READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**13 DECEMBER 2016**	**AGENDA ITEM:**	**17**
TITLE:	**HEALTH VISITORS/SCHOOL NURSE SERVICE OPTIONS**		
LEAD COUNCILLOR:	**CLLR JAN GAVIN CLLR GRAHAM HOSKIN**	**PORTFOLIO:**	**CHILDREN AND FAMILY SERVICES HEALTH**
SERVICE:	**CHILDREN, EDUCATION & EARLY HELP SERVICES**	**WARDS:**	**BOROUGH WIDE**
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1. PURPOSE OF THE REPORT

1.1 The report sets out the proposed next stage in the delivery of the mandated universal health visitors and school nurses programme.

1.2 From 1st April 2015 to 30th September the PH Commissioner jointly commissioned the HV service from Berkshire Healthcare Foundation Trust (BHFT) until final transfer of responsibility on 1st October 2015. The allocation of funding to commission the service was then included in the Public Health (PH) Grant allocation. This meant that responsibility for the commissioning of public health nursing services for children age 0 - 5 years and Public Health School Nursing for children aged 5 – 18 years, was transferred to Reading Borough Council (RBC).

1.3 At the Adult, Children and Education (ACE) Committee meeting on 4 March 2015, it was agreed that the commissioning approach in place provided by Public Health Shared Service would continue until 1st October 2015 which would complete the transfer process. This included the decision to delegate authority to the PH Shared Team to give notice to BHFT on the contract for RBC. The council included an option to extend the contract by a further 12 months until September 2017 if more time was needed to consider alternative delivery models, which has been taken. They also made a decision that the Director of Children, Education and Early Help Services be given delegated authority, in discussion with the Lead Member for Children and Families and Health and the Head of Legal and Democratic Services and the Head of Finance, to enter into the contracts for the specified duration as outlined in the paper 4.1 and 4.2.

1.4 Officers have looked at several options, which are set out in this report on how to continue to run the PH nursing service in Reading from September 17 onwards. In all options the services would need to deliver against the mandated PH functions and standards as a package of universal and targeted services, which enables risk assessment and early identification of additional needs, ensures that families receive early help and support upstream before problems develop and reduce demand down stream on higher cost specialist services. The budget is part of the ring fenced PH grant. This report has been produced in discussion with the Director of Public Health and Director of Adult Care and Health (budget holder)

1.5 After detailed consideration of the options and given the current pressures which the council is facing , the preferred option is as follows:

- To bring the health visitors service and school nursing service together into a single contract.
- That the service is commissioned from an external partner for 2 years with an option of a 1 year extension, with effect from 31st September 2017.
- That there is sufficient scope in the contract to agree contract variation to respond to the needs of children.
- As part of the scope a requirement is built into the contract that the Service Manager, although line managed by the contractor, has a dotted line to the Head of Early Help and is a key member of the management team of Children's Services to champion the health of children and young people.
- That the services will be based in the Children's Centres/ Schools to provide their universal offer to children.
- The management and monitoring of the contract will be via a programme management approach including RBC's Early Help services and Public Health. All parties are seeking to ensure that this service offer is integral to the Council's offer and that the mandatory requirements are met to a high standard.
- That the council considers other linked health projects which could be integrated into the service offer to young parents to consider how vulnerable parents could be supported and that the number of children born into vulnerable situations are reduced. Any such proposals would need to meet PH outcomes and standards if funded from PH grant.

2. RECOMMENDED ACTION

2.1 That Committee approves the commissioning of Health Visitors and School Nursing service as a single service and delegates this responsibility to the Director of Children, Education and Early Help

2.2 That the decision to award the contract is delegated to the Director of Children, Education and Early services, and that consultation is required with the Director accountable for PH grant spend, the Director of Public Health and with the Lead Members for Children and Families and for Health

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 ("the 2012 Act") transferred Public Health functions from the NHS to Local Authorities commencing on 1 April 2013 with the transfer of different services being staged. The transfer of the commissioning responsibility from NHS England to Public Health, within Local Authorities, for the Health Visiting, School Nurses and Family Nurse Partnership Service took effect from the 1 October 2015. This followed the expansion of the Health Visitor "Call to Action" Programme which expanded the number of Health Visitors nationally by 4200 to deliver the Healthy Child Programme (HCP).

