



REPORT TITLE: Public Health Nursing Service Delivery Arrangements 2024 - 2033

Cabinet Date	25 th January 2023
Cabinet Member	Cllr Mark Hawthorne, Leader of the Council
Key Decision	Yes
Purpose of Report	To seek Cabinet approval to continue to commission Public Health Nursing services by means of a funding transfer from the Council to NHS Gloucestershire Integrated Care Board in order to secure the delivery, from 1st April 2024 until a date no later than 31st March 2033, of the Council's statutory responsibilities in respect of the commissioning of health visiting and school nursing services.
Recommendations	<p>That Cabinet:</p> <ol style="list-style-type: none">1. approves the continuation of the arrangements currently in place between council and NHS Gloucestershire Integrated Care Board ("the ICB") in respect of the supply of Public Health Nursing Services by means of a funding transfer from the council to the ICB under a Section 76 Transfer Agreement (in exercise of powers under Section 76 of the National Health Service Act 2006) on the basis that such transfer will secure a more effective use of public funds than the deployment of an equivalent amount on the provision of such services by the Council. <p>The proposed funding arrangement shall continue for an initial period of 7 years and include an option to extend for a further period of not more than 2 years (1st April 2024 to 31st March 2033 if so extended).</p> <ol style="list-style-type: none">2. delegates authority to the Director of Public Health in consultation with the Leader of the Council to determine whether to exercise the option to extend the term of such arrangements for a further period of not more than 2 years on the expiry of the initial 7-year term.

Reasons for Recommendations	<p>To enable the Cabinet to secure the provision of the Public Health Nursing Services (PHNS) from April 2024 onwards to meet the Council's statutory responsibilities under the Health and Social Care Act 2012 and to comply with the conditions of the Public Health Grant.</p> <p>To support the objectives set out in the Health and Care Act 2022 and Gloucestershire's Integrated Care System and, more particularly, the objective of promoting the integration of health-related services for the benefit of service users.</p>
Resource Implications	<p>The current annual expenditure by the Council on the Public Health Nursing Services is £7.475 million. The projected sum to be transferred by the Council to the ICB in the period April 2024 to March 2033 based on the current budget would be £67.275 million (assuming that the Council exercises its two year extension option). This total does not include any potential annual pay uplift contribution which will be negotiated annually between the ICB and the Council under the Section 76 process described in The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013.</p> <p>The funding for such service will be met annually from within the ring-fenced Public Health grant, which includes funding for the delivery of Public Health Nursing Services.</p>
Background Documents	<p>Cabinet paper (14/12/16) Decision to Remodel the Public Health Nursing Service</p> <p>Cabinet decision (09/10/2019): Public Health Nursing Service</p> <p>Cabinet decision (25/3/21) Public Health Nursing Service – extension of Service Model</p>
Statutory Authority	<p>Health and Social Care Act (2012)</p> <p>Section 76 of the National Health Service Act 2006</p> <p>Health and Care Act 2022</p>
Divisional Councillor(s)	<p>All</p>
Officer	<p>Name: Beth Bennett-Britton Tel. no: 01452 327619 Email: beth.bennett-britton@gloucestershire.gov.uk</p>
Timeline	<p>The Council's proposed extended funding arrangement with the ICB will commence 1st April 2024.</p>

Background

The Current Service

1. The Public Health Nursing Service (PHNS) includes what are commonly referred to as the Health Visiting and School Nursing services and cover the age ranges of pre-birth to 19 years.
2. Gloucestershire County Council (the Council) has a duty under the Health and Social Care Act (2012) to take the steps it considers appropriate to improve and protect the health of the people in its area. The Council is responsible for commissioning Public Health Nursing Services and is required, as a condition of the Public Health grant, to offer five visits in early years and to deliver the Healthy Child Programme for families and children aged 0 to 5¹ years, and 5 – 19² years. The Council also has a responsibility to deliver the annual National Child Measurement Programme which is carried out by the school nursing team.
3. Public Health Nursing services are currently provided by Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT) under a Collaborative Commissioning Memorandum of Agreement between the Council and NHS Gloucestershire Integrated Care Board (ICB). Such services are funded from the Public Health Grant by means of a Section 76 transfer of funding between the Council and the ICB. The service contract between the ICB and GHCNHSFT is agreed annually.
4. Public Health Nursing provides universal Health Visiting and School Nursing services to all families and children in Gloucestershire and offers levels of additional targeted support to families with greater needs. Families and children access advice and support around a range of public health needs including support for families during transition to parenthood, maternal mental health assessment and support for breastfeeding, parenting, prevention of accidents, development and school readiness in early years. The Health Visiting service is key to the early identification and support of children and young people at risk of poor outcomes including those with SEND. School age children can access support for developing resilience and improving emotional wellbeing, support to achieve and maintain a healthy weight, interventions to protect health in relation to risky behaviours including alcohol, drugs, relationships and sexual health and support for children and families with additional health and wellbeing needs. The PHNS are an essential part of the safeguarding system providing a key universal preventative role within the overall children's workforce and are in contact with and accessible to all children and young people and their families particularly in the early years.
5. In December 2016 Cabinet approved the [recommendation](#) to remodel the existing Health visiting and School Nursing services into one integrated Public Health Nursing Service for children, young people and their families from pre-birth to aged 19 years. The remodelling started in April 2017 for a three-year period.

