

Joint Public Health Board

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

Date of Meeting	4 June 2018
Officer	Acting Director of Public Health
Subject of Report	Future Commissioning of Public Health Nursing (Health Visiting and School Nursing)
Executive Summary	<p>The future commissioning of Public Health Nursing services was tabled at the JPHB in February 2018. THE JPHB requested a one-year contract extension and an options appraisal to return to the next meeting.</p> <p>This paper summarises progress to date, options appraised and makes a recommendation for a Competitive Tender for a Pan-Dorset 0–19 Public Health Nursing Service.</p> <p>The Board is asked to support the recommendation to proceed with a procurement in line with the preferred option.</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> <p>Stakeholder Engagement:</p> <p>To date initial stakeholder consultations have taken place with; The Joint Commissioning Board, The Integrated Children’s Community</p>
<i>Please refer to the protocol for writing reports.</i>	

	<p>Health Services Reference Group (ICCHS) and senior officers from the three LA Children’s Services teams, the Clinical Commissioning Group and NHS England.</p> <p>Further consultations are planned with; Poole Children’s Services Development Group, Dorset Forward Together for Children Board and the Strategic Alliance for Children and Young People, Bournemouth Early Help Board, the Dorset Local Medical Committee (LMC) and NHS England.</p> <p>PHD recognise the complex interdependencies and opportunities for integrating care this procurement provides. The continued engagement and contribution from stakeholders, as above and including Schools and Colleges, Healthcare Providers and parents, children and young people, to develop the service model and specification is critical to both successfully engaging the right Provider and to service implementation within developing integrated care systems.</p> <p>2018/19 Budget:</p> <p>Health Visiting: £9,725,325</p> <p>School Nursing: £1,185,505</p> <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> <p>Other Implications:</p>
<p>Recommendation</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the engagement with senior stakeholders and development of the options appraisals for procurement and commissioning. • Consider the evidence and agree a Competitive Tender for a Pan-Dorset 0 – 19 years Public Health Nursing service (formally Health Visiting and School Nursing services) with a proposed contract length of 3 + 2 years and maximum annual budget of £11 million.
<p>Reason for Recommendation</p>	<p>Public Health Nursing services in Dorset are currently provided by Dorset Healthcare University NHS Foundation Trust. The current contract has expired on 31 March 2018. A further one-year extension of this contract was awarded from 01 April 2018.</p>

	This procurement provides the opportunity to engage with local stakeholders to develop an integrated 0 – 19 service model and specification for Public Health Nursing which embeds the principles of Prevention at Scale within a Universal offer for children, young people and their families.
Appendices	None
Background Papers	None
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1. Recommendation

1.1 The Joint Public Health Board Members are asked to consider the evidence provided by this report and approve the request to initiate a competitive tender for Public Health Nursing Services.

2. Reasons for recommendation

2.1 In February 2017, the Joint Public Health Board (JPHB) requested a 1-year contract extension with the intention to explore commissioning options and make a recommendation. During 2017/18 significant service improvement initiatives were implemented in both Health Visiting and School Nursing Services.

2.2 In January 2018, the JPHB recognised the service achievements and requested a further 1-year contract extension and a paper for the June meeting to make clear recommendations on future commissioning / procurement.

2.3 PHD have carried out engagement with system stakeholders, including meetings with the Joint Commissioning Board and ICCHS Reference Group. Working with senior officers from each of the three Local Authorities, the Clinical Commissioning Group, NHS England has identified important interdependencies and opportunities to embed Prevention at Scale within a more integrated Universal offer to children, young people and their families. The success of the proposed procurement for Public Health Nursing will depend on stakeholder engagement to develop a model and service specification which can select the best possible provider of services within the context of emerging LGR structures and developing Integrated Care Systems in Dorset.

2.4 This paper provides an update on progress and summarises the evidence within an options appraisal framework for the JPHB to base their decision upon.

3. Background

3.1 Public Health Nursing services in Dorset are currently provided by Dorset Healthcare University NHS Foundation Trust.

3.2 The Health Visiting service performs well against the South West PHE key performance indicators. During 2017/18 a Joint Outcomes Framework has been developed with Children's Centres with evidence based integrated pathways, the workforce had been aligned with reach areas with staff development, a greater embedding of behaviour change and a new Advisory Forum ensures continuous evidence based practices within localities.

3.3 School Nursing has been able to scale its Universal offer through integrating digital technologies including the innovative CHAT Health text messaging service, emotional health and wellbeing Podcasts and developing a repository of online resources alongside Wessex Healthier Together for professionals, parents and young people including the Self Help not Self Harm campaign.

3.4 Local Authorities are responsible for the commissioning of Public Health Nursing as the contribution to local Healthy Child Programme delivery. A review of recent publicly advertised tenders (via OJEU, the official journal of the European Union), found two local authorities had different experiences of procuring Public Health Nursing and demonstrate some of the risks and opportunities.

3.5 The Isle of Wight Council invited tenders in 2017 for a 0-19 Years Public Health Nursing Service with a three-year contract length and value of £6,450,000. A competitive tender was unsuccessful with an absence of bidders (0). The Council have undertaken a negotiated contract procedure with the local community health Trust.

3.6 The London Borough of Brent invited tenders in 2016 for a 0-19 Years Public Health Nursing Service with a contract length of three years with the option to extend for two years annually and value of £30,000,000. A competitive tender was successful following the appraisal of three bids. The Borough awarded the contract to London North West University Healthcare NHS Foundation Trust.