3.2 NHS England (NHSE) the lead commissioner and NHS Education England worked with NHS providers nationally to ensure a new cohort of qualified Health Visitors were in place to deliver the Healthy Child Programme in the form of tiered offers: Community, Universal, Universal Partnership and Universal Partnership Plus. Thus ensuring children aged 0 to 5 years of age and their families received the opportunity for best start in life with help and support.

3.3 The Healthy Child Programme (HCP) provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:

- help parents develop and sustain a strong bond with children
- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- make sure children are prepared for and supported in all child care, early years and
- education settings and especially are supported to be 'ready for to learn at two and ready for school by five

3.4 Statutory provisions in respect of Health Visitor Services came into effect on 1 October 2015 and mandated particular elements of the HCP. The mandated elements define that all families receive 5 key mandated visits from their health visitor. These key child development reviews, are sometimes referred to as the 'backbone of the HCP' and take place at Antenatal, New baby, 6 – 8 weeks, 9 – 12 months and 2 – 2 ½ years. The mandated reviews are currently subject to review by Public Health England.

3.5 Additionally, Local Authorities including Reading took on the PH Duty of commissioning School Nursing to local delivery of the National Child Measurement Programme (NCMP) from the 1st April 2013. The NCMP involves the annual measurement of the height and weight of children in reception year and Year 6, and the return of the data to the Health and Social Care Information Centre (HSCIC).

3.6 Health Visiting and School Nursing are currently provided for five Berkshire councils by Berkshire Healthcare NHS Foundation Trust (BHFT). Royal Borough of Windsor and Maidenhead (RBWM) are just in the process of transferring these services, with early intervention services, into a community interest company.

3.7 At the ACE meeting on 4 March 2015, the Director of Children, Education and Early help Services, in consultation with the Lead Members for Children and Families and Health, the Head of Legal and Democratic Services and the Head of Finance was given delegated authority to enter into a contract for the Health Visitor and Family nurse placements services in 15/16 and agree an extension if required.

3.8 Notice has now been given to the current provider. The option to extend this period until 30th September 2017 has been taken up whilst RBC further develop the integrated 0-19 (25) years specification which has been agreed by the Director of Children, Education and Early Health Services and Director of Public Health.

4. THE PROPOSAL

4.1 The start of life is especially important in laying the foundations of good health and wellbeing in later years. The period from prenatal development to age 3 in particular is associated with rapid cognitive language, social, emotional and motor development.

4.2 There are large and lasting benefits to intervening early. Reports such as Early Intervention: The Next Steps - An Independent Report to Her Majesty's Government. Graham Allen MP highlighted that responding to the first signs of risk to healthy child development can provide children with the vital social and emotional foundation which will help to keep them happy, healthy and achieving throughout their lives and equip them to raise children of their own, to enjoy higher levels of well-being. Effective interventions in the early years can also generate significant financial savings at later stages for example in terms of improvements in health, behaviour, reduction in violent crime, higher educational attainment, better employment opportunities and parenting of the next generation. Later interventions, although important, are considerably less effective where good early foundations are lacking.

4.3 Improving support for children and families at the start of life calls for strong partnership working. Taking action together to intervene early requires collaboration on a wide front. Health visiting and School Nursing services, GPs, midwives, Children's Centres, Schools, Early Years settings and other local organisations, working in partnership will have a crucial role in ensuring that this happens – working with families to build on strengths and improve parenting confidence and, where required, referring early for more specialist help.

Health Visiting:

4.4 Reading Borough Council took over commissioning of the Health Visiting service for the Reading locality from NHS England from 1 October 2015 for a period of 12 months. The DCEEHS and Public Health officers have agreed to exercise an option to extend the contract by a further 12 months from 1 October 2016. The contract is therefore due to end on the 30 September 2017**.** This will enable new delivery models to be considered which will improve outcomes for children and families, transfer the staff into the new model and integrate them into the Early Intervention and Preventative Services.

4.5 All families with a child aged 0-5 years and all pregnant women currently resident in the Reading area must be offered the HCP. Key service objectives for the Reading Health Visiting Service are attached as Appendix A.

School Nursing:

4.6 Reading Borough Council holds a contract with BHFT for School Nursing ensuring that PH nursing services are available to all school age children, young people and their families who attend state funded primary schools and secondary schools and pupil referral units across Reading since the 1st April 2013. Key service objectives for the Reading School Nursing Service are attached as Appendix B. This has been considered in parallel with the Health Visitors contract with a view to bringing services together and ensuring that they become part of RBC offer of Early Intervention and Prevention, to meet the aspirations of members of maximising the impact of these universal services and be located in schools to service a cluster of schools.