¹ <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

² <https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old>

6. In October 2019 a Cabinet decision (09/10/2019): [Public Health Nursing Service](#) approved a recommendation to allow sufficient time to embed the remodelled PHNS into Gloucestershire’s health and care system via a 2 year extension (to expire March 2022) to the term of the existing Public Health Nursing Service model arrangements. This included the option to extend this period for an additional period of two years (to expire March 2024). The extension option was implemented following a Cabinet decision in March 2021 [Public Health Nursing Service – extension of Service Model](#).

Performance

7. The original remodelling of the Public Health Nursing Service has proved to be successful, and the service performs well. Some examples of the high quality of the service delivery are shown below.
- In August 2022, the provider received a Care Quality Assessment rating of **Good** for its community health services for children and young people, which is particularly impressive given the challenges health and care services are currently facing both locally and nationally.
 - The provider performs well compared to the County’s statistical neighbours and to the national benchmark. The following indicators show the Health Visiting team’s performance compared to the national benchmark.

Health Visiting Indicator	Gloucestershire	England
Proportion of New Birth Visits Performed within 14 days	92.9%	82.6%
Proportion of infants receiving a 6-8 week review	95.5%	81.5%
Proportion of children receiving a 12 month review	88%	81.9%
Proportion of children who received a 2-2.5 year review	81.3%	74%
Breastfeeding Prevalence at 6-8 weeks after birth	57%	49.3%

Source: OHID Fingertips Public Health Data 2021/22

- The School Nursing team complete the measurements required by the National Child Measurement Programme which involves weighing and measuring school children in Reception and Year 6. In 2020/21 local authorities were advised to complete measurements in a representative 10% sample of schools due to disruptions caused by school closures. In Gloucestershire the school nursing team carried out measurements for 98% of Reception children and the requisite 10% of Year 6 children. This means that we have a high confidence in our data for our 2020/21 Reception cohort who will pass through school and be measured again in Year 6.
- The service demonstrated strong leadership and effective team working during the pandemic to ensure that children and families were offered the best support that could be delivered within the constraints that prevailed at the time. Examples include close partnership working with maternity to reduce families’ exposure to

infection risk and introducing blended and virtual offers for some universal family contacts. The school nursing team actively promoted their ChatHealth text service as a way of young people being able to get support with their health needs. The service implemented an ambitious Covid recovery plan including catching up with face-to-face appointments that were delayed during lockdown whilst continuing service delivery and prompt 'catch up' of vision screening for the previous academic year that was cut short due to school closures.

Engagement work

8. Extensive engagement work has been undertaken with service users, partners, health professionals and the PHNS workforce. In January 2020, towards the end of the period of remodelling, an evaluation exercise was undertaken to review the PHN service delivery as the changes bedded in. Work on this was interrupted by the impact of the pandemic but the results, along with additional feedback collected during a range of engagement activities in Autumn 2022, have informed a review of the PHN service specification. This has identified opportunities to work more effectively within the existing budget, for example through an integrated leadership team within [Family Hubs](#) along with other key agencies which will incentivise closer working through shared ownership of key performance indicators and collaborative redesign. In addition, feedback identified the need for clearer scope of some pathways to reduce inappropriate demand on the service and strengthening some areas of the offer such as early intervention in parenting support, building resilience, attachment, and bonding. We will continue to refine the service specification in the light of the Cabinet decision.

