

TITLE OF REPORT: Review and re-procurement of 0-19 Public Health Service Provision

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SUMMARY

Since April 2013 local authorities have been responsible for commissioning public health services for school-aged children aged 5 to 19 (school nursing). In October 2015 the commissioning responsibility for the 0 to 5 public health nursing workforce (health visiting and family nurse partnership) also transferred to local authorities.

This transfer of responsibilities has given local authorities the opportunity to ensure that commissioning for children age 0 to 5 and 5 to 19 is joined up so that the needs of everyone age 0 to 19 are comprehensively addressed.

Local authorities have a responsibility to promote and protect health, tackle the causes of ill-health and reduce health inequalities ([Local government's new public health functions](#) Department of Health 2011). Commissioning high-quality public health services for those aged 0 to 19 (as part of the Healthy Child Programme) can help to achieve this.

As part of the transfer of commissioning responsibility for the 0 to 5 public health nursing workforce it was decided that a review of all public health 0 to 19 services should be carried out with a view to remodelling and re-procuring services during 2017/18.

The purpose of this report is to provide the OSC with an overview of the review and procurement process for 0 to 19 public health services and an update on progress to date.

OVERVIEW

1. Good health, wellbeing and resilience are vital for all our children now and for the future of society. The Healthy Child Programme is a national public health programme for children and young people, providing a robust evidence based framework and setting out good practice for prevention and early intervention for children and young people. The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

2. Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through strong children and young people's public health. This is brought together in the national Healthy Child Programme 0 to 19, which includes:
 - Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009)
 - Healthy Child Programme: From 5 to 19 years old (DH/DCSF, 2009)
 - Healthy Child Programme rapid review to update evidence (PHE, 2015)
3. The Healthy Child Programme is divided into two elements:
 - The 0 to 5 element is led by health visiting services (which also includes the family nurse partnership)
 - The 5 to 19 element is led by school nursing services
4. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes.
5. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0 to 19) aims to:
 - Help parents develop and sustain a strong bond with children
 - Encourage care that keeps children healthy and safe
 - Protect children from serious disease by promoting screening and immunisation
 - Reduce childhood obesity by promoting healthy eating and physical activity
 - Identify health issues early, so support can be provided in a timely manner
 - Make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by age five
 - Work in collaboration with other partners involved with families in the early years
6. The Public Health England (2016) 'Guidance to support the commissioning of the Healthy Child Programme 0 to 19: Health Visiting and School Nursing services':
 - Describes the health visiting and school nursing 4-5-6 service models, high impact areas and related outcomes (see appendix 1)
 - Provides a national template for local authorities to use/adapt to meet local needs

- Supports integrated delivery and provides opportunities for local authorities to consider integration and co-commissioning
 - Offers quality and standardisation of service delivery whilst recognising the need for local adaptability
7. Health visitors are registered nurses/midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0 to 5 years and for vulnerable populations targeted according to need. Health visiting is a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health. Pre-school children and their families are a key focus.
 8. School nurses are qualified and registered nurses or midwives many of whom have chosen to gain additional experience, training and qualifications to become specialist community public health nurses. Their additional training in public health helps them to support children and young people in making healthy lifestyle choices, enabling them to reach their full potential and enjoy life. School nurses work across education and health, providing a link between school, home and the community. Their aim is improve the health and wellbeing of children and young people. They work with families and young people from five to nineteen and are linked to a secondary school and their primary school cluster group.
 9. The family nurse partnership is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two. The programme aims to enable young mums to have a healthy pregnancy, improve their child's health and development and plan their own futures and achieve their aspirations. The programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns.
 10. South Tyneside Foundation Trust is currently commissioned to provide both the 0 to 5 service (health visiting and family nurse partnership) and 5 to 19 service (school nursing). These contracts expire in March 2018.
 11. The public health team, in partnership with key stakeholders, is currently in the process of reviewing service provision and developing a new specification/model with a view to re-procuring the 0 to 19 public health service during 2017/18 and the award of a new contract with effect from 1st April 2018.