Family Nurse Partnership (FNP)

4.7 Reading Borough Council (RBC) took over the commissioning of the Family Nurse Partnership (FNP) that supports first time young mums under the age of 20 in October 2015. The service has been provided under a license from the Department of Health across West of Berkshire (Reading, Wokingham and West Berkshire), again by BHFT

4.8 RBC has been reviewing all the services that we as a Council are now responsible for, and how we best deliver those services in the future. As part of that review, officers in the public health team and colleagues in the Early Help Services have considered all the recent available research and evidence and have come to the decision that for Reading an inclusive Health Visiting Service that includes support for young parents under 20 is preferable rather than having a separate Family Nursing Service.

4.9 FNP services will continue to be available until the 31st March 2017. FNP nurses will be working jointly with clients to develop individual plans to support them up to and after this date.

Reading's Children's Centres/Early Help Services

4.10 Reading Children's Centres are a key part of the Early Help services that aim to identify needs and provide support to children and their families at the earliest possible stage. Children's Centres will offer a mainly targeted service for families from early pregnancy to those with children up to five years.

4.11 It is proposed that each Children's Centre hub will operate under a consistent Reading wide model offering a universal health and maternity service and an early intervention support service, mainly targeted service, for families. This model will be based on the four pillars of delivery as noted in the All Party Parliamentary Group on Children's Centres (July 2016)

- Health and Development
- Employment support and childcare
- Relationship support
- Supporting families with Complex needs

The proposal of options for future development of a Reading 0-19 (25) service

4.12 Key to any approach in developing options around 0-19s service development is service integration. National policy has long emphasised the importance of integrated support coordinated around the needs of the child and family. Key policy reports of recent years, such as the Graham Allen review of Early Intervention, Eileen Munro's reports on child protection, and the Special Educational Need and Disability (SEND) Green Paper (DfE, 2011) have all made the case for a holistic, integrated service for children and young people. In addition, every part of the country is required to have a locally led plan for Health and Social Care integration in place by 2017 which should be implemented by 2020. To date partnership work has centred around the the Better Care Fund and adults.

Integration of children's early help and traditional public health nursing is now increasingly recognised as an important way forward to maximise outcomes and improve efficiency of services to vulnerable children and families. As described elsewhere integration would allow streamlining of pathways and a review of skill mix to ensure the best alignment of tasks and competencies.

Health visiting and school nursing are funded from the PH grant which sits within the Health and Well Being team in the Local Authority. Whilst the current contract management arrangements sit within PH, it is expected that that in an integrated approach the performance management should also be aligned, so that in addition to clarity on the mandated PH outcomes these are seen alongside the wider RBC early help KPIs.

An internal risk assessment has been undertaken jointly by public health and children's services which has considered the associated strategic, personnel, technical and operational, contract and management risks with the options proposed.

Option 1

To transfer the health visiting and school nursing resource in house. Whilst this would immediately integrate the services, there are significant risks. These would include the potential loss of staff from the NHS as they have the option to remain within the NHS as there are NHS job vacancies . (Note: this occurred in the recent TUPE of staff into local government children's services)The increased workload at this time to

manage the transfer of staff, the additional information and data requirements that would require new systems and additional investment within RBC. Therefore whilst this would instinctively be a preferred option it is not considered deliverable at this current time**.**

Pros of an in house model – Option 1	**Cons of an in house model**
Staff integration in one organisation	Risk of losing health staff Difficulty recruiting new HV staff
Single management structure	To develop in house clinical management structure
Shared KPIs (a necessary core for all options)	Need to develop new IT and information systems = cost and time No automatic health economy, infrastructure and assets e.g.IT
Possible career development opportunities within RBC(an option for all models	Internal systems would need to adapt to clinical and national requirements
Potential to generate efficiencies via reduction in overheads	Integration with wider health not achieved
	Service risks and any associated legal liabilities identified would become RBC's responsibility
	No established organisational maturity in managing health staff and developing internal SLAs
	Risks additional workload for staff that are focussed on the achievement of improved standards and assessment in OFSTED

Option 2

To develop a joint collaborative service that integrates Public Health Visiting and School Nursing services from the existing provider with early intervention children's services with a pooled budget and joint operational management. This would develop coherent, effective, life course services for children and young people, to maximise collaboration with all health partners, including GP practices health services with other children's services organised and provided by the Council, including breastfeeding services, healthy weight and physical activity services and provide new opportunities for bringing together a robust approach for improving outcomes for children and young people aged 0-19. This option would provide opportunities for health visitors and school nurses to be part of the RBC priorities for keeping children safe achieve their maximum potential and stay healthy. The approach would support integration whilst effectively managing transition risks, however would not provide member with an opportunity to test the market.

