

From: Andrew Scott-Clark, Director of Public Health

To: Graham Gibbens, Cabinet Member, Adult Social Care and Public Health

Subject: Contract Extension for Health Visiting and Family Nurse Partnership Service – to 31 May 2018

Classification: Unrestricted

Previous Pathway: This issue has been discussed at the Children’s Social Care and Health Cabinet Committee on 8 September 2015, 22 January 2016, 22 March 2016 and 5 July 2016

Future Pathway: Cabinet Member Decision – 16/00038b

Electoral Division: All

Summary: This report outlines the progress on transformation of Public Health services for children and young people in Kent.

Health Visiting and Family Nurse Partnership (FNP) has been reviewed in detail since the transfer of commissioning responsibilities since October 2015. A decision is now sought to extend the existing contract to allow time for a wider programme of transformation that will deliver a new model for 0-5’s in Kent.

The procurement of the School Public Health Nursing Services is underway. This procurement process is on track, with the agreed timeline and a brief update on the process is included.

Recommendation:

The Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the existing contract for Health Visiting Family Nurse Partnership Service until 31 May 2018

1. Introduction

- 1.1. This report is a follow up to the papers on public health transformation plans that were presented to the Children’s Social Care and Health Cabinet Committee in March and July 2016.
- 1.2. At the March meeting, the Committee endorsed the proposal to extend most of the existing contracts to March 2017 and requested a review of the commissioning timeline for the longer term. This paper presents an overview of the commissioning strategy for each of the services and seeks endorsement for a proposal to extend the existing contract for the Health Visiting and FNP service.

2. Background

- 2.1. Kent County Council (KCC) has responsibility for commissioning a range of Public Health services for children and young people in Kent. These services are funded from KCC's Public Health grant and include the Health Visiting service and the School Public Health Nursing Service.
- 2.2. In addition to this, KCC also invests approximately £2.5m a year of the Public Health grant into Kent's Children's Centres and Early Help provision and a further £1.1m into other externally commissioned services which contribute to improving public health outcomes for children in Kent including substance misuse treatment services.
- 2.3. Earlier this year, Public Health England confirmed that the Public Health grant would be reduced by at least 10% over two years from the 2015/16 baseline.

3. Commissioning Plans

School Public Health Nursing

- 3.1. The Children's Social Care and Health Cabinet Committee has previously considered papers on school public health nursing and the links with emotional health and wellbeing on a number of occasions. As has been reported, the KCC Public Health team has undertaken a detailed review of the service and identified the need to change the service to support a range of health outcomes for children across Kent in line with three key priorities:
 - An effective school public health service, focussed on core health outcomes and firmly integrated with the wider system of school-based support for children and young people
 - An efficient and intelligence-led service delivered by the appropriately skilled workforce
 - A core partner for the effective delivery of the universal and targeted elements of *'The Way Ahead, Kent's Emotional Wellbeing Strategy for children, young people and young adults in Kent'*.
- 3.2. In line with the discussions at the Children's Social Care and Health Cabinet Committee and the public consultation, the procurement process has been organised to procure two distinct services which will replace the current School Nursing Service.
- 3.3. The first service will be a **Primary School Public Health Service** for children aged 5-11 which will deliver:
 - the National Child Measurement Programme (NCMP) and proactive follow-up for children who are overweight
 - a universal emotional wellbeing service for primary-aged children

- individual health assessments, screening and relevant health and wellbeing interventions
 - whole-school approaches to health promotion and improvement.
- 3.4. The second will be an **Adolescent Health and Targeted Emotional Wellbeing Service** which will deliver whole-school approaches to health improvement, universal emotional wellbeing service, individual health assessments and relevant health interventions for secondary school aged children. It will also provide a targeted emotional wellbeing service right across the 5 to 19 age group. This will ensure a more seamless transition between universal and targeted support for emotional wellbeing.
- 3.5. KCC is procuring these reshaped School Public Health Services as part of the wider procurement programme for Emotional Wellbeing and Mental Health Services for children and young people. The procurement is at an early stage and will include a 'competitive dialogue' process. This will enable KCC to review and refine the specification and requirements after bidders have submitted initial responses. Contracts for the new services are due to be awarded early in 2017. This approach will offer the opportunity for a new framework to support schools in relation to health improvement.

