

**Report of the Director of Public Health
and the Director of Human Resources,
Performance & Communications
to the Overview and Scrutiny Committee (OSC)
on 7th February 2017**

Update on the 0-19 Healthy Child Programme (HCP)

1.0 Introduction

- 1.1 On 15th September 2015, the Council's Safeguarding Scrutiny Committee (SSC) considered a report on the commissioning of the 0-19 Healthy Child Programme (HCP) which at that time was out to tender. Recent national changes had taken place therefore Members were given an update regarding this and provided challenge and scrutiny to the proposals and the future running of the programme.
- 1.2 Since that time a number of changes have taken place; therefore this report provides an outline of the transition of the delivery of the 0-19 HCP to Barnsley Metropolitan Borough Council (BMBC), including the rationale for the transition, the impact on the delivery of the service, programme governance and future plans for the service.

2.0 Background

- 2.1 Local Authorities became responsible for commissioning the HCP 5 to 19 years in April 2013 which included School Nursing and the National Child Measurement Programme and the HCP 0 to 5 years which includes Health Visiting on the 1st October 2015.
- 2.2 Published in 2009, the National HCP sets out the recommended framework of universal and targeted services for children and young people to promote optimal health and wellbeing.
- 2.3 The HCP provides good practice guidance for all organisations responsible for commissioning services aimed at improving health outcomes for children and young people from during pregnancy through to their 19th Birthday, and for frontline professionals involved in delivering these services. The HCP has a particular focus on health visiting from pregnancy to five years and school nursing for 5 to 19 years old.
- 2.4 The HCP is a prevention and early intervention public health programme offered to all families that lie at the heart of the universal service for children and families. It aims to support parents, promote child development, reduce inequalities, improve child health outcomes and health and wellbeing, and ensures that families at risk are identified at the earliest opportunity.

3.0 Context (Local and National)

- 3.1 Following the transfer of commissioning responsibilities for the HCP programme a specification was developed for the proposed service model with a view to testing the market in order to secure provision that would best improve health outcomes for the children and young people of Barnsley and ensure improved value for money at a time when the Programme was facing funding challenges.

- 3.2 The procurement process culminated in the receipt of only one bid, from the incumbent service provider, the South and West Yorkshire Partnership NHS Foundation Trust (SWYPFT). This bid was rejected, firstly, as it failed to meet the Council's affordability criteria and secondly, because the Council was unable to adjust those criteria or negotiate an agreed outcome because that would have been contrary to the public procurement rules.
- 3.3 At its meeting on 13th January 2016, Cabinet noted the position regarding the 0-19 Years Healthy Child Programme (HCP), the failure of the procurement exercise in 2015 and the various options described within the paper to secure continued service provision for the borough. Cabinet approved Option 4 within the paper which described a proposal to develop a partnership arrangement with SWYPFT which would result in a newly designed service model for the provision of the 0-19 HCP in the Borough.
- 3.4 Following the 13th January Cabinet decision, senior colleagues from Barnsley MBC and SWYPFT met on a weekly basis to further the partnership approach to developing the new 0-19 service. The meetings addressed the service delivery model, system leadership and interdependencies, finance and legal considerations. In addition, four workshops took place with wider, strategic and operational representation from both organisations and key stakeholders. The workshops focussed on the service delivery model, the staffing numbers and ratios, staff skill mix and deployment and the scope of service provision.
- 3.5 On the 29th March 2016, the SWYPFT Board agreed the recommendation from the SWYPFT Executive Committee that the organisation should exit the Health Visiting and School Nursing contracts held with Barnsley MBC. This was confirmed to the Council on 30th March. SWYPFT state that this decision was based on clinical and managerial assessment of the sustainability of the service going forward within the financial envelope.
- 3.6 On the 18th May 2016, Cabinet approved the recommendation to bring 'in house' the 0-19 Healthy Child Programme, approval was also given to extend current contracts with SWYPFT for Health Visiting and School Nursing to 30th September 2016, allowing for safe transition of the service.
- 3.7 Following the cabinet decision a Transition Board was established along with Transition Steering Groups within both organisations to drive forward the work requirements within a number of work streams. A significant amount of support was required internally to address issues such as IT, information security and governance, estates, HR, clinical governance and so on.
- 3.8 On 1st October 2016 the staff were safely transferred under TUPE (Transfer of Undertakings [Protection of Employment]) Regulations to Barnsley MBC. The successful transfer was a result of considerable internal support across BMBC.

4.0 Where We Are Now

- 4.1 Initially it was anticipated that BMBC would have to cover additional one off costs of transition. The transition team have actually managed to complete the transition within the 0-19 budget.

