Health and Wellbeing Board Tuesday 7th July 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** Unrestricted
Health visiting service – findings of the stakeholder engagement	

Lead Officer	Robert McCulloch-Graham, Corporate Director, ESCW
Contact Officers	Somen Banerjee, Director of Public Health and Esther Trenchard-Mabere, Associate Director of Public Health
Executive Key Decision?	No

Executive Summary

Commissioning responsibility for 0-5 public health services (Health visiting service and Family Nurse Partnership) transfers to the local authority on 1st October 2015. The current 2015/16 NHS contract will be novated to the local authority and a re-procurement process initiated to have a new local authority contract in place by 1st April 2016. Public Health commissioned Prederi Ltd to facilitate and write up a stakeholder engagement process (January – April 2015) to inform the localisation of the national service specification for the Health Visiting service. A multi-agency steering group was established and met monthly to oversee the engagement process.

The engagement process included consultation in three phases with the following groups:

Phase 1

- 126 parents and carers (44 in 8 focus groups plus 82 via supported on-line survey)
- 56 members of the health visiting service

Phase 2

- 23 attendees at early years professionals workshop
- 23 attendees at key health professionals and commissioners workshop
- 13 attendees at social care professionals workshop
- 3 organisations at third sector focus group
- 36 GPs via on-line survey

Phase 3

- Total of 55 attendees (most of whom had attended phase 1 or 2 workshops) at one of two multi-disciplinary workshops

Key themes that emerged from phases 1 and 2 of this engagement process were:

Capacity: including ensuring good skill mix, extending the role of support workers, increasing administrative capacity, strengthening leadership, making better use of IT and improving recruitment and retention.

Access: including flexible opening hours, increasing number and type of locations

for service delivery, drop-in and booked appointments, telephone advice line, named or single point of contact for service users and professionals, on-line services and translation services.
Continuity of care: named HV for service users during the first year of babies life.
Links with other health and early years services: shared vision with early years services, locality working, co-delivery/integration, improved data sharing supported by interoperable IT systems.
Quality and consistency of care: training, preceptorship and clinical supervision, development of specialist roles (e.g. mental health, healthy weight), agreement on and use of clinical standards.
Promote understanding of the service: information about appropriate and timely use of the service.

Phase 3 provided more in depth feedback and suggestions on strengthening the following priority areas:

- The role of HVs in community engagement and development
- Implementing the new antenatal contact
- Integration of the HV service with both children's centres and primary care
- Capabilities, capacity and competencies
- More intensive offer for high need families.

The views and recommendations from this engagement process will be used to 'localise' the national service specification for health visiting which is built around four tiers as follows:

- ***Community:*** Building community capacity with partners, health promotion in the community and tackling inequalities
- ***Universal:*** Mandatory health and development reviews, health promotion, screening, immunisation
- ***Universal Plus:*** early identification of need, responsive care and signposting/onward referral if indicated
- ***Universal Partnership Plus:*** identification of vulnerable children and children with complex needs, working with other agencies for children and families requiring intensive support, safeguarding.

The Tower Hamlets service model will include requirements for a stronger locality focus including four locality clinical leads who will become members of the children's centres` locality teams and named HVs for each children's centre and GP practice. We are developing a model where clusters of GP practices are linked to each children's centre.

Timescales:

- Draft service specification reviewed at final Stakeholder Engagement Steering Group, ***28th May 2015***
- Approval of re-procurement by Competition Board, ***8th June 2015***
- Advertise PQQ on portal, ***July 2015 (TBC)***
- Service specification finalised, ***30th June 2015***
- Invitation to tender, ***10th August 2015 (TBC)***
- Novation of NHS England contract to local authority, ***1st October 2015***
- New local authority contract (based on new service specification), ***1st April 2016***

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the engagement process that has been carried out
2. Comment on the emerging integrated locality model for the health visiting service

1. REASONS FOR THE DECISIONS

1.1 Report is for information and comment only

2. ALTERNATIVE OPTIONS

2.1 Report is for information and comment only.

3. DETAILS OF REPORT

3.1 See Executive Summary above and appended report by Prederi Ltd.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1. There are no direct financial implications as a result of the recommendations in this report.

