rate to 41.2% in 2021/2022. Prior to 2018 the rate had been around 36% for several years. The provider also achieved the full UNICEF Baby Friendly Initiative accreditation in March 2023. The Baby Friendly Initiative works with public

services to better support families with feeding and developing close, loving relationships in order to ensure that all babies get the best possible start in life. The award is given to services after an assessment by a UNICEF UK team has shown that recognised best practice standards are in place.

12. The service employs Emotional Health and Resilience Nurses whose role is to engage children/young people and offer them level one interventions to support their emotional wellbeing needs. They provide support and information to children/young people, to facilitate them to be able to adopt healthy coping strategies to manage factors that affect their emotional wellbeing. An additional nurse is now in post which demonstrates that the service is constantly reviewing and evaluating provision based on need/demand.
13. Coverage for NCMP measurements in schools in Gateshead is excellent. In 2022/23 for reception children this is 98.1% and for year 6 children this is 97.8% (note this data has been submitted nationally but not yet verified).
14. Due to the high volume of referrals for toileting support and interventions the service recently developed a toileting presentation that gives all up to date and accredited health information around bowel and bladder concerns, including frequently asked questions. Sessions on the presentation started in June and are being offered within 6 of the Family Hubs.
15. The recent SEND inspection (published 24 July 2023) highlighted that “the 0 to 4 health visiting service implements the Healthy Child Programme well in Gateshead. This results in robust assessments and subsequent referrals at appropriate times. The SEND nursing team within the 0 to 19 service works to mitigate delays in services such as occupational therapy and the bladder and bowel service”.
16. The provider has well-established systems for monitoring and managing performance through a Quality and Performance Framework, which includes:
 - Quality and performance management tools (e.g. Clinical audit tools)
 - Key Performance Indicator (KPI) tracking, across qualitative and quantitative reports, shared with commissioners, ahead of contract management meetings
 - Audits and reports
 - Outcome measures designed to demonstrate quality and impact
 - Supervision, training, and upskilling
 - Performance monitoring at Directorate-level, where cross-contract learning is consistently shared
 - Service User Experience

Commissioning Options for the 0-19 Service from 1st July 2024

17. The following commissioning arrangement options for the 0-19 service have been carefully considered: (a) do nothing, (b) in house delivery, (c) establishment of a Section 75 partnership agreement, and (d) a competitive procurement. Detail for each option is outlined in bullet points (a) to (d) below:

(a) Do nothing

The existing contract will end on 30th June 2024 and as no further contract extension options exist, service provision would cease. The Council would fail to meet its statutory public health responsibilities and families and their children would not be able to access the range of public health interventions as part of the Healthy Child Programme.

As the Council must meet statutory public health responsibilities this is not considered to be a suitable option.

(b) In-house Delivery

The Council would be required to register with the Care Quality Commission for provision of this service and would need to establish clinical and information governance arrangements, as well as the management of safeguarding for the service. There would be a requirement to transfer (“TUPE”) staff from the NHS to the Council and the Council would inherit the liability for NHS pensions, NHS agenda for change payment uplifts and any redundancy costs which may arise in the future e.g. if the public health grant were to be reduced which could result in a reduced budget for the service. The Council would be required to invest in digital systems to ensure continued access of service user records and in the continued professional development of nursing staff.

Transfer of NHS staff to a non NHS body historically carries with it the risk of recruitment and retention difficulties. Staff may not wish to move to a non-NHS provider and may have the option to move to other 0-19 public health nursing services currently provided by Harrogate and District NHS FT (HDFT) across the North East.

The timeline for contract mobilisation would however be affected. There is insufficient time for the Council to establish CQC registration, invest in systems and establish the required governance by 1st July 2024 and therefore we would likely need to extend the current contract with HDFT to allow for slippage. This work would likely lead to the quality of service and our ambition and vision for the family hubs and start for life programme being affected, at a critical time in our family hubs journey.

