

**Report of the Executive Director Core Services
and the Director of Public Health
to the Overview and Scrutiny Committee (OSC)
on 6th March 2018**

Update on the 0-19 Public Health Nursing Service

1.0 Introduction

- 1.1 This report provides an update of the transition of the Health Visiting and School Nursing Services known as the 0-19 Public Health Nursing Service (0-19 PHNS) Service to Barnsley Metropolitan Borough Council (BMBC).

2.0 Background

- 2.1 The 0-19 PHNS leads the delivery of the Healthy Child Programme (HCP). 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.
- 2.2 The HCP provides good practice guidance for all organisations responsible for commissioning services aimed at improving health outcomes for children and young people 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.
- 2.3 It is a prevention and early intervention public health programme offered to all children and families that lie at the heart of the universal service. It aims to support parents, promote child development, reduce inequalities, improve child health outcomes and health and wellbeing. It should also ensure that families at risk are identified at the earliest opportunity.
- 2.4 Local Authorities became responsible for commissioning School Nursing to deliver the HCP 5 to 19 years in April 2013. On 1 October 2015, Local Authorities also became responsible for commissioning Health Visiting to deliver the HCP 0 to 5 years.
- 2.5 Following the transfer of commissioning responsibilities for the 0-19 PHNS, a specification was developed for the proposed service model with a view to testing the market. The aim was to secure provision that would best improve health outcomes for the children and young people of Barnsley. It would also ensure improved value for money at a time when the Programme was facing funding challenges.
- 2.6 The procurement process culminated in the receipt of only one bid, from the South 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 procurement rules.
- 2.7 At its meeting on 13 January 2016, Cabinet noted the position regarding the 0-19 PHNS, 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 a proposal to develop a partnership arrangement with SWYPFT which would result in a newly designed service model for the delivery of the 0-19 HCP in the borough.

- 2.8 Following the Cabinet decision, senior colleagues from BMBC and SWYPFT met on a weekly basis to further the partnership approach to developing the new 0-19 PHNS service.
- 2.9 Unfortunately, in March 2016, the SWYPFT Executive Committee recommended that the organisation should exit the health visiting and school nursing contracts held with BMBC for sustainability reasons. This was confirmed to the Council on 30 March 2016.
- 2.10 In May 2016, Cabinet approved the recommendation to bring 'in house' the 0-19 PHNS. Approval was also given to extend current contracts with SWYPFT for health visiting and school nursing to 30 September 2016, allowing for safe transition of the service.
- 2.11 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.
- 2.12 On 1 October 2016 staff were safely transferred under TUPE (Transfer of Undertakings [Protection of Employment]) Regulations to BMBC. The successful transfer was a result of considerable internal support across BMBC.
- 2.13 In February 2017, the Director of Public Health presented an update to the Overview & Scrutiny Committee on the transition of the 0-19 PHNS.

3.0 Current Position

Staffing Structure

- 3.1 Since the last report to OSC, a full staffing restructure has taken place with staff being given the opportunity to help shape the service structure along with the development of role profiles across the teams during soft consultation in April 2017. The formal consultation was launched on the 12 June 2017, this has taken significantly longer than anticipated due to challenges regarding terms and conditions. This resulted in an extension of the consultation period to 31 October 2017.
- 3.2 A workforce structure (see Item 4b) has been co-designed with staff and delivery partners where appropriate, to ensure a robust flexible workforce capable of leading the delivery of the HCP now and in the future.
- 3.3 The underlying principles of the staffing structure are to maintain provision of robust supervision and training and development at all levels of service delivery. This will ensure that staff are well supported which will result in a strong, resilient, high quality and responsive workforce able to provide appropriate interventions for all children, young people and families within the borough.

- 3.4 We have defined and strengthened the workforce skill mix roles (see Item 4c). This is to ensure the most appropriate use of available resource and enable us to target the specialist skills and knowledge of specialist practitioners in the most effective way. By developing and implementing the proposed model this will direct early intervention and support to those in need as we aim to reduce the health inequalities that exist in the borough.
- 3.5 We have successfully recruited a significant number of new staff which will enable us to begin the process of reviewing current, and developing new HCP pathways with partners.
- 3.6 The staffing restructure has been a further period of uncertainty and change for the 0-19 PHNS workforce. The focus for the leadership team has been to support and retain resilient, compassionate practitioners to maintain current service delivery.

Service Model

3.7 We have established a system wide stakeholder group to oversee the development of the delivery model for the service. The group has collectively agreed that Public Health England's '4, 5, 6' delivery model will be adopted for the 0-19 PHNS. 'this model uses evidence based recommendations to shift demand on public services through prevention in early years'.

