

# **North Somerset Council**

## **REPORT TO THE COUNCIL**

**DATE OF MEETING: 8 JANUARY 2019**

**SUBJECT OF REPORT: CHILDREN'S PUBLIC HEALTH SERVICES**

**TOWN OR PARISH: ALL AREAS**

**OFFICER/MEMBER PRESENTING: DR ANDREW BURNETT, INTERIM DIRECTOR FOR PUBLIC HEALTH**

**KEY DECISION: NO**

## **RECOMMENDATIONS**

That the Council notes changes to local commissioning arrangements for community health services and approves further exploration of different options to commission children's public health services. Final recommendations will be brought back to the Council in the Autumn of 2019 for approval.

### **1. SUMMARY OF REPORT**

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) has decided to re-procure NHS adult community services from a single provider across their whole area. This has the potential to destabilise the existing contract arrangement for children's public health services in North Somerset (health visiting and school nursing) as these were commissioned as part of a North Somerset CCG contract with North Somerset Community Partnership (NSCP) for both adult and children's services.

The Council needs to consider how best to secure high quality health visiting and nursing services for children and families in North Somerset. A number of options are available ranging from moving the existing contract to a new provider to starting a new procurement for this process or moving these services to in-house provision (as has been done in neighbouring authorities).

The CCG procurement exercise for adult community services will run until July 2019. The suggested next steps for the Council are for work to begin on developing a new model for children's public health services, based on measurable ('hard') outcomes rather than service activity measures. This would be done based on a local health needs assessment and completed with the input of the existing provider and a range of local stakeholders including service user feedback. A new model of service provision would be developed by the Summer of 2019. The final decision on how best to secure this new service – through contract novation, new procurement or shift to in-house provision – will be taken by the Council in Autumn 2019 based on a clear options appraisal and recommendation.

## **2. POLICY**

Upper tier local authorities are responsible for commissioning both health visiting and school nursing services as part of their public health role established under the Health & Social Care Act 2012.

North Somerset Council's Corporate Plan includes a priority outcome of improving the local population's health and wellbeing. One of the identified ambitions under this outcome is to support families to give their children the best start in life. The contract for children's public health services ensures health visiting and school nursing services are delivered to local families with a focus on improving health and wellbeing.

## **3. DETAILS**

The Council currently has a contract with NSCP to provide 0-19 public health nursing services, which include:

- 0-5 health visiting service
- 5-19 school nursing service
- The National Childhood Measurement Programme (NCMP).

These services are part of a wider community health services contract alongside adult community services. BNSSG CCG is the lead commissioner. The 2018/19 contract value for children's public health services is just under £3.4 million. Specialist children's health services are commissioned separately by the CCG from Weston Area Health Trust. The current NSCP contract runs until the 31st March 2021. However, BNSSG CCG have stated their intention to re-procure NHS adult community services across their whole footprint with the intention of having a new service in place from 1 April 2020. This potentially puts into question the future of the current NSCP contract depending on the outcome of the CCG's procurement exercise. The Council therefore needs to consider its options around the future provision of 0-19 public health nursing services.

### **Options**

The main options for the future provision of 0-19 public health nursing services are:

#### **A. Novate the existing contract to a new provider**

This would involve waiting for the CCG to complete its procurement exercise for adult community services. The successful provider is expected to be announced in July 2019. Once the new provider has been selected, negotiations would start on how the existing service could move to this provider.

#### **B. Transfer the service in-house with direct delivery of the service**

This option would mean 0-19 public health nursing services would sit within the council's management structure, for example, within children's services and/or public health. This is a model that has been recently adopted by a number of other local authorities in the South West, for example, Devon, Cornwall and Somerset. These in-house services are due to go live in April 2019.

#### **C. Set up and transfer the service to an alternative delivery model (ADM).**

ADMs can take many forms including local authority trading companies or council-owned social enterprises. Services are commissioned by the authority from the ADM provider with an agreed governance framework to ensure Members have strategic oversight of

how the service is delivered. A [useful guide to ADMs](#), with examples, has been produced by the Centre for Public Scrutiny.

**D. Complete a competitive procurement exercise.** This could be:

(i) The Council commissions on its own.

(ii) The Council looks to commission in partnership, either with its neighbouring local authorities (Bristol City Council and/or South Gloucestershire Council), and/or with or through BNSSG CCG (potentially alongside specialist community paediatric services).

**E. Develop a new outcomes-based specification for use following the commencement of the CCG's adult communities service either in-house, through an ADM or with another provider**

This process could begin quickly with a focus on reviewing the needs of the local population and examples of how measurable ('hard') outcomes have been used to drive service improvements in other areas. Whether the current provider will be successful in securing the adult community services contract, assuming that they submit a bid, will not be known until July 2019. However, working with the provider and local stakeholders (subject to considerations of the CCG's procurement process) will help to clearly define the service that best fits local needs and aspirations. This model would be useful regardless of how the service is provided (by the current provider, a new provider or through an in-house service arrangement).