Option 3

To commission PH Health Visiting and School Nursing services that are integrated with early intervention children's services (without directly managing the services). This

would develop coherent, effective, life course services for children and young people. This will maximise collaboration with all health partners, including GP practices health services with other children's services organised and provided by the Council, including breastfeeding services, healthy weight and physical activity services and provide new opportunities for bringing together a robust approach for improving outcomes for children and young people aged 0-19. This options is the preferred option as it would maximise opportunities for health visitors and school nurses to be part of the RBC priorities for keeping children safe, achieving their maximum potential and staying healthy. The contract would specify that staff would be integral to the directorate, be focused on the outcomes for children, help to manage the demand early for intervention and preventative services to prevent high end use of expensive provision, bring expertise and knowledge to the directorate and strengthen the expertise in the DCEEHS, without the risk of TUPE impacting upon the staff. However employment of staff would be with the contractor who was awarded the contract, clinical data would continue to be provided by the commissioned provider clinical management and supervision would also continue to be provided by provider. This approach would support integration and also allow members to test the market to ensure that they were achieving the best PH nursing service. This is the preferred option of officers.

Any agreed procurement process would commence ASAP with a new contract to be let from 1 October 2017.

Pros of a procured third party model	**Cons of a procured third party model**
Clear and binding contractual relationship – spec defines what is to be delivered and at what cost	Time consuming process.
Single management structure through provider organisation	Unknown outcome, will need time to build relationships with a new provider.
Risks and liabilities are owned by the provider	Co-located and integrated leadership model would need to be negotiated and agreed.
Shared KPIs-as above- core esstential for all options	Some limitations on dialogue whilst tendering process underway, thereby delaying moves to co-location and joined up leadership.
Robust procurement process to systematically test for quality and value for money	
Potential to generate efficiencies through competitive tender	

4.13 DCEEH Officers are recommending option 3 as it would:

i. Strengthen strategic and operational alignment with RBC's Children's Services, securing stronger integration with the Council's Children's Centres and Early Help Services and maximise skill mix based on the available evidence around early intervention and family focussed care.

ii. Improve opportunities to maximise efficiency and reduce costs at points of delivery e.g. reduction of duplication of roles in teams, rationalisation of management costs and building use.

iii. Provide clinical governance and supervision

iv. Improve the chance of reaching early intervention and prevention outcomes due to better information sharing, aligned assessment and referral processes that will identify families for targeted support earlier. Cut down on any confusion and ensure the targeting of resources to the right families.

4.14 Children's' Officers are currently revising the Early Intervention and Preventative strategy based upon the findings of a review into demand management. The Early Help services were deemed by Ofsted to be a well-functioning team. The council is also intending to consult on reducing the number of Children's Centres and enhancing the offer to provide more integrated and targeted services for 0 -5's. Option 3 would fit in well with the proposed new strategy. Secondly, the approach to place more services within communities to be an integral part of addressing local needs fits well with the proposal to manage the school nurses centrally but locate with a number of schools.

Service description

4.15 Key elements of the recommended commissioned offer would be:

- An integrated performance management framework
- An integrated approach with integrated performance indicators with health outcomes aligned to the PH framework and the JSNA
- To be located in the community in children's centres and Schools
- Be aligned to other health initiatives to keep children healthy and safe

4.16 The service would include a combined skill mix including Health Visitors who work with 0 – 5 year olds and School Nurses who work with 5 – 19 (25) year olds, as well as core Children's Centre staff. The Healthy Child Programme (HCP) as set out nationally would be followed, delivering as a core the mandated functions. All young people, schools and other partner agencies working with children and young people will have access to signposting and advice.

4.17 The universal reach of the Healthy Child Programme across Reading would provide an invaluable opportunity from early in a child's life to identify families in the Borough that are in need of additional support and children who are at risk of poor outcomes.

4.18 If approved, specifically a 0-19 (25) service across Reading would:

- Provide the mandated elements of health visiting services and NCMP.