Substantial resource across the public health and other directorates would be required to implement this option. Due to the investment required to establish an in-house service this would be the least cost effective option.

Due to the combination of the various factors noted above it is felt that this is not considered a preferred option at the current time.

(c) Establishment of a Section 75 Partnership Agreement with Harrogate and District NHS Foundation Trust

Powers provided to Local Authorities and NHS bodies under Section 75 of the NHS Act 2006 and associated regulations enable local authorities and NHS bodies to delegate certain functions to the other, provided that the resultant arrangements are likely to lead to an improvement in the way those functions are exercised.

During the term of the current contract HDFT has established good working relationships with key delivery partners, including but not limited to the Council's Early Help Service. Developing and entering into a partnership agreement would further improve integration of the 0-19 service via collaborative working, co-production and partnership ownership of the new model for service delivery, as part of the Family Hubs and Start for Life programme and a joint strategic approach to governance and policy.

Functions of the 0-19 service under this option would further align with wider early help services to reduce fragmentation and duplication with the aim of further improving outcomes for families in Gateshead. The parties would also have greater flexibility to shape the service in line with:

- The Council's strategic vision (Thrive)
- The priorities of the Health and Wellbeing Strategy
- The priorities and vision of Gateshead Partnerships Early Help Strategy
- The requirements of the Family Hubs and Start for Life Programme

It is believed that a formalised strategic partnership with HDFT, one of the Council's trusted partners, offers better prospects for achieving the priorities and vision of the points bulleted above.

This option could be facilitated by way of negotiated partnership agreement with HDFT, under which the Council's 0-19 service functions would be delegated to HDFT for delivery for a value that represents approximate current contract value.

This option is the recommended option.

(d) Open tender process

The Public Contract Regulations 2015 require contracting authorities to ensure that public procurement is open and competitive and that suppliers are treated equally and fairly. An open tender gives the Council the opportunity to test the market for other NHS and non NHS organisations regarding best value and quality.

As with any procurement process, a significant amount of time and resource to conduct the process is involved. In addition, as with any procurement process, as there is a potential likelihood of resultant change of provider, the need to implement a contract mobilisation plan and mobilisation period would be required. Establishing ways of working with a new provider would take time, potentially delaying the development of the Family Hubs and Start for Life Programme and the further development of integrated working. There is also the potential that recruitment and retention of staff may be affected as outlined in bullet point (b) “in house option” above.

Whilst testing the market by way of procurement process is beneficial in terms of best value and quality of service, the Council is confident that it achieves best value and quality of service presently. The contract value mainly covers staffing costs, these are NHS staff and their staffing costs are nationally dictated. Although a potential change in provider may achieve efficiencies in the longer term, this is likely to be achieved by cuts to service provision or staff migration to non-NHS terms in some instances, but this could arguably be offset by the budget required to mobilise to a new provider (digital systems, transfer of data, premises costs etc). The Council is confident that the service currently delivered under contract by HDFT is extremely good and as outlined in paragraphs 10 to 16 (note this is a snapshot of service delivery and does not cover all of the elements that the service currently delivers).

Due to the combination of the various factors noted above it is felt that this is not considered as the recommended option at this current time.

Recommended Future Commissioning Arrangement for 0-19 Services

18. From July 2024 it is recommended that the 0-19 service functions are delegated to and delivered by HDFT NHS under an established Section 75 Partnership Agreement with the Council.
19. Section 75 of the NHS Act 2006 permits Local Authorities and NHS bodies to delegate certain functions to the other, provided that the resultant arrangements are likely to lead to an improvement in the way those functions are exercised.
20. The Council believes by delegating the 0-19 functions to HDFT this would lead to improved function delivery via advanced service integration with key Council services, embedded collaborative working and co-production and

ownership of the new model for service delivery as part of the Family Hubs and Start for Life programme and a joint strategic approach to governance and policy.