- 4.2 A new Head of Service (HoS) has been appointed and commenced employment with BMBC on 31st October. The new HoS will lead the design of a new staffing model in order to meet the changing needs of the population, meet the additional requirements as well as delivering the Children and Young People's 0-19 Healthy Child Programme.
- 4.3 The main challenges during transition have been estates, IT and data transfer. The Transition Board continued to meet post transition and have resolved outstanding issues.
- 4.4 Despite a number of staff choosing to leave the service prior to transition there has been no significant adverse impact on the delivery of the service. Measures are in place to effectively monitor service delivery and identify and mitigate any risks.
- 4.5 The transition of the service to BMBC has resulted in a significant reduction in overheads, which will enable us to maximise resources to frontline delivery.
- 4.6 The changes present an exciting and welcome opportunity for Barnsley Council to influence the way in which these services are delivered in the future, taking the national framework and adapting this to meet local needs with a clear vision for improving the health and wellbeing outcomes of our children, young people and families across the Borough through the HCP.
- 4.7 The transition of the service into BMBC enables the 0-19 HCP services to better align with the priorities established in the Borough's Public Health Strategy and to explore links with other Barnsley MBC services such as Early Years and Youth Justice Services.

5.0 Future Plans/Challenges

- 5.1 The challenges to future public health funding mean a level of service delivery remodelling is required to meet the revised financial envelope available for the service and will be formulated in accordance with the following:
- Engagement of all staff across the service.
 - Built on strong needs assessments.
 - A service designed to achieve improvements in quality, efficiency and value for money.
 - Positive engagement of children and young people in their healthcare and the development and delivery of services.
 - High quality care and effective targeting of resources to meet specific needs and address health inequalities.
- 5.2 The service delivery remodelling will:
- Be developed and adapted to meet local needs.
 - Provide clarity around the services currently operating within the borough and what provision is delivered.
 - Review current referral and care pathways.
 - Map need against the existing provision and identify gaps/duplication.

5.3 The timescales for the design, development and implementation of the new delivery model are as follows:

- Delivery model designed by the end of March 2017
- Consultation and Mobilisation April-August 2017
- New model in place September 2017

5.4 Workshops have been established to engage with 0-19 service staff, further workshops are planned to engage with delivery partners and service users.

5.5 A multi-agency stakeholder group will be established to oversee the development of existing and new pathways of care.

6.0 Invited Experts

6.1 The following experts have been invited to today's meeting to answer questions from the committee:

- Julia Burrows, Director of Public Health, BMBC
- Alicia Marcroft, Head of Public Health, BMBC
- Carrie Abbott, Service Director, Public Health, BMBC
- Lisa Loach, Public Health Governance and Service Manager, BMBC
- Anita McCrum, Professional Lead 0-19 Service, Public Health, BMBC
- Councillor Jim Andrews, Deputy Leader of the Council & Cabinet Spokesperson for Public Health

7.0 Possible Areas for Investigation

7.1 Members may wish to ask questions around the following areas:

- What feedback has been received from service users including children and young people regarding service delivery? Have there been any positive/negative changes to this as a result of the transition?
- Are effective performance management arrangements and infrastructure requirements in place to support the programme, such as ensuring appropriate clinical governance, record keeping, data collection and reporting?
- How do you ensure effective targeted intervention takes place amongst vulnerable, hard to reach groups and for those with complex needs?
- Are all key stakeholders on board and engaged in the Healthy Child Programme to ensure integrated service provision? What impact has the transition had on relationships with our partners?
- To what extent is best practice utilised in the design and delivery of the service? Has there been any shared learning from other local authorities adopting a similar model?
- What impact has the reduced financial envelope had on the delivery of the service?

- What feedback has been received from staff in relation to the service; what impact do they feel the transition has had on service delivery?
- What actions could be taken by Members to assist in the effectiveness of the 0-19 Healthy Child Programme?

8.0 Background Papers and Useful Links

- Safeguarding Scrutiny Committee (SSC) Report for 15th September 2015:
[http://barnsleymbc.moderngov.co.uk/Data/Safeguarding%20Scrutiny%20Committee/201509151400/Agenda/\\$Copy%20B%20-%20Healthy%20Child%20Programme%20Report.doc.pdf](http://barnsleymbc.moderngov.co.uk/Data/Safeguarding%20Scrutiny%20Committee/201509151400/Agenda/$Copy%20B%20-%20Healthy%20Child%20Programme%20Report.doc.pdf)
- Minutes from the SSC on 15th September 2015:
<http://barnsleymbc.moderngov.co.uk/documents/s5436/Minutes%20of%20the%20Previous%20Meeting.pdf>
- Healthy Child Programme: Rapid Review to Update Evidence, Public Health England (2015):
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf

9.0 Glossary

BMBC – Barnsley Metropolitan Borough Council

HCP – Healthy Child Programme

HoS - Head of Service

OSC – Overview and Scrutiny Committee

SSC – Safeguarding Scrutiny Committee

SWYPFT - South West Yorkshire Partnership NHS Foundation Trust

TUPE - Transfer of Undertakings (Protection of Employment) Regulations

10.0 Report Authors and Officer Contacts

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30th January 2017