Options

Option 1 – Continue with the current service model under which the Council will continue to provide funding to the ICB under Section 76 Transfer Agreement in order to fund the provision of Public Health Nursing Services by GHCNHSFT on the basis that such transfer will secure a more effective use of public funds than the deployment of an equivalent amount on the provision of such services by the council (recommended option)

9. The recommended option is to continue with the current service model from April 2024 for 7 years with an option to extend for a further 2 years.
10. The recommended timeframe would align with the recommissioning of Children and Family Centres which will be the first step in the development of the new Family Hubs model across Gloucestershire. A report is going to cabinet to approve a revised timeframe for commissioning Family Hubs which recommends the new model would commence in April 2024. The Public Health Nursing Service will form a core component of the integrated Family Hubs multiagency model and therefore aligning timescales to their maximum 9-year term from April 2024 would enable consistency during the incremental development of the model.
11. The ICB has confirmed that its service contract with GHCNHSFT is reviewed annually which provides greater flexibility to make commissioning changes in response to changes in needs and future adjustments to the financial envelope and provides an opportunity for regular reviews of the service specification if required.

12. Providing consistency and quality of universal and targeted Public Health Nursing (“PHN”) services to Gloucestershire families during a period of increased need and financial uncertainty caused by the impact of the pandemic together with national and global challenges.
13. As referenced above, this option will allow us to implement the enhanced service specification within the existing budget through improved integration and collaboration.
14. The existing PHN service and the provider, GHCNHSFT, have a record of proven high performance and work effectively and collaboratively within the wider Health and Care system and with commissioners as explained above.

Additional benefits of this option are:

15. The ICB’s use of an NHS provider has the advantage of easier partnership working with other NHS health services including specialist children’s services. GHCNHSFT offers further integration due to its responsibility for mental and physical community health services in Gloucestershire.
16. This commissioning approach aligns to the intentions of the Health and Social Care Act 2022 which introduced reforms to the health system to enable more collaborative working with Integrated Care Systems.
17. There is no legal requirement for GCC to procure the service itself given that funding for the service will be paid to the current provider by the ICB (pursuant to Section 76 of the National Health Services Act 2006) who will be procuring the required services under the contract entered into between themselves and GHCNHSFT.

Option 2 – Decommission the service

18. This option is not a possibility because the Council would not be able to meet its statutory duties set out below.
 - Under the terms of the Health and Social Care Act 2012, the council is responsible for commissioning public health services for children and young people aged 0-19 years. Some elements of the Healthy Child Programme require clinical expertise and knowledge that can only be provided via the health visiting and school nursing teams.
 - A condition of the Public Health grant is to offer five Health Visitor visits in early years and to deliver the Healthy Child Programme for families and children aged 0 to 5 years, and 5 – 19 years. The Council is also responsible for the delivery of the annual National Child Measurement Programme which is carried out by school nurses.

Option 3 – Open market procurement

19. Consideration has been given to the option of the Council itself procuring the PHN service. It has been concluded that this is not the recommended course of action at this time for the following reasons:

- It would run counter to emerging national policy relating to an integrated, collaborative approach to healthcare commissioning that is being established via the Health and Social Care Act 2022.
- Research into commissioning models and providers of PHN services in Local Authorities in the South West Region was undertaken. Where the authority does not recruit via an NHS provider they have reported recruitment challenges to fill PHNS vacancies as they do not offer NHS contracts and associated terms and conditions.
- The transfer of funding to the ICB will secure a more effective use of public funds than the deployment of an equivalent amount on the provision of such services by the Council (for the purposes of Section 76 NHS Act 2006) because (a) the mechanism provides greater flexibility to adapt the service specification and funding envelope within the 9 year period (if needed) than a contract directly between GCC and a provider because the service contract between the ICB and GHCNHSFT is renewed annually whereas a contract with equivalent flexibility procured by the Council would be less desirable to providers and more resource intensive, (b) it ensures consistency in service provision during this current challenging time for families that would not be possible if the provider were to change through a Council led procurement, (c) it will enable continued benefit from integrated IT systems and governance processes of related health and care services provided by GHCNHSFT (for example Specialist Safeguarding, Children's Community Nursing, Speech and Language Therapy, Child and Adolescent Mental Health Services and the Childhood Immunisations Team) that would not be possible if the provider were to change following a Council led procurement, (d) it is an existing mechanism used for the commissioning of other Health and Care services by the Council and is therefore less resource intensive than a Council led procurement process.