21. It should be noted that the development of a Section 75 Partnership Agreement does not constitute a delegation of statutory responsibilities for a Service. Should the Council seek to enter into a partnership agreement with HDFT for the delegation of 0-19 functions and the delivery of the service, the Council would remain responsible for ensuring its statutory responsibilities are met and for providing assurance around the use of the ring-fenced Public Health Grant.
22. Advice on the use of the recommended option was sought from Legal and it has been confirmed that the Council can rely upon Section 75 NHS Act 2006 to delegate the 0-19 function and the resultant partnership agreement can include delivery of the services by HDFT.
23. Regulation 4(2) of the Partnership Regulations 2000 stipulates that the partners may not enter into any partnership arrangements unless they have consulted jointly with such persons as appear to them to be affected by such arrangements.
24. A consultation on the use of a partnership arrangement is proposed during October 2023. The focus of the consultation would not be on the individual service but on the Section 75 partnership arrangement itself. It is proposed to be open to anyone who wishes to comment on the proposed arrangements, including people who live and work in Gateshead, people who use the services, carers and family members, professionals, partner agencies, providers and any other stakeholders.

Further detail and work required to underpin the Section 75 agreement

25. A governance structure is required to oversee the overall management of the section 75 agreement. It is proposed that the newly formed Early Help System and Prevention Board, whose first meeting is on 27th September 2023, will oversee and manage the governance of the agreement. The 0-19 service is a member of the Board.
26. The Board is responsible for the strategic and operational delivery of effective, targeted and co-ordinated preventative and early help support to children, young people and families across the local area by bringing together all strategic partners responsible for delivering on this vision. The Board will support the work of the partnership to work collaboratively at the earliest opportunity to maximise impact and reduce duplication in order to improve outcomes for children, young people and their families and prevent the need for and increased demand for high-cost services.

27. The Early Help and Prevention Board will report into the Children's System Board, the Health and Wellbeing Board and the Safeguarding Children's Partnership.
28. A number of key documents will need to be developed including, but not limited to, the service specification, performance and outcome framework, formal consultation questionnaire and the Section 75 Agreement. Performance and outcome monitoring will continue to be undertaken by the public health team who will report into the Early Help System and Prevention Board on a regular basis.

Consultation

29. Consultation has taken place with the Cabinet Members for Children and Young People and Health and Wellbeing.

Alternative Options

30. The Council is required to meet statutory obligations in relation to the 5 mandated early years (health visitor) contacts as well as NCMP. Alternative options to the recommended option were outlined in the Report and not recommended for the reasons stated.

Implications of Recommended Option

31. Resources:

- a) **Financial Implications** – The Strategic Director, Resources & Digital confirms that Public Health Nursing Services are funded from the ring-fenced Public Health grant and the cost of the proposed option would be in line with the current cost plus any pay rise. There are no direct financial implications arising from this report for any other budgets within the Council.
- b) **Human Resources Implications** – There are no direct human resource implications for the Council arising from this report.
- c) **Property Implications** - The 0-19 public health nursing service currently occupy office space within the Civic Centre and Tyne View family hub, and the Council would retain the rental from the service remaining in the building under the agreement.

32. Risk Management Implication -

As with all matters of contracting, there is an element of risk of challenge to the contracting process. Advice has been sought from legal as to use of the Section 75 NHS Act 2006 power and risk of challenge appears minimal.

33. Equality and Diversity Implications –

Public Health aims to reduce inequalities by ensuring that every child has the best staff in life through the universal reach of the 0-19 public health nursing service.

An Integrated impact assessment will be developed after the consultation to assess equality impact as part of the service delivery model development process.

34. Crime and Disorder Implications –

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

35. Health Implications –

Public Health aims to improve health outcomes by ensuring that every child has the best staff in life through the universal reach of the 0-19 public health nursing service.

36. Climate Emergency and Sustainability Implications -

There are no climate emergency and sustainability implications arising from this report.

37. Human Rights Implications -

There are no human rights implications arising from this report.

38. Ward Implications -

There are no ward implications arising from this report.