

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 6th October 2016

CONTACT OFFICER: Dr Angela Snowling, Consultant in Public Health
(For all Enquiries) (01753) 87 5142

WARD(S): ALL

PART I **FOR COMMENT & CONSIDERATION**

OPTIONS FOR MODERNISATION OF COMMUNITY NURSING SERVICES

1. Purpose of Report

This report is to apprise Members on the six options being considered commissioning the 0-19 HCP Community Nursing services. That Members provide comments on the options presented.

2. Recommendation(s)/Proposed Action

The Panel is requested to note the report and comment on the six options being considered for the commissioning of 0-19 HCP Community Nursing services as detailed in the presentation.

- Option 1: Do nothing – current service model for the Healthy Child Programme
- Option 2. Develop an online portal to maximise information and advice for parents on their child development and allow self assessment for relevant sections of each of the five mandated visits
- Option 3. Develop an on line moderated SKYPE type and text messaging contact allowing access to specialist professional advice to include other young peoples services
- Option 4. Extend access to wider HCP services working with the Microsoft portal development and Graphnet Connected Care programme (after March 2018)
- Option 5. Recommission 0-19/25 child health services following a market testing process
- Option 6: Consider TUPE of health visiting and school nursing services to relevant hosts under an integrated care model

3. Slough Wellbeing Strategy Priorities

In accordance with the revised Wellbeing Strategy for 2016-20 both community nursing services support the delivery of the Healthy Child

Programme for all children and for vulnerable young people. This programme aims to:

- reduce lifelong health inequalities arising from poor maternal and child health
- improve maternal and child health
- provide early identification of safeguarding problems and signpost to relevant services for vulnerable families and young people
- provide early identification of children with SEND for onward referral to health and educational partners

4. Other Implications

(a) Financial

The total budget for Health Visiting is contractually less the half year effect of the Family Nurse Partnership which has already been decommissioned. That decision was taken based on lack of evidence of additional effectiveness compared to the core service and the inability to carry forward the licence as a partner council withdrew.

(b) Risk Management

See presentation.

(c) Human Rights Act and Other Legal Implications

None.

(d) Equalities Impact.

An Equalities Impact Assessment for the full business case will be completed if retendering is required

5. Legal basis of the transition and governance

The transfer was agreed as part of the amendments to the Health and Social Care Act 2012. It is the responsibility for commissioning, not service provision, which transferred.

The governance of the contract now rests with the council following an agreement with the central public health team to create six contracts. The service specification is based on the novated national contract agreed with NHS England at transfer in 2015.

All councils in England are reviewing their contracts and a Southeast group is tasked with developing new models of care that deliver the best outcomes within the reduced funding envelope arising from the CSR.

6. Synopsis of the Healthy Child programme

The Healthy Child Programme and the current service model is described in the associated presentation. The HCP service model includes

- a. Health Visiting services (universal and targeted services)
- b. School Nursing services

Details of the programme can be found at

www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

All of the existing services supporting the four stages; community, universal, universal plus and universal targeted.

7. Commissioners of existing HCP services

Health Visiting and School Nursing services are currently commissioned locally from Berkshire Healthcare Foundation Trust by Slough Borough Council. These interface with a wide range of services and allow the opportunity to improve pathways, joint training and ultimately outcomes for children.

8. Comments of Other Committees / Priority Delivery Groups (PDGs)

This paper will also be presented to CMT and Cabinet when approval is required for tendering as well as the Slough Children's Partnership Board or Early Help board when established.

9. Conclusion

See presentation.