Health Visiting and FNP

- 3.6. Kent County Council (KCC) became responsible for the commissioning of the Health Visiting Service in October 2015 and now has a statutory obligation to secure provision of five mandated checks for children under 5. The service also plays a crucial role in safeguarding and child protection procedures for this age group.
- 3.7. Papers presented to the Children's Social Care and Health Cabinet Committee have highlighted feedback from staff and public consultation, challenges in some performance in the services and the potential opportunity for closer integration with KCC's Early Help and Preventative Services and wider range of early years' service provision across the County.
- 3.8. In reviewing the service and changing any model it has also been clear that the health visiting service is a core safeguarding service and any changes must ensure that there is no negative impact on safeguarding. This integration may also highlight opportunities for efficiency savings. The review will include current arrangements for breastfeeding support as there is currently a range of providers, and potential disjoint and duplication in provision.
- 3.9. Public Health have held discussions with Kent Community Healthcare Foundation Trust (KCHFT), the providers of the service, and reached a provisional agreement (subject to key decision) to extend the existing contract for an additional year, to April 2018. This extension will provide the opportunity to transform the service model to deliver improved performance and efficiency before the service is re-tendered.

- 3.10. This would also align the timescale for a new contract with any changes to the mandate for Health Visiting and the arrangements of the ringfence of the Public Health grant from April 2018 onwards.
- 3.11 The Family Nurse Partnership (FNP) is also part of the current Health Visiting contract, although not a statutory requirement. It is a much more intensive programme for first-time mothers aged 19 and under to support the development of strong attachment and parenting skills, and support to return to education and work. The programme has a very strong evidence base in the USA for return on investment, but initial studies in the UK have not yet found evidence of the same cost-effectiveness. A period of review of this service will be undertaken to assess whether it should be commissioned in the future, given that there will be reduced resources.

4. Financial Implications

- 4.1. The current full-year contract values for the Health Visiting and School Public Health Service contracts are £29.4m p.a. The majority of this is Health Visiting which currently stands at £23.1m, with the remainder on the school public health service and young healthy minds service. The exact contract values are being negotiated, due to the reduction in the Public Health grant in the current financial year, and the anticipated efficiency driven by the transformation programme.

5. Timeline

- 5.1. The table below outlines the high level timelines for the School Public Health Nursing Services procurement project:

Pre-qualification stage	June – July 2016
Competitive Dialogue and tender process	August – December 2016
Approval to award governance process	January 2017
Pre-contract mobilisation	February – March 2017
Contract start and start of transition period	April 2017

- 5.2. A proposed key decision is expected to be presented to the Children’s Social Care and Health Cabinet Committee for comment and endorsement, and to the Cabinet Member for signature, in January 2017, once the tender evaluation process has been completed.
- 5.3. The table below outlines the high level timelines for the Health Visiting commissioning project, if this proposal for a contract extension to March 2018 is agreed:

Completed detailed analysis of current activity	June – September 2016
Explore opportunities for new service model	

Agree and implement service transformation	October 2016 – Jun 2017
Procurement Process	July – December 2017
New contract awarded – start mobilisation process	March 2018

5.4. This timeline relies upon a key decision to extend the existing being taken later in July 2017 to enable the existing Health Visiting and FNP contract to be extended to April 2018. A further proposed key decision to award a new contract for 2018/19 onwards will be required towards the end of 2017.

6. Conclusion

6.1. The Children’s Social Care and Health Cabinet Committee has previously considered and endorsed the proposal for the procurement of a reshaped School Public Health Services as part of the wider programme for Emotional Wellbeing and Mental Health Services.

6.2. The procurement is at an early stage and contracts for the new services are due to be awarded early in 2017. This approach will offer the opportunity for a new framework to support schools in relation to health improvement.

6.3. The proposal to re-engineer and reshape the existing Health Visiting and FNP service as part of an 18-month contract extension presents a significant opportunity for improved service delivery and better value for KCC investment.

6.4. The stakeholder engagement and public consultation process has highlighted clear support for the proposal to retain a Health Visiting and FNP service focused on the 0-5 age group.

6.5. The scope of a new contract (to start from April 2018) and the performance and outcome measures would need to be developed as part of the review and re-engineering process.

6.6. The next steps in the commissioning process will be:

- Negotiate terms of the extension to the current contract to deliver required efficiency savings
- Identify and explore opportunities for integration with wider early years’ service provision

6.7. The proposed commissioning plan will enable KCC to realise the required short-term savings and provide the opportunity to redesign the service to be more sustainable for the longer term. It also enables further integration with the wider early years’ provision and contributes more effectively to improving outcomes for children, giving the best start in life.

7. Recommendations

Recommendation:

The Cabinet Member for Adult Social Care and Public Health is asked to take the decision to extend the existing contract for Health Visiting Family Nurse Partnership Service until 31st March 2018

8. Background Documents

None

9. Contact Details

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