

Agenda Item:

Joint Public Health Board

9c

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	20 July 2015
Officer	Director for Public Health
Subject of Report	Update on children’s public health nursing (health visiting and school nursing)
Executive Summary	<p>Responsibility for the commissioning of health visiting is due to transfer to Local Authorities on 1st October 2015. Managing the change is the responsibility of the provider but the process comes with both financial and safeguarding risks for local authorities. This report describes the risks and their mitigation.</p> <p>The report also outlines the work being done on the development of longer term models for public health nursing (school nursing and health visiting) as part of the wider vision for children’s service commissioning.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: n/a
	Use of Evidence: n/a
	Budget: n/a
	Risk Assessment: No decision requested
	Other Implications: None

Recommendation	Board members to note progress
Reason for Recommendation	No decision required
Appendices	None
Background Papers	Department of health guidance on the transition of commissioning responsibility
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1. Background – health visiting and school nursing

- 1.1 Commissioning responsibility for children’s 0-5 public health services (health visiting) transfers from NHS England to local authorities on 1st October 2015. In line with existing public health arrangements, the ring -fenced public health budget for health visiting services will be pooled by the three local authorities. A service model has been mandated for the first 18 months post-transfer.
- 1.2 School nursing is already commissioned by Public Health Dorset. The Children's Consultancy Network completed a review of the School Nursing service in Bournemouth, Poole and Dorset earlier this year on behalf of Public Health Dorset. This has been overseen by a multi-agency steering group reporting to the Joint Commissioning Partnership for Children.
- 1.3 A programme of work is in underway to improve joint working for children and define the future service and commissioning model/s for public health nursing. This is focussed on improving population outcomes and therefore dependent on close and effective partnerships with local authorities and the clinical commissioning group (CCG) and is being overseen by the Joint Public Health Board and pan-Dorset Joint Commissioning Partnership with regular reports to all three Children’s Trust Boards and the two Health and Wellbeing Boards.

2. Health visitor transition and service development

- 2.1 NHS England continues to chair a pan-Dorset transition group with representation from, three local authorities, Public Health Dorset and Dorset Clinical Commissioning Group (CCG) and Dorset Healthcare University Foundation Trust (DHC) (the main service provider). The group includes representation from the three local authorities as well as Public Health Dorset and has the remit of overseeing a safe transition.
- 2.2 The current specification requires a change from commissioning for GP registered populations to locally resident populations. The responsibility to manage this change lies with the local providers. NHS England is leading work to quantify the populations being affected. Transfer of contracts will only be accepted once Public Health Dorset has sufficient engagement from NHS England to quantify and mitigate risks to local authorities. Public Health Dorset is clear that the change should be made before transfer.
- 2.3 Public Health Dorset is shadowing NHS England’s management of the two existing health visitor contracts and performance indicators are now provided at Local Authority level to help ensure a consistently high quality service. 2015/16 service specifications have been locally adapted by the pan-Dorset group and development of the future commissioning model is being lead by a newly established 0-5 public health commissioning group with representation from all three local authorities (reporting to both the pan-Dorset Joint Commissioning Partnership and Joint Public Health Board).
- 2.4 A local memorandum of agreement (MOA) between children’s centres and health visiting services has been drafted by a multi-agency group including children’s centre and health visitors from Bournemouth, Poole and Dorset, led by Public Health Dorset. The MOA aims to ensure consistently effective joint working to improve population outcomes and child and family experience. Similar work is underway with local GPs to identify current good practice and improve the effectiveness of joint working.

2.5 Relationships are continuing to develop between Bournemouth University and Public Health Dorset. Recruitment has started for a PhD with a focus on 0-19 service development. Public Health Dorset runs a session on the future of health visiting for final year health visitor students.

3. School nurse service improvement

3.1 The school nurse review was timely and brought together a number of key opportunities including re-focusing the workforce and commissioners on meeting the needs of the population and considering the role of health visitors within the wider children’s workforce. The review identified a number of challenges:

- The current model of service delivery is based on historical ways of working rather than identified needs;
- The service is delivered inconsistently across Dorset;
- There is a growing demand reported by all stakeholders around supporting the needs of children and young people with early emotional health difficulties;
- Expectations on the service are high from all partners with school nurses seen as the panacea for preventing and meeting all health needs of school aged children.

3.2 Findings from the review have informed a service improvement plan for Dorset Health Care (the main provider of School Nursing services in Dorset) and this is now in place for 2015/16.

3.3 A number of the areas require input from partners recognising that the service cannot deliver effectively in isolation. These include for example working with partners to develop pathways and protocols to identify the health needs of children out of school and identifying ways in which the exchange of information and communication with CAMHS professionals can be improved, as well as a refresh of the Emotional Well-being and Mental Health Strategy across Dorset..

4. Next steps

4.1 A joint programme of work is underway to develop the wider vision for children’s services. This is starting with a workshop at the next Joint Commissioning Partnership in July to define the scope of local ambition and revisit the implications of local commissioning strategies and the Clinical Services Review. A second workshop in September will allow partners to work together to start to identify local priorities and an effective future model (including the model for public health nursing) to improve population outcomes for children and families.

4.2 Ongoing service development is being supported by Public Health Dorset’s analysis of locally available needs based data. Work will help to inform where the greatest levels of support are needed for school aged children and which outcomes should be prioritised locally. A similar programme of work will help to inform system-wide commissioning for under 5 year olds.

4.3 A funded programme of sector-led improvement is being arranged in the South West to help maximize the impact of the transfer of 0-5 public health commissioning on population outcomes. Dorset, Bournemouth and Poole are participating in two peer support workshops and will develop action plans to address priority local issues.