12. The development of the new specification/model will also have regard to Gateshead's emerging Early Help Strategy/Framework. In developing the new specification model for the 0 to 19 Healthy Child Programme, there is an aspiration to work closely and explore opportunities for greater integration between public health and children's services to promote well-being and school-readiness for young children, including housing, early years, education and wider council services.

REVIEW AIMS AND OBJECTIVES

13. To remodel and re-procure the 0 to 19 public health service provision to meet the needs of the local population in line with relevant national policy and guidance, and aligned with key partner strategies.
14. To embed a robust approach to early intervention and prevention whilst ensuring that all children and young people receive the full service offer (Healthy Child Programme 0 to 19), including universal access and early identification of additional and/or complex needs, with timely access to specialist services, to secure local services that enable health visiting, family nurse partnership and school nursing teams to contribute to improved local outcomes and reduce health inequalities for children and young people.
15. To explore the opportunity for greater integration with children's services within the Early Help Strategy/Framework
16. To remodel the service ensuring best value/service efficiency within the funding envelope.

REVIEW METHODOLOGY

17. There are 4 key stages and ten phases to the review, re-procurement and service mobilisation.

Stage 1 – Review

PHASE 1	Establishing the review team
PHASE 2	Understanding the need including the current model, service delivery and existing performance
PHASE 3	Reviewing the evidence base and service model development
PHASE 4	Stakeholder engagement

Stage 2 – New model development

PHASE 5	Designing the new model/specification
PHASE 6	Consulting on the new model/specification

Stage 3 – Procurement

PHASE 7	Commissioning the new model
PHASE 8	Procuring the new model

Stage 4 – Service mobilisation

PHASE 9	Service mobilisation
PHASE 10	Service to commence

REVIEW PROGRESS

18. Progress against each phase is shown in the table below:

PHASE 1	<p>The 0 to 25 Programme Board established in October 2016 is chaired by public health. The board has representation from all key partners including local authority children and young people's services, CCG, NHS England, Public Health England, legal, financial and procurement services. The aim of the board is to develop a remodelled, effective and evidence based 0 to 19 public health service as part of a coherent prevention and early help programme of support for children, young people and their families which complement the 0 to 25 social care provision.</p> <p>Key task and finish groups are being established to take forward the work required to progress the procurement of 0 to 19 services.</p>
PHASE 2	<p>The needs assessment is in the process of being drafted working in collaboration with key partners and stakeholders. It will cover an overview of current services, socio demographics, health of children and young people, service performance, service user and stakeholder views and conclusions.</p> <p>An initial mapping exercise has taken place with regards to understanding current service provision (as part of the needs assessment process) and existing performance and associated budgets.</p>
PHASE 3	<p>The evidence base and guidance is currently being reviewed in line with the development of the 0 to 19 specification. The 0 to 25 Programme Board has already reviewed a number of service models that have been developed across the region for 0 to 19 public health services</p>
PHASE 4	<p>Elements of stakeholder engagement have taken place during 2016 including consultation with parents who have used the service, children and young people's service providers and staff who work in 0-19 public health services. Further consultation</p>

	and engagement will take place, from April to June 2017, with other key stakeholders, including a market engagement event with prospective providers.
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NEXT STEPS

19. The needs assessment will be completed by the end of April 2017 and used to further develop the 0 to 19 specification, in line with the national specification. The findings from the consultation work that has been undertaken will also be used to inform the development of the specification.

RECOMMENDATIONS

20. The OSC is asked to note the information regarding the Healthy Child Programme and the progress of the review and re-procurement of 0 to 19 public health services to date.
21. The OSC is asked to receive a report, for discussion and comment, at its meeting on the 15th June 2017 which will cover the findings from the needs assessment and consultation work undertaken and details of the proposed new model/specification.

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Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing

