

**REPORT FOR: HEALTH AND
WELLBEING BOARD**

Date of Meeting: 5 July 2018

Subject: **INFORMATION REPORT – 0-19
PH nursing commissioning
update**

Responsible Officer: Carole Furlong, Director of Public
Health, LB Harrow
Javina Sehgal, Chief Operating Officer,
Harrow CCG

Exempt: No

Wards affected: All

Enclosures: None

Section 1 – Summary

This report provides the Health and Well-Being Board with an update on the procurement for the 0-19 Health Visiting and School Nursing services.

FOR INFORMATION

Section 2 – Report

2.1 Award and mobilisation

Following an extensive procurement process including wide-scale consultation, the combined contract for the new 0-19 Health Visiting and School Nursing plus Safeguarding contract was awarded to the successful bidder, Central and North West London NHS Foundation Trust (CNWL), on 6th April 2018. It is for an initial period of three years with the option to extend for two further periods of two years i.e. to 30th June 2025.

The Council is commissioning the service part of the contract and Harrow CCG is commissioning the safeguarding part of the contract (covering staff safeguarding supervision and the health visitor post in the Multi-Agency Safeguarding Hub).

The service's go live date is 1 July 2018.¹ CNWL have been working hard to mobilise the contract successfully. It is a significant piece of work to transfer the records for the children and young people, transfer about 70 staff from the two incumbent providers, recruit staff to vacant posts and lease new premises which meet the requirements of accessibility and with planning permission for clinical use – and to do this in a relatively short space of time. CNWL have successfully mobilised a number of 0-19 services in recent years including in Bi-Borough, Camden, Hillingdon and Milton Keynes, so are experienced in managing this process.

A key focus during this time – both for commissioners and the new and incumbent providers – has been on managing the risks, especially to the most vulnerable children, those on child protection plans etc. Ensuring that the safeguarding team is fully staffed and that clinical records for vulnerable children and young people transfer and are available on Day 1 has been a priority for all involved. A risk register is used to monitor all risks and ensure they are managed appropriately and mitigated where possible.

Harrow CCG commissioning staff have been engaged in this process throughout and continue to contribute to the mobilisation.

It is possible there will be a dip in performance at the beginning of the contract as some staff might not transfer; it is difficult to book appointments in advance if the venue is not clear; and staff need to become acquainted with new systems and processes. The new provider is doing its utmost to ensure that any performance dip is minimised and the requirements of the new specification are delivered as soon as possible.

2.2 Changes under the new contract

¹ At its meeting on 14th September 2017, Cabinet extended the existing Health Visiting and School Nursing contracts to 30 June 2018.

The contract will deliver a small saving (as set out below in section 4) but more importantly will absorb the planned cuts to the breastfeeding contract i.e. the breastfeeding service will continue. The 0-19 service will also start offering vision screening to all reception-aged pupils in school in Harrow in line with the local authority's responsibilities. This will also be within the contract cost.

Harrow has never had funding for the national programme for enhanced health visiting for vulnerable mothers (Family Nurse Partnership programme) but under this contract two further checkpoints will be added at age 4-5 months (primary to support weaning, promote oral health and healthy eating from the earliest age) and at 3.5-4.5 years old (to improve school readiness in those not already attending an early years setting). Initially the additional checks will just be for the most vulnerable.

In schools there will be an increased school nurse presence in every school and the introduction of questionnaires for secondary aged pupils. The questionnaires will provide direct health advice to pupils based on their responses, as well as providing schools with richer data on the health and well-being of their pupils to enable the schools to take steps and commission additional services as appropriate.

The introduction of these changes will require close working of 0-19 staff, partners, stakeholders, parents, children and young people.

Further work will need to be undertaken to improve the efficiency of processes around A&E attendance at Northwick Park.

As set out in the Cabinet report of 14 September 2018 it is intended to change the delivery model for school nursing in the two PMLD special schools to bring it in line with the statutory guidance on supporting pupils at school with medical conditions. This will represent a significant change to the current operating model. There will be consultation with the affected schools and partners before this happens.

2.3 Public Health priorities under the new contract

The service has three main public health priorities based on local needs and the consultation on the new specification:

1. Oral health – Harrow is now the worst in London for oral health with 39.6% of children under 5 with missing, decayed or filled teeth.
2. Healthy weight – in 2016/17, the prevalence of overweight (including obese) children in Reception was 18.4%. The prevalence for pupils in Year 6 was 36.8%.
3. School readiness – in 2016/17, the percentage of the percentage of children with free school meal status achieving a good level of development at the end of reception was 62.3%.

Anecdotally in the consultation primary schools reported that levels of school readiness were of increasing concern, this includes pupils still not potty-trained, with poor levels of speech and language, and not as physically active

as they should be. It also includes pupils who are unable to concentrate at school due to pain from poor oral health.

As there is no additional funding for workers to focus on tackling these key issues, the service will be managing this from within the contract price. It is intended that some of the service's planned transformation projects will release some additional resource for these three priorities.

Section 3 – Further Information

It is suggested that a further update is brought to the Board in 12 months' time.

Section 4 – Financial Implications

- The total cost of this service over the seven years of the contract is £26,370,571. This is split between the local authority funded health visiting and school nursing part of the contract which has a value over seven years of £24,704,059 and the CCG funded safeguarding part of the contract which has a value over seven years of £1,666,511.
- The annual council public health budget for this service from April 2018 totals £3.553m and comprises the former health visiting budget of £2.898m and the school nursing service of £655k.
- The budget over the 7 years of the contract (including extension periods) totals £24.771m which is adequate to fund the local authority element of the contract price of £24.704m, and results in a small saving of £67k over the 7 year contract term. In addition, the contract price includes the provision of breast feeding services (previously budgeted at £65k p.a. enabling the 2018-19 MTFS saving to be achieved) as well as vision and screening services which were not previously funded (at a cost of approx. £75k p.a.). This effectively increases the efficiencies delivered through this contract from £67k, by a further £140k pa, to £1.047m over the 7 year term.
- The contract does not include any provision for inflation, and expenditure has been uplifted to reflect potential inflationary uplifts such as in relation to pay. Within the bid price submitted, efficiencies of £375k over the term of the contract have been assumed which are planned by CNWL to mitigate the impact of price and volume increases.

This expenditure on mandated (statutory) services is currently contained within the ring-fenced Public Health grant allocation. The award of this contract results in contractual obligations with the provider for services which are funded by external grant and which cannot be guaranteed in the longer term.

This grant is currently ring-fenced until March 2019, after which it is expected that the service will be funded by business rates. It is not clear what impact, if any, the changes to the funding will have on the level of available resource, however these mandated (statutory) services will need to be provided.

The cost of the Safeguarding element of the contract represents a small saving for Harrow CCG.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? Yes

The EqIA did not identify any potential for unlawful conduct or disproportionate impact and found that all opportunities to advance equality of opportunity were being addressed.

Both Health Visiting and School Nursing are universal services and provide a universal offer to around 20,000 children under the age of 5 and their parents (mainly the mother) and about 44,000 5-19 year olds in Harrow. There are currently about 3,500 new live births in Harrow every year. It achieves a coverage of 99% of new birth visits.

It is proposed to make changes to the delivery model for school nursing in special schools to bring it in line with the statutory guidance on 'Supporting pupils at school with medical conditions'. There will be further consultation with affected schools about this before any changes are implemented. It is proposed to add in more checks for under 5s so that there is a better chance of young people with undiagnosed special educational needs being identified earlier.

Seven out of ten births in Harrow were to non-UK born mothers. The very helpful Scrutiny Review raised a number of issues around language and cultural differences in respect of how health services are understood. The new provider is committed to making the service as accessible as possible and implementing the recommendations of the scrutiny review.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The 0-19 Health Visiting and School Nursing service has a key role to play in.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

The Council has clear priorities to enable children to "Start Well" so that "children from the womb to adulthood [can] be safe, happy and have every opportunity to reach their full potential"² and to "protect the most vulnerable

² Harrow's Health and Wellbeing Strategy 2016-2020:
<https://www.harrow.gov.uk/www2/documents/s130914/DRAFT%20Harrow%20Health%20and%20Wellbeing%20Strategy%202016-20%20FINAL%20UPDATED.pdf>

and support families.”³ It recognises that 0-19 Health Visiting and School Nursing services are a key part in contributing to this.

STATUTORY OFFICER CLEARANCE (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 25.5.18		

Ward Councillors notified:	N/A
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Section 7 - Contact Details and Background Papers

Contact:

Jonathan Hill-Brown, Public Health Commissioning Manager, LB Harrow, 020 8424 7613
Steve Buckerfield, Head of Children’s Commissioning (Interim), Harrow CCG, 020 8966 1048

Background Papers:

Reports to Cabinet, 17.11.16:

<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62839&Ver=4#A1103940>

Reports to Cabinet, 14.9.17:

<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#A1110550>

³ Harrow Ambition Plan 2017 Refresh:

http://www.harrow.gov.uk/info/100004/council_and_democracy/1789/harrow_s_ambition_plan