Some of the key issues to consider when reviewing these options are:

- Several local authorities have gone through detailed option appraisals and have opted for a shift to in-house services as the best way achieve better service integration around the needs of children and families, improve outcomes and make efficiencies. This provides confidence about the validity of this approach. It also provides an opportunity for greater joint-working with our own children's services and the use of our children's centres. Offers of ongoing advice and support for the development of services in North Somerset have been made by public health colleagues from other local authorities in the South West.
- Joint commissioning with either neighbouring authorities and/or the local CCG may only produce limited change to service provision focussed more on hard outcomes because there are indications that Bristol and South Gloucestershire councils are content with their current service model. Also, as the CCG's procurement of community services will concentrate on adult care children's services are likely to be seen as a secondary priority.
- A single procurement exercise for this service where the Council goes to market for children's public health services at a value of about £3.4 million may not attract sufficient market interest. Most procurements for this type of service are for a much bigger value and alternative providers may not be keen to make a bid at this limited scope of service and level of funding.
- The option of an alternative delivery model would require some more analysis with support from procurement colleagues to consider options against the Council's overall procurement strategy.
- To date, engagement of key decision makers and stakeholders has proved beneficial, with agreement that further exploration of population needs and a shift to an outcomes-based specification, based on measurable improvements to health and wellbeing rather than activity data, would be beneficial. There is merit in taking these discussions forward and developing a model for future delivery while the procurement of NHS adult community services is in progress

until July 2019. Options for the most appropriate way to deliver a new service model could then be presented to the Council for decision in Autumn 2019.

- The development of any new model of service would be taken forward in collaboration with colleagues from NSC's children's services to ensure it supported priorities within those important areas of work such as children's centres and social care. The aim would be to better integrate service delivery around the needs of children and families to deliver better outcomes.

#### **4. CONSULTATION**

At this stage briefings have been provided for the Executive Member for Public Health (the Leader), the Assistant Executive Member for Public Health, the chairman of HOSP, and the Executive Member for Children. Discussions have also taken place at Corporate Management Team and the People and Communities Directorate Leadership Team.

The Interim Director for Public Health is leading discussions with the current service provider about options to develop the service model for children's public health services. This will include engagement of staff providing the service and staff from relevant services in the Council, for example, children's centres and children's social care teams. Service-user feedback and outcome data will also be reviewed as part of this process. (However, it is important that all such discussions meet due process requirements for the CCG's procurement process.)

The aim is to develop options for future ways of working based on population needs and evidence of how to achieve the best possible outcomes. Those options will be presented to the Council in the Autumn of 2019 alongside procurement advice on how best to commission/provide services in the future.

#### **5. FINANCIAL IMPLICATIONS**

The current contract for children's public health services is worth £3,385,000 per year. The existing contract for children's services is due to run until 31 March 2021 based on a five-year agreement. There is an option for a two-year extension in the existing contract.

Funding for this service comes through the Public Health Grant issued to the Council by Public Health England each year on behalf of the Department of Health and Social Care. The level of funding was significantly reduced in 2015/16 with recurring cuts to that budget over each of the following years (currently up to and including 2019/20).

The future level of Public Health Grant and the length of that funding commitment (2020/21 onwards) has not yet been announced by the Government. The spend on children's public health services represents just under one-third of the total grant given to the Council. It has been recognised that any future plans for services will need to fit within the financial envelope allocated by the Department of Health and Social Care and meet the ambitions of the new Council strategy and the Medium Term Financial Plan. The proposals that will be brought back to the Council in Autumn 2019 will reflect those considerations.

#### **6. LEGAL POWERS AND IMPLICATIONS**

The Health and Social Care Act (2012) set out several duties for local authorities around improving public health. Children's public health services are one of the mandated services that must be funded from the public health grant. The government launched a consultation on local authority public health prescribed activity which ran from January to April 2018. At

this stage no revised guidance or policy has been issued following the consultation. This may accompany announcements on the future funding settlement for public health functions in local government.

## **7. RISK MANAGEMENT**

Current and planned stakeholder engagement is being used to develop a future model of service delivery that can best serve the needs of children and families in North Somerset. Proactive discussions with the current provider and other key teams and agencies will help to identify options for a preferred model of service delivery. Keeping the Council informed of this work and bringing proposals back for decision is a key part of this process.

The ongoing assessment of service delivery, legal and financial risks will be part of this approach.

## **8. EQUALITY IMPLICATIONS**

No equality impact assessment (EIA) has been undertaken at this stage. However, a population needs assessment is being undertaken and is due to be published in early 2019. This will be available to support an EIA when final proposals are available for approval by the Council. The needs of both children and women going through pregnancy will be particular areas of focus, but all potentially affected groups will be assessed.

## **9. CORPORATE IMPLICATIONS**

Proposals to develop a new model for children's public health services will be developed with input from a range of teams from within the council.

## **10. OPTIONS CONSIDERED**

A review of options to address this issue has been listed under Section 3 (details).

## **AUTHORS**

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## **BACKGROUND PAPERS**

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group  
Commissioning Intentions document (2019/20)

[https://media.bnssgccg.nhs.uk/attachments/commissioning\\_intentions.pdf](https://media.bnssgccg.nhs.uk/attachments/commissioning_intentions.pdf)