Risks

20. There is a risk that the ICB and/or GHCNHSFT is unable to or does not wish to continue to operate the current arrangements beyond March 2024.

- This risk is considered low. The proposal has been discussed with the ICB and GHCNHSFT. GHCNHSFT have confirmed their intention to continue delivery if this recommendation is agreed.

21. There is a risk that the Council will be unable to fulfil its statutory duties under the Health and Social Care Act 2012 to deliver public health nursing services.

- The recommended option (option 1) mitigates the risk of any break or reduction in service provision by continuing with the current provider who is performing well.

22. There is a risk that there is an adverse impact on the wider health and care system or another unintended/unidentified impact results from the proposed option.

- The proposed option recommends continuing with the current provider who is performing well and is well embedded within the health and care system therefore reducing the likelihood of unintended or unidentified impacts.

23. There is a risk that Government funding allocation is reduced over the period of 1 April 2024 to 31 March 2033.

- Any reductions in national funding are likely to be easier to meet through the current service model as there are existing collaborative and constructive relationships and partnerships in place. The contract between the ICB and GHCNHSFT is reviewed annually which provides greater flexibility to re-commission the service if the financial envelope changed.

Financial implications

24. The Public Health Nursing Service is currently funded through the Public Health Grant. The budget value for 2022/23 is £7.475 million. The proposed annual expenditure in connection with the provision of a Public Health Nursing Service will continue at this level i.e. £7.475 million.

25. Accordingly, the projected sum to be transferred by the Council to the ICB in the period April 2024 to March 2033 (should the council exercise the two-year extension) shall be £67.275 million. The funding for the service will be met annually from within the ring-fenced Public Health grant, which includes funding for the delivery of public health nursing services.

26. GHCNHSFT is an NHS Foundation Trust hence Agenda for Change pay conditions apply for the staff working in the service. GCC and the ICB work closely with GHCNHSFT to negotiate annual uplifts to reflect increases in staffing costs. The contract value will increase over the period of the funding arrangement to reflect these negotiations which will be funded through the Public Health grant. At present the level of the increase is uncertain but may affect the total budget envelope stated above.

27. GHCNHSFT and GCC commissioner leads will work together to minimise impact on service outcomes as contract values change.

Climate change implications

28. GHCNHSFT's strategic objectives include the intention to take positive action to reduce the organisation's carbon footprint and improve air quality.

Equality implications

29. Has an Equalities Impact Assessment (EIA) been completed? Yes

30. Cabinet Members should read and consider the Equalities Impact Assessment to satisfy themselves as decision makers that due regard has been given.

Data Protection Impact Assessment (DPIA) implications

31. Due to the processing of Personal and Special Category Data as part of this service, a Data Protection Impact Assessment will be completed with support from the Information Management Service. We will also ensure that adequate privacy information is available to the data subjects, to keep them informed of their rights, and work with the ICB and GHC to understand and support the data security requirements. Following completion of an Information Management risk assessment, it has been determined that the risk scoring was high due to the processing of special category data. Whilst unlikely, a potential risk of a data breach by the provider could lead to loss of sensitive data; therefore, the minimum security accreditation required for this service would be Cyber Essentials Plus & ISO 27001.

Social value implications

32. There would be no change if the proposed recommendation was approved.

Consultation feedback

33. Extensive engagement activities were undertaken in Autumn 2022 to seek the views of service users, the PHN workforce and stakeholders (including the ICB, VCS, Early Years, allied health professionals, secondary care, maternity, education) on what is working well and what could be improved within the PHN service in order to inform the development of the revised service specification.

34. This built on previous evaluation work undertaken such as a review of the implementation of the three-year remodelling of the Public Health Service (April 2017-March 2020) which sought the views of service users and professionals. The analysis of this feedback was interrupted by Covid but is now available and has been incorporated.

Officer recommendations

35. Officer recommendations are to approve option 1 and more particularly, the Recommendations contained in this Report, that is, to continue with the current service commissioning model until a date no later than 31st March 2033.

Performance management/follow-up

36. Assuming that the option to continue the Public Health Nursing Service model as described above is exercised, the current contract monitoring process with GHCSFT and the ICB will continue. Robust performance monitoring information relevant to these services will continue to be reported through the usual Council reporting mechanisms and the joint commissioning arrangements. The data protection risks of the service delivery have been periodically reviewed as part of the contract monitoring activities. These will continue to be assessed via the risk and issue management process for the service in consultation with an Information Governance Advisor.