5. LEGAL COMMENTS

5.1. Best Value Duty

5.2. The Council has a duty to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness by virtue of section 3 of the Local Government Act 1999. This is known as its Best Value Duty.

5.3. It is usual for the Council to subject its purchases and engagements with contractors to competition in order to ensure that it achieves best value in respect of the purchases it makes. However, this is not initially possible in this instance. The Council is to become responsible for the services outlined in this report due to legislation implemented by the Secretary Of State for Health and this requires the Council to take over the existing contract for these services that was originally entered into between NHS England and Barts Health. However, this agreement will expire on 31 March 2016 and the Council must use this time to procure a procurement law compliant tenderer to take over the provision of the services on expiry.

5.4. Section 72 of the Public Contracts Regulations 2015 allows a novation of an existing contractor where there is the natural succession of a contractor. However, it is intended to refer to a change in the supplier contractor rather than the purchaser. However, it is notable that the Council is forced to take on this novation agreement as a result in the change in law and therefore, it is likely that it would be determined that until the contract expires it is impossible to achieve competition in any event which lowers the risk of a successful challenge significantly.

5.5. The Council is required to consult for the purposes of deciding how to fulfil its best value duty. This obligation was the subject of consideration in the case of R (Nash) v Barnet LBC. Some guidance was given in the High Court to the

effect that it is not every time an authority makes a particular operational decision, by way of outsourcing or otherwise, that it is required by section 3 to consult about that decision. The High Court thought that consultation about "the way in which" it performs its functions connotes high-level issues concerning the approach to the performance of an authority's functions.

5.6. The statutory provisions relating to Health Visitors are contained in the Nursing and Midwifery Order 2001, SI2002/253. The commissioning of these services is currently the duty of NHS England.

5.7. Section 22 of the Health and Social Care Act 2012 inserts a clause in section 7A of the NHS Act 2006 that creates a new power which enables the Secretary of State, by agreement, to delegate the funding and commissioning of public health services to NHS England.

5.8. The Secretary of State and NHS England have agreed that children's public health services from pregnancy to age 5 will be commissioned by NHS England until 30 September when the commissioning responsibility for this programme are transferred to local government from 1 October 2015.

5.9. The transfer of 0-5 commissioning will join-up public health services for children and young people aged 5-19 that are already delivered by Local Authorities (and up to age 25 for young people with SEND).

5.10. NHS England requires that some elements of the 0–5 children's public health services to be delivered in the context of a national, standard format to ensure consistent delivery. The key elements are: antenatal health visits, the new baby review, 6-8 week assessments, the one year assessment and the 2 to 2.5 year review. It is important that the Council takes note of these elements and ensures these are delivered.

5.11. Equalities Duty

5.12. The Council has an Equality Duty under section 149 of the Equality Act 2010 to ensure that it eliminates discrimination between people who have a protected characteristic (as defined under the Act) and those who do not; and to promote equality and fair treatment between people who have a protected characteristic and those who do not. It is unlikely that the Best Value Action plan itself will give rise to any significant equality impacts, but further consideration should be given to the impacts of each action before they are implemented.

5.13. The Council also has a duty to ensure that organisations are not discriminated against by the Council's processes. For example, ensuring that the procurement criteria are fair and do not either favour nor disfavour any group, company or individual.

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 To ensure that equalities considerations are fully addressed it will be important to ensure that the service specification covers:

- Ensuring the service is well publicised with flexible access to ensure that families with different needs are able to access the service
- Ensuring that there is a clear model for identification of and providing support for families with additional needs
- Guidance on caseloads to ensure capacity to provide both the universal and more intensive service

Health visiting is a universal service and provides an important opportunity to ensure that contact is made with all families with young children so that needs are adequately assessed.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 No implications.

8. RISK MANAGEMENT IMPLICATIONS

8.1 No risks are identified from the recommendations report.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 Department of Health research shows that investment in healthy early years pays dividends in improved educational outcomes and reduced criminal justice costs.

10. EFFICIENCY STATEMENT

10.1 The Council will seek efficiencies through a recommissioning process for the transferred services by April 2016.

Appendices and Background Documents

Appendices

- Tower Hamlets - Health Visiting Stakeholder Engagement Report. Dr Anita Jolly and Tom Butler, Prederi LTD, 23rd April 2015

Background Documents .

- NONE