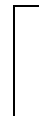


# Joint Public Health Board



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

Date of Meeting	5 February 2018
Officer	Director of Public Health
<b>Subject of Report</b>	<b>Future Commissioning of Public Health Nursing (Health Visiting and School Nursing)</b>
Executive Summary	<p>Options for the future commissioning of Public Health Nursing services were discussed at the JPHB in February 2017. This paper provides an update on progress in developing an integrated approach with Local Authority services including Early Help.</p> <p>The intention last year was to try to align timescales for re-commissioning Public Health Nursing services with local authority commissioning of early help services. However, due to uncertainty surrounding the outcome of Local Government Reform, this paper proposes a short period of re-engagement with senior stakeholders to develop an options appraisal for the June 2018 Board.</p> <p>Finally the Board is asked to agree extending the current contracts for Public Health Nursing Services (Health Visiting and School Nursing) for one year. The outcome from these recommendations will be reflected in the required Monitoring Officer Report.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>A full EQIA will be undertaken as part of any preparations for re-commissioning to ensure a thorough understanding of use and uptake of the service by different groups in society.</p>

	<p>Use of Evidence:</p> <p>Public Health Dorset routinely uses a range of evidence in compiling reports. Evidence considered as part of the service transformation of health visiting includes national guidance from NICE, service user feedback, as well as local evidence on service use and performance.</p> <hr/> <p>Budget:</p> <p>Health Visiting: £9,725,325 with a 2.5% Performance Related Incentive payment of £249,367</p> <p>School Nursing: £1,185,505 with a 2.5% Performance Related Incentive payment of £30,398</p> <hr/> <p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:  Current Risk: MEDIUM  Residual Risk MEDIUM</p> <hr/> <p>Other Implications:</p>
<p>Recommendation</p>	<p>The Board are asked to:</p> <ul style="list-style-type: none"> <li>• Note the progress in integrated working across Public Health Nursing Service and Early Help services</li> <li>• Agree to extend the current contracts for Public Health Nursing Services (Health Visiting and School Nursing) for one year from March 2018 to March 2019.</li> <li>• Agree to a short period of engagement with senior stakeholders to inform a commissioning options appraisal for the next Board meeting in June 2018.</li> </ul>
<p>Reason for Recommendation</p>	<p>The contract extension is requested to ensure adequate time to undertake the work required to carry out a detailed options appraisal for potential re-commissioning options. Because there is still uncertainty over the future service design of early help services under LGR, Public Health Dorset recommends pausing the timetable to take account of views that may emerge once a firm decision has been made.</p>
<p>Appendices</p>	<p>None.</p>

Background Papers	None.
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## **1. Recommendations**

- 1.1 Joint Public Health Board Members are asked to approve the request to extend the current contracts for Public Health Nursing services (health visiting and school nursing) for one year.
- 1.2 Board members are also asked to support a short period of engagement with senior stakeholders across the 3 Councils to develop an options appraisal for re-commissioning. The intention would be to return to the board in June 2018 once a decision on Local Government Reform has become clearer.

## **2. Reason for recommendation**

- 2.1 The contract extension is requested to ensure adequate time to undertake the work required to carry out a detailed options appraisal for potential re-commissioning options. Because there is still uncertainty over the future service design of early help services under LGR, Public Health Dorset recommends pausing the timetable to take account of views that may emerge once a firm decision has been made.

## **3. Background**

- 3.1 Health visiting and school nursing services (Public Health Nursing) form an important part of the delivery of the Prevention at Scale programme in Dorset. The workforce of both services is key to achieving many of the ambitions in the Starting Well work stream. Health visitors and school nurses work to provide a universal service, delivering important population health interventions at scale at important life stages – the 0-5 and 5-19 year periods.
- 3.2 Options for Public Health Nursing service development and potential commissioning models were discussed at the Joint Public Health Board in February 2017. At the time, the intention was to explore how Public Health Nursing provision could evolve in different Local Authority areas, depending on the development of children's services in each area. The Board supported a preferred option in that paper, for Public Health Dorset to act as strategic commissioner of public health nursing services, working closely with each local authority as their different Early Help models developed.
- 3.3 Section 4 of this paper updates on progress made to date with integration and service development. This sets out the work to date to ensure health visiting and school nursing services are integrated with early help provision in each area to ensure the services are fit for purpose and sustainable (working with the respective local authority and Dorset Clinical Commissioning Group).