4. Options Appraisal

4.1 Further to the request of the JPHB in January, the following options appraisal has been developed in consultation with DCC procurement leads.

4.2 Five options were identified and considered:

- A. Competitive Tender
- B. Negotiated Contract without Publication (If Competition is absent for Technical Reasons)
- C. Section 75 Agreement to transfer resources and mandate to another commissioning body (e.g. Clinical Commissioning Group / Local Authority)
- D. Further 1-year extension to current contract
- E. Develop In-House Public Health Nursing Service

Table 1. below summarises the key benefits and limitations of each procurement option.

OPTION	BENEFITS	LIMITATIONS / RISKS	RANK
A	<ul style="list-style-type: none"> • Legally Compliant • Opportunity to test the market for innovation • Provider performance improves as desire to win business • Service improvement at pace (described in spec) • Opportunity to focus on quality and outcomes 	<ul style="list-style-type: none"> • No bids may be received • Disruption to service delivery during tender / mobilisation • Assurance of incumbent Provider commitment and familiarisation • Workforce disruption if TUPE required 	1
B	<ul style="list-style-type: none"> • Legally Compliant (if absence of competition can be confirmed) • Could enable a new contract to be formed with the current provider 	<ul style="list-style-type: none"> • Market has competition – alternative Providers in neighbouring authorities • Negotiation will produce less competitive advantages to the contract offer 	N/A
C	<ul style="list-style-type: none"> • Opportunities to integrate with ICCHS / Maternity workstreams 	<ul style="list-style-type: none"> • Previous unsuccessful attempt to do this for sexual health services in Dorset 	2
D	<ul style="list-style-type: none"> • Coincide with creation of two new Unitary Councils 	<ul style="list-style-type: none"> • Remains large, non-compliant contract / illegal spend 	N/A
E	<ul style="list-style-type: none"> • Integration with LA workforces 	<ul style="list-style-type: none"> • Hosting arrangements and liabilities for taking NHS / clinical services in-house • Workforce disruption / TUPE • Efficiencies mitigated by hosting costs. 	3

4.3 This options appraisal and an assessment of risks and benefits was circulated to the Joint Commissioning Board for feedback. The following points were made by Joint Commissioning Board Members.

4.4 The CCG would prefer not to market test as they believe this has the potential to fragment children's services and does not support the direction of travel of one Integrated Care System. However, the CCG recognised the risk held by the DCC Monitoring Officer and has welcomed the opportunity to contribute to the development of the specification for the service, and procurement evaluation criteria.

4.5 NHS England commission School Aged Immunisations and Newborn Hearing Screening, both are currently operationally integrated within the Health Visiting and School Nursing services. There are risks to service delivery should the incumbent provider be unsuccessful. However, plans are under discussion to reduce risks. NHSE also welcome the opportunity to contribute to the development of the service specifications and maintain appropriate service pathways within the future model.

5. Development of service model

5.1 The current Public Health Nursing Services are contracted through a single contract with a single contract value. However, the model is underpinned by two distinct service specifications for Health Visiting and School Nursing. This reflects the significant difference in the delivery model for the Healthy Child Programme 0 - 5 years and 5 – 19 years.

5.2 Local Authority Officers from each of the three localities were invited to consider future models for Public Health Nursing Services. Key shared ambitions for all authorities is a focus on earlier identification and intervention and whole family working.

5.3 There are additional interdependencies to consider:

- The impact of LGR on Local Authority Children’s Commissioning
- The delivery of New-born Hearing Screening and Childhood Immunisations by the current provider, which is commissioned by NHSE.
- Opportunities for integration within the ICCHS and Maternity workstreams lead by the CCG.
- The delivery of the National Childhood Measurement Programme by the current providers, which is commissioned by PHD.

Table 2. below summarises the key benefits and limitations of commissioning options:

OPTIONS	BENEFITS	LIMITATIONS / RISKS
Pan Dorset	Equity of provision / outcomes/ spend across population. Commissioning and contracting efficiencies (PHD model) Geographical integration drives culture Midwifery aligning “reach” areas	Ensuring service sufficiently balances needs in Urban and Rural areas with diverse demographics and deprivation
Bournemouth, Poole and Christchurch footprint and Dorset footprint	Closer LA influence / working Alignment with local EH models	Uncertainty within LGR process Maybe more than one provider = increased risk to outcomes / accountability / overhead costs
Single 0-19 Services	Economies of scale through operational integration Whole Family Working model Safeguarding continuity (HV/SN)	Healthy Child Programme is substantially different for HV / SN Expectations from partners of single service with two discrete HCP offers
Separate 0–5 and 5-19 Services	Clear focus of service delivery to key age populations Alignment with (0 – 5) Children Centre and (5-19) School offers	SN service less attractive to the market independent of larger HV contract Maybe more than one provider = increased risk to outcomes / accountability / overhead costs

5.4 Several combinations of options are possible across Local Authority geographies and pan-Dorset, however, the shared and agreed recommendation from consulting Local Authority officers is for a single 0–19 Public Health Nursing Service, pan-Dorset.

5.5 Whilst a pan-Dorset service is preferred it is recognised that it will be important to have flexible local delivery to meet needs and achieve shared outcomes.

6. Summary and conclusion

6.1 This paper describes the benefits and limitations of five commissioning options for Public Health Nursing at the request of the JPHB. This paper recommends the Board support Option A, a competitive tender.

6.2 This paper goes on to describe the benefits and limitations of different contractual configurations for service commissioning. This paper recommends a single pan-Dorset , 0– 19 age Public Health Nursing Service.

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Acting Director of Public Health
June 2018