- Promote the best start in life and beyond: Improving public health outcomes for children, young people and families

- Support families to give children the best start in life based on current evidence of 1001 Critical Days: The Importance of the Conception to Age Two Period as a foundation on which to build support in the early years and beyond

- Provide expert advice and support to families to enable them to provide a secure environment to lay down the foundations for emotional resilience and good physical and mental health

4.19 Other examples in other Local Authorities

Other parts of the country are already demonstrating an integrated approach. Camden has set an ambitious vision of a new 0-5 early years' service for young children and families. They propose an integrated universal and targeted public service forged from the relationships between early years' providers, hospitals, health visitors, midwives and GPs, child minders, family support workers, as well as our primary schools, the voluntary sector and, crucially, parents. Services are based in children's centres, but delivered across a network of community buildings according to local need, to enable a clear focus for services on local need and priorities, supporting those who are most vulnerable. A key proposal is to develop an integrated 'two year check' with health visitors to identify any extra help that may be needed for children to become 'school ready'.
However, key lessons can be learnt from the experience of Royal Borough of Windsor & Maidenhead. Their initiative to bring Health Visiting Service 'in house' met with significant barriers when staff declined to be transferred to the Council

The service specification for a new single integrated 0-19 (25) service could be delivered through transferring staff from the existing health visiting and school nursing services into a new commissioned provider working closely with the Director of Public Health to ensure that the mandated Public Health functions are delivered with a clear programme of work.

The risk assessments for these options are attached as Appendix D

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The proposal meets the council's Corporate Plan objectives;
Provide the best start in life through education, early help and Healthy living.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Partnership views will be sought on the service development options set out in this paper from Reading CCGs.

No community engagement has been undertaken to date - we are dealing with strategic service development options in the pre- decision making stage, however, plans are being developed to undertake public

In keeping with good practice and NHS Act requirements, it would be necessary for potential partners to consult with stakeholders who may be affected by any section 75 agreement being in place

7. EQUALITY IMPACT ASSESSMENT

7.1 Not applicable at this point.

8. LEGAL IMPLICATIONS

8.1 The Health and Social Care Act 2012 ("the 2012 Act") transferred Public Health functions from the NHS to local authorities commencing on 1 April 2013 with the transfer of different services being staged. The relevant statutory provisions in respect of Health Visitor Services came into effect on 1 October 2015, including the mandated visits/reviews as outlined earlier in this report. The mandated reviews are currently subject to review by Public Health England.

Whilst identified risks for both third party providers and in house management are similar across a number of risk areas, an in house arrangement would mean that the risks and any associated legal liabilities identified would become RBC's responsibility.

9. FINANCIAL IMPLICATIONS

9.1 Health visiting and school nursing services have been funded according to modelled need through the Public Health Grant. However, the Reading Public Health grant has been cut by 6.2% in 15/16 and is to be subject to further cuts. The Government announced that the 2015/16 grant funding reduction will be recurrent and confirmed further overall reductions.

Current allocations:

Health Visitors	£2,719.000
School Nursing	£ 624,222
Family Nurse Partnership	£ 144,000
Total	£3,487,222

The Public Health Team have proposed that the CQuin budget is removed £67, 975 and that the budget for FNP is also removed leaving a total budget for Health Visiting is £2,651,025. This has not yet been agreed or risk assessed. The School Nursing Service budget would remain the same and the total proposed budget would be £3,275,247 for the integrated service from 1st October 2017.

However this is subject to budget pressures and is only a guide to available grant condition funding. It is proposed that any new agreement is put in place until March 2020, by which time there will be more clarity on the public health grant ring-fence and mandated elements.

As stated above, future development of a 0-19 (25) service will need to take account of the need to balance the local authority budget, PH Grant allocation which is subject to reduction each year and ensure efficiencies are made. The public health grant is to be subject to further reductions, as yet unknown. The Government announced that the 2015/16 PH grant funding reduction will be recurrent and confirmed further overall reductions.

Other Available Public Health budget will continue, via the Wellbeing Team, to be invested in and aligned to meeting key population health outcomes and priorities as set out within the Reading Joint Strategic Needs Assessment, e.g. supporting programmes to reduce childhood obesity.

9.2 Delivery of the current arrangements is not without its pressures – the Reading Public Health grant has been cut by 6.2% in 15/16, .8.2% in 16/17 and a further 2.4% in 17/18 on top of the 8.2% and maybe subject to further cuts in year. There is a shortage of health visitors nationally, and locally in post – which risks local services becoming more and more stretched. As of 30th April 2016 there were 7.8 wte Health Vacancies in Reading being reported.

10. BACKGROUND PAPERS

The latest policy guidance relates to the commissioning of an integrated 0 to 19 years' service. National guidance can be found at https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

Appendices:

Appendix A:

The key objectives of the Reading Health Visiting Service include:

- Ensuring delivery of the HCP to all children and families, including fathers, starting in the antenatal period;
- Identifying and supporting those who need additional support and targeted interventions, for example, parents who need support with parenting and women suffering from perinatal mental health issues including postnatal depression in accordance with NICE guidance;
- Promoting secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches;
- Promoting breastfeeding, healthy nutrition and healthy lifestyles;
- Promoting 'school readiness' including working in partnership to improve the speech, communication and language of babies and toddlers and working with parents to improve the home learning environment;
- Working with families to support behaviour change leading to positive lifestyle choices;
- Safeguarding babies and children through safe and effective practice in safeguarding and child protection.

Appendix B:

The key objectives of the Reading School Nursing Service include:

- Provide a core offer of Universal provision to all school age children attending state-funded schools, including Free Schools and Academies.
- Safeguard and promote the welfare of children and young people and to implement child protection measures when required.
- Deliver a targeted service in line with evidence based needs at population and individual level to at-risk and vulnerable groups of children, young people and their families known to the service and attending a state maintained school, free school, Pupil Referral Unit or Academy in Reading
- To provide a skilled and experienced team of staff that work flexibly across a range of settings and localities to ensure that parents and schools have access to the services and support they need.
- To support a range of public health initiatives to meet identified priority health needs and populations as decided jointly with the local authority though local monitoring and performance management arrangements (see performance monitoring framework).
- Provide a flexible, accessible and proactive service, in and out of school hours and terms, using technology and other approaches to ensure the service is readily accessible directly by the children and young people who attend the Reading schools and their families.
- Record information and data as agreed with the commissioner to monitor progress, outcomes and improvements in the health of school age children and young people.

- Ensure that children with identified health needs have continuity of support throughout their school career and where appropriate are communicated to partner agencies (e.g. schools, colleges, social care).

Appendix C:

Children's Centres/ Early intervention services

The key objectives for the service include:

- Supporting families through a stepped care model utilising three tiers of support tailored to the needs of families and a specialist service including portage and teenage parents.

- Early interventions including domestic violence, substance misuse, parent /child mental health.

- Interventions at the earliest stage possible to identified families to prevent escalation of need to high cost services.

- Encouraging and supporting parents to be ready for work through provision of adult education and employment advice and guidance.

- To engage parents as key partners across the programme; building the capacity of communities to develop services families to access free early education places for eligible two year old children.

- Supporting families with positive attachment, healthy living and eating, parenting and behaviour through the provision of targeted group activities and evidence based parenting programmes.

- Targeted programme to support children to be ready for nursery including

- Embedding a 'think family' approach at all tiers of support - including a focus on the needs of parents which act as enablers or barriers to nurturing.

- To work in partnership and collaboration with others including: Parents, Health, Maternity Services, childcare providers, DWP, Children's Social Care, Adult learning (through New Directions) Reshaping service delivery to better meet the needs of families with complex and multiple needs

Appendix D:
In House and Third Party Provider risk assessments

In house risks	Risk Assessment Score	Mitigation	Risk Assessment Score
Strategic Risks			
• Corporate and Political appetite for commissioning the service • Transfer of service in context of recent OFSTED report and rating. • Transfer of service in context of budget reductions • Not having the personnel to absorb all the actions to ensure a safe transfer of service by end Sept 2017. • No internal mechanism by which service can be monitored against KPIs • Clear accountable leadership to ensure safe and effective delivery • Uncertainty about the future of mandation of the healthy child programme (one year left currently on mandated elements of the HV service).	20	• Ensure strong strategic leadership which includes PH focus • Responding to recommendations in the OFSTED report which currently does not highlight HV. • Develop a mitigation plan detailing timescales and functions and cross directorate officer resources • Detailed discussions about the strategic leadership and options going forward about potential transfer of service into a volatile situation… • Corporate commitment to maintain level of investment in the service • Introduce a robust SLA with KPIs • Clear internal management and governance structure • Service specification retains functions regardless of mandation	6
HR & Personnel			

Implications of TUPE (COSOP) arrangement i.e. – pensions, redundancy, terms and conditions. There is nationally and locally a shortage of HV and SN practitioners Transferring HVs into RBC could mean we transfer vacant posts. Staff could decide to leave RBC – we could lose qualified staff to other services/areas. If RBC chose to change T&Cs then staff may leave	12	• Staff can remain in NHS pension fund and this can be done via RBC signing-up to the NHS Health pension scheme or staff can transfer over to local authority pension fund if they choose to – overall both schemes are similar. • Recruitment campaign based on integrated 0-19s service • Exploring and using digital options for interfacing with the service • Work with current contract and BHfT to ensure full complement of staff are in situ prior to transfer. • Introduce a solid change management process – "induction" to RBC • As above – manage through change management process • RBC can consult with TUPE staff after a reasonable period to change T&Cs	9
Future recruitment and retention Recruiting to HV and SN posts involves ensuring individuals meet the correct professional qualifications as practitioners.	12	• Ensure Practice teacher post function is retained in the specification • Develop strong links with HV bodies, training establishments and local establishments.	9
Staff confidence cultural and attrition	16	• Project manager to facilitate open and transparent process of TUPE and integration of workforce into RBC Children's Centres. • See change management points • Well- developed plans for co-location which enhances and uses the skill mix effectively	4

Technical and Operational			
Data Access No/restricted/incorrect levels of access to the health data system, Child Health Information System (CHIS) by health workers and management staff.	20	• RBC will work with NHS England to ensure the correct levels of access to CHIS are agreed between parties (this will be covered service specification), user agreement ,license • Investigate the current use of RIO and capability to support child heath records. • Purchase the IT solution to ensure we are compliant with data collection	6
Data Sharing Prohibiting misuse of data in safeguarding children	8	• Data protection, confidentiality and information sharing policies in place	6
Data transfer risk Transfer of historical data – non compliance with Information Governance	12	• Develop a project plan to ensure data legally and safely	6
IT Systems Access to CHIS (Child Health Information System): - compatibility with RBC systems - duplication to RBC preferred system of MOSAIC & E Start - level of access RBC will have to the system - lack of reporting function - staff not competent to use the system	20	• Ensure RBC/staff/IT understand the complexities of access and put in place policy and procedure to ensure that the system is compatible. • Workforce access and relevant RBC usage will need to be negotiated/contracted with NHS • Introduce access for HVs/SNs • Training programme for staff and managers in how to use the system	6
Equipment and Resources May not available or clinically appropriate for service delivery location - laptops - MIFI - mobile phones - lone worker badges - medical equipment – scales, hearing tests and thermometer	16	• A comprehensive internal contract to deliver specification. • Contract monitoring will ensure effective equipment and resources are provided to effectively deliver service • Quantify budget required and ensure appropriate level of budget is costed in. • All staff have secure remote access for	6

		• real time data input • All children's centres are equipped so that HVs/SNs can carry out their medical checks in a safe environment	
Contract			
Internal provider defaults on contract or serves notice	12	• Commissioning and Contract Management will ensure early identification of contractual issues and facilitate early resolution.	4
Internal provider doesn't meet contractual obligations	12	• Detailed internal contract management arrangements will be put in place to facilitate early resolution of any contractual issues.	4
Management			
Performance management Health staff would not receive correct supervision for the following areas: - clinical, safeguarding, management and practice teacher	16	• Ensure the staffing structure facilitates correct supervision around these 4 areas • Local authority staff to work with NHS England HEE and LETBS – supporting trainees, newly qualified HV and practice teachers to meet NMC and HEI requirements using *emotionally restorative supervision techniques* • Budget for the purchase of clinical supervision as required – based on establishment	2
Lack of understanding of compliance requirements with/for professional national bodies including RCN Non compliance could result in clinical governance risks and nurses losing their registration and being unable to practice	6	• Professional protocol policy • Gaining evidence an understanding of what is required and action plan in place for ensuring compliance • Introduce programme of CPD to ensure professional compliance and skill	0

		development	
CPD requirements NHS wider training programmes	6	• Policy protocol to maintain professional standards through NHS or other provider (possible financial implication)	4
Insurance RBC may not have appropriate insurance to cover the services that are being provided. Insufficient cover for HVs who are or who could be nurse prescribers .	12	• Take legal advice and ensure appropriate levels of insurance are budgeted for and introduced • Define what prescribing functions are or could be included in the spec, determine whether these could/should be included and if so ensure appropriate insurance cover in place around these functions. •	0
Implication of integrating HV team into the Children's Centres will impact on available space	9	• Quantify how many staff will be transferring in and what their patters are work are • Develop an accommodation strategy for location of transferring staff	2