## **4. Current contract position**

- 4.1 Public Health Nursing services in Dorset are currently provided by Dorset Healthcare University NHS Foundation Trust. The current contract is due to expire on 31st March 2018. These contracts remain non-compliant with Dorset County Council Contract Procedure Rules.
- 4.2 Contract values for each service were reduced by 6.2 per cent in 2016/17 and a further 2.5 per cent reduction on base contract value in 2017/18. The 2.5 per cent reduction in contract value was offered as a performance related incentive in 2017/18. Contract values for 2018/19 have yet to be agreed. Aligning health visiting service delivery with local authority children's services is supporting additional efficiencies being made in other areas of local authority budgets.

4.3 To achieve compliance with DCC's contract procedure rules, and test the market, Public Health Dorset intends to develop options including competitive re-tendering of the health visiting and school nursing services. However, because of uncertainty around the future configuration of local authorities under LGR proposals, we propose a short period of re-engagement to allow a wider set of views to be accommodated around the future service model.

## **5. Development of service models - progress update**

5.1 Health visiting operational model: service development has focused on improving the alignment and impact of two core services for 0-5 year olds (health visiting and children's centres). This is increasing the delivery of effective support at scale across the population so that the service:

- achieves a greater impact on outcomes for children and families;
- resources are invested in an efficient and equitable way to meet local need and reduce health inequalities;
- families and staff have a good experience of support.

5.2 Achievements to date include aligned health visiting teams with local authority children's services in each area, and the development and implementation of a single shared outcomes framework across health visiting and children's centres (including Early Help outcomes). In addition, integrated offers and pathways have been implemented across health visiting and children's centres. This includes major work on the Wessex Healthier Together pathway to promote effective prevention, self-management and change healthcare seeking behaviour.

5.3 A number of joint posts and secondments between health and local authority services to support Early Help offers have been created. This work is also supporting the delivery of savings from Local authority children's centre budgets, while maintaining safe and effective provision.

5.4 Further priorities by April 2018 will include delivery at scale of several effective prevention interventions by health visitors, including:

- Intensive specialist intervention for high risk pregnant women;
- maternal mental health support at scale in line with NICE recommendations;
- structured breastfeeding support;
- brief interventions for behaviour change to improve health or making every contact count-type support;
- working more closely with LiveWell Dorset to increase referrals to parents with health improvement needs;
- developing peer support at scale;
- further interventions that link to the integrated pathways with children's centres
- embedding skill mix and culture change (including the HV advisory forum to rapidly review the evidence base for service improvement)
- supporting and enabling further developments in children's centres services (including Dorset County Council's 0-5 offer review).

5.5 School nursing operational model: Key achievements to date include providing school health profiles and support for whole school approaches to improving health at scale for schools across Dorset, Bournemouth and Poole. This will enable the

delivery of the Prevention at Scale plans for improving health in school-aged children, working closely with the Headteachers Alliance.

5.6 There has also been substantial work to align the Early Help offer with school nursing in each local authority area, including through Family Partnership Zones in Dorset, via roadshows in Poole, and the development of the Bournemouth schools offer.

5.7 The ChatHealth text message support service is now fully implemented within middle and secondary schools across Dorset, Bournemouth and Poole. In the first quarter of its launch there were 513 text messages on a range of health issues including; Emotional Health and Wellbeing (stress, sleep, family problems, anxiety), Sexual Health and Weight Management. Feedback from young people is very positive and the service offers an opportunity for vulnerable young people to seek support.

5.8 A widescale campaign aimed at promoting self-help is underway in schools to help raise awareness of issues around self-harm (Self Help not Self Harm). School nurses are also making full use of a suite of evidence based resources (such as Wessex Healthier Together) to promote more effective prevention, self-management and healthcare seeking behaviour.

5.9 Board members are asked to note the significant progress made with developing the service models for each service.

## **6. Next steps**

6.1 Board members are asked to support a short period of engagement with stakeholders from all 3 Councils, Dorset CCG and other partners to inform the development of options for continued service delivery. This may include a range of potential approaches to strategic commissioning, including full open competitive tender. The options appraisal will be presented to the next Board meeting in June, along with a recommended option.

## **7. Summary and conclusion**

7.1 Board members are asked to note the progress in developing more integrated working across health visiting, school nursing and early help services. Members are also asked to agree the proposal to extend contracts for one year, and note the proposed short engagement period to develop a full options appraisal for re-commissioning services.