



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

5 October 2023

Report of the Director of Public Health

Annual Section 75 Update for the 0-19 commissioned services

1. Purpose

- 1.1 The Health and Wellbeing Board is asked to:
- a) Note this report and the progress made within the Section 75 agreement for commissioned 0-19 Public Health Services over the period September 2021 to March 2023
 - b) Note the development and service opportunities identified for the service
 - c) Agree that regular reporting for the Section 75 agreement will transfer to the County Place Partnership Board, with the Health and Wellbeing Board retaining strategic oversight

2. Information and Analysis

- 2.1 Background
Section 75 of the NHS Act (2006) allows the NHS and local authorities to contribute to a common fund which can be used to commission health and social care related services. Following Cabinet approval, the Section 75 Partnership Agreement for the delivery of the 0-19 Public Health Nursing service commenced on 1 October 2019. The implementation of the Section 75 Partnership Agreement demonstrates a successful collaborative commissioning approach and has been the catalyst for commissioning other Public Health services via this mechanism.

Table 1. Performance against KPIs during the 2022-23 academic year													
KPI	Target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
6/8 week review													
Mothers who received a mood review by the time the infant reaches 8 weeks	95%	98%	98%	97%	98%	98%	98%	98%	97%	98%	96%	98%	98%
Mothers who received a mood review within 3 months	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Infants being breastfed at 6 weeks	42.2%	46.6%	47.1%	47.3%	43.8%	45.1%	46%	45%	46.5%	48.6%	46.6%	45.9%	48.1%
Sustainability rate 10 days to 6 weeks	78.3%	83%	79.3%	80.7%	76.8%	75.7%	77.7%	81%	80%	85%	81%	81%	80%
Completion of 12 month review	97%	93%	94%	96%	95%	95%	97%	95%	99%	99%	90%	93%	94%
Completion of 12 month review by the time the child reaches 15 months	98%	96%	96%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Completion of 2 year review	93%	80%	88%	89%	91%	91%	92%	88%	89%	89%	90%	93%	94%
Pupils reaching the sickness absence threshold receiving a health plan	TBC	76%	70%	77%	60%	74%	67%	57%	29%	83%	100%	100%	100%
Pupils receiving a health plan identified as young carers	100%	98%	95%	95%	97%	100%	100%	95%	93%	92%	88%	92%	99%

2.5 A RAG rating system is used whereby KPIs that are on or above the target are highlighted in green. Those that are less than 5% below the KPI target are highlighted in amber and those that are more than 5% below the KPI target are highlighted in red. The data provided in table 1 shows that performance against the majority of KPIs has remained on or above target throughout this reporting period. Quarterly performance management meetings take place where performance against KPIs are discussed and plans to address areas of underperformance are agreed.

- 2.6 There is currently a national shortage of trained health visitors and school nurses and represents a challenge for all local authorities and challenges capacity within services to complete HCP reviews within the specified timeframes as well as achieve other KPI targets. Despite this challenge, over the past year the provider has put plans in place to improve performance where this has dipped below the target and performance against KPI's has tended to improve over the later months of the reporting period. Although there has been a recent reduction in the number of 12 month reviews being completed before the child reaches the age of 12 months.
- 2.7 Where there is a pressure point in the service in relation to staffing capacity priority is given to the delivery of the earlier HCP reviews (NBV and the 6-8 week review). Prioritisation of reviews sometimes means performance can dip within certain localities in the delivery against the 12 month and 2½ year review when there are staffing challenges created by long-term sickness and/or vacancies within the service. However, priority is given to vulnerable families to ensure the HCP review is completed within the specified timeframe. Where reviews cannot be offered within the specified timeframe catch up reviews are offered to ensure all families are offered the review with the service.
- 2.8 Constant efforts are made to recruit health visitors and school nurses to vacant posts. Recruitment represents a constant challenge due to the national shortage of both health visitors and school nurses.
- 2.9 Performance against the antenatal contact dipped below the KPI target in the earlier months of 2022-23, however improvements in the notification process from midwifery, coupled with improvements to the process for inviting expectant mothers to the antenatal review has helped to improve the performance against this KPI. There have been some challenges in school nurses completing health care plans for children identified as young carers, although there was a significant increase in March 2023 and Public Health and DCHS are working closely on the way this KPI is being reported to identify any issues in the time it takes for the service to complete health care plans for young people identified as young carers. On the whole performance against the KPIs in 2022-23 was strong particularly in light of the ongoing staffing challenges facing the service and there are no major concerns in relation to the current performance of the 0-19 Public Health Nursing Service.
- 2.10 Derbyshire Integrated Breastfeeding Support (DIBS) service and Oral Health Promotion (OHP) service ~

On 16 June 2022 Cabinet approved the decision to transfer the Infant and Toddler Nutrition (I&TN) Service and Oral Health Promotion (OHP) Service into the existing Section 75 Agreement for the delivery of the 0-19 Public Health Nursing Service. Following public consultation both services transferred into the existing Section 75 on 1 April 2023. The Infant and Toddler Nutrition Service is now called the Derbyshire Integrated Breastfeeding Support Service (DIBS).

2.11 The OHP service saw changes focussed around the KPI targets to ensure they were appropriate for the level of investment provided for this service.

2.12 There were some significant changes to the specification for DIBS and the aim of the service moving forward is to offer a flexible approach to breastfeeding support that is based on need. Universal contact points will continue to be offered in the earliest stages following the birth of the baby. However, thereafter support offered will be flexible meaning the service can better respond to the needs of parents to support with breastfeeding.

2.13 Changes were also made to the wider support offered around infant nutrition as weaning groups and the Health and Exercise Nutrition for the Really Young (HENRY) programme are no longer offered as part of the service model. HENRY is now delivered by Live Life Better Derbyshire. The rationale for removing these elements of the previous service was to enable the service to place more emphasis on helping new mums initiate and sustain breastfeeding in the earlier stages of the babies life. Health visitors offer weaning information and advice at the 6-8 week universal check and are still able to respond to requests for support around the safe introduction of solid foods.

2.14 Challenges

As mentioned in paragraph 2.6 staffing shortages within the 0-19 Public Health Nursing Service remains a constant challenge for the service due to the national shortage of health visitors and school nurses. To mitigate this, DCHS have a constant recruitment advert out and a 'grow our own' process in place to offer training placements each year to internal staff. At the end of 2022-23 most vacancies were recruited to by either external applicants or internal students qualifying as health visitors and school nurses that are due to come into post