3.8 The 4, 5, 6 Model offers:

- 4 progressive tiers of Public Health nursing practice
 - Universal – offers universal health reviews (see below) and working with partners to ensure that families can access the HCP, and that parents are supported at key times and have access to a range of community services
 - Universal Plus - offers rapid response when specific expert help is needed for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting
 - Universal Partnership Plus - provides ongoing support to deal with more complex issues over a period of time
 - Community – offering a strengths-based approach to building family and community capacity
- 5 Health Reviews

Universal health and development reviews are a key feature of the HCP.

The core purpose of health and development reviews is to:

- assess family strengths, needs and risks
- give parents and guardians the opportunity to discuss their concerns and aspirations
- assess growth and development
- detect abnormalities

The following five stages are the most appropriate opportunities for screening tests and developmental surveillance, for assessing growth, for discussing social and emotional development with parents, carers and children, and for linking children to early years' services:

Age 0-5	Age 5-19
Antenatal	4-5 year old assessment
New baby review	10-11 year old assessment
6-8 week assessment	12-13 year old assessment
1 year review	School leavers
2-2 ^{1/2} year review	Transition to adulthood

- 6 High Impact Areas

The high impact areas provide an opportunity to focus efforts on the areas where Public Health Nursing can make the biggest difference:-

Age 0-5	Age 5-19
Transition to parenthood and the early weeks	Resilience and emotional wellbeing
Maternal mental health	Keeping safe: Managing risk and reducing harm
Breastfeeding (initiation and duration)	Improving lifestyles
Healthy weight, healthy nutrition (to include physical activity)	Maximising learning and achievement
Managing minor illnesses and reducing hospital attendance/admissions	Supporting complex and additional health and wellbeing needs
Health, wellbeing and development of the child aged 2 - review (integrated review) and support to be 'ready for school'	Seamless transition and preparation for adulthood

3.9 The HCP has been used by the stakeholder group as a framework to review current, and develop new, clinical pathways. Early work of the group has been to establish sub groups to look specifically at antenatal pathways, children with long term conditions and complex needs, development of pathways with the Child Health and Immunisation teams and parenting support.

4.0 Future Plans/Challenges

4.1 We are in the process of identifying sources of expertise to support the redesign and development of the clinical record keeping system which will enable us to produce meaningful performance and outcome measures.

4.2 We are in the process of refreshing the stakeholder group to progress integration and co-design the HCP pathways to:

- 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

5.0 Invited Experts

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

- Julia Burrows, Director of Public Health
- Alicia Marcroft, Head of Public Health
- Tracy Letchford, Service Manager 0-19, Public Health
- Helen Mills – Healthy Child Programme Lead, Public Health
- Nicola Ellel – Specialist Community Public Health Nurse (Health Visitor), Public Health
- Alison Evans – Clinical Quality and Development Lead, Public Health
- Councillor Jim Andrews, Deputy Leader of the Council & Cabinet Spokesperson for Public Health

6.0 Possible Areas for Investigation

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

- What feedback has been received from service users (including children and young people) and employees regarding service delivery? Do they feel there have been any positive/negative changes as a result of the transition?
- What is in place to evaluate the impact of the new structure and model to ensure that they are achieving the desired outcomes?
- What are the timescales for fully implementing an effective clinical record keeping system and what are the barriers to achieving this?
- What are the greatest challenges in terms of resources and how can these be addressed?
- Which area of service delivery has suffered most due to the transition and what can be done to improve?
- What work needs to be done to ensure better joined up working with other services within BMBC?

- How do you ensure effective targeted intervention takes place amongst vulnerable, hard to reach groups and for those with complex needs?
- What impact has the transition had on employees and what support has been offered to help them manage the change and ensure their wellbeing?
- How has the transition affected relationships with our partners and the community?
- As a parent with concerns or requiring support, how would you access the service in between the key milestone visits/reviews identified?
- Have you looked at other authorities where the '4,5,6' model is already in operation and what have you learnt?
- What actions could be taken by Members to assist in the effectiveness of the 0-19 Healthy Child Programme?

7.0 Background Papers and Useful Links

- [Healthy child programme 0 to 19: health visitor and school nurse commissioning 2015 - GOV.UK](#)
- [Cabinet report 13th January 2016 - Commissioning of 0-19 Years Healthy Child Programme \(Cab.13.1.2016/8\)](#)
- [Update on the 0-19 Service Report to OSC 7.2.17.](#)
- [Minutes of the OSC held on 7.2.17.](#)

8.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
HCP	Healthy Child Programme
NCM	National Child Measurement Programme
OSC	Overview and Scrutiny Committee
PHNS	Public Health Nursing Service
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

9.0 Officer Contact

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