Third Party Provider Risks	Risk Assessment Score	Mitigation	Risk Assessment Score
Strategic Risks			
• Corporate and political appetite for commissioning the 0-19 Health Service • Insufficient or inadequate level of resource attached to procure a safe and effective service – that is compliant and meets the health needs of the population. • Immature market • Time pressure to undertake full and robust procurement process by the end of September 2017. • Uncertainty about the future of mandation of the healthy child programme (one year left currently on mandated elements of the HV service).	20	• Service spec needs to include current mandated functions and the healthy child programme and robust KPIs • Tender documents are designed and used as part of a robust selection and procurement process. • Corporate buy in to maintain level of investment in the service function • Continue to work on market development and ensure that the specification and resources are attractive to potential providers. • Run a market engagement event with potential providers. • Develop a procurement plan detailing timescales and functions and cross directorate officer resources	6
HR & Personnel			
• Implications of TUPE (COSOP) arrangement Consider pensions, redundancy, terms and conditions.	12	• Under the commissioning process, RBC would facilitate and oversee TUPE of staff from BHFT to any	6

		new provider. This would include clarifying the legal position in relation to responsibilities.	
Future recruitment and retention • Recruiting to HV and SN posts involves ensuring individuals meet the correct professional qualifications as practitioners. • There is nationally a shortage of HV and SN practitioners.	12	• Contract and service specification will include requirement that provider will maintain staffing establishment for service delivery.	6
• Workforce confidence, culture and attrition. Retaining the workforce through the transition process	16	• RBC as the commissioner working closely with the provider to ensure a smooth transfer – including regular communications.	4
Technical and Operational			
• Data Access No/restricted/incorrect levels of access to the health data system, Child Health Information System (CHIS) by health workers and RBC management staff.	20	• Contract and service specification defines data requirements and appropriate access protocols.	6
• Data Sharing Prohibiting misuse of data in safeguarding children	8	• Contract and service specification defines data requirements and appropriate access protocols	6
Data transfer risk • Transfer of historical data	20	• Within the tender process specify the transfer of data as part of the provider selection	6
• IT Systems Access to CHIS (Child Health Information System): - compatibility with RBC systems - duplication to RBC preferred system of MOSAIC & E Start - level of access RBC will have to the system - can the system produce reports - regular training for the system	20	• Contract and service specification will determine individual levels of access to IT systems • User agreements will be negotiated between RBC departments/services and provider	12
Equipment and Resources • Provider cannot provide for delivery of service - laptops - MIFI	16	• Contract and service specification will ensure the relevant equipment and resources are available for service delivery • User agreements will be negotiated between RBC	6

- mobile phones - lone worker badges - medical equipment – scales, hearing tests and thermometer		• departments/services and provider • Contract monitoring will ensure effective equipment and resources are provided to effectively deliver service	
Contract			
• Supplier defaults on contract or serves notice	12	• Commissioning and Contract Management will ensure early identification of contractual issues and facilitate early resolution.	6
• Provider doesn't meet contractual obligations	12	• Detailed contract management arrangements will be put in place to facilitate early resolution of any contractual issues.	4
Management			
Performance management Health staff would not receive correct supervision for the following areas: - clinical, safeguarding, management and practice teacher	16	• Contract and service specification will shape and enforce personnel management	2
• Complying with professional requirements for national bodies.	6	• Contract and service specification will ensure third party organisation complies to national bodies	0
• CPD requirements NHS wider training programme	6	• Contract and service specification will ensure that staff receive CPD and other relevant training for service delivery	4
Insurance Implications of the HV and SN service specifically potential medical malpractice claims and personal indemnity insurance.	8	• Contract and service specification include the public liability insurance requirement and personal indemnity insurance	0
Implication of integrating HV team into the Children's Centres.	12	• Contract and service specification will shape of workforce into joint space • To be considered as part of the wider RBC asset review.	6

Appendix E:

The Public Health Outcomes Framework, Guide to Early Years Profile and the NHS Outcomes Framework include a range of outcomes which will be improved by an effective 0 - 19 years' service.

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies;
- Reducing smoking at delivery;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;
- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay and extractions in children aged 5.
- Reducing pupil absence
- Reducing first time entrants to the youth justice system
- Reducing the number of 16-18 year olds not in education, employment or training
- Improving emotional wellbeing of looked after children
- Reducing smoking prevalence in 15 year olds
- Reducing self-harm
- Chlamydia diagnoses 15 - 24 year olds
- Safeguarding and protecting those that are most vulnerable;
- Providing the best start in life through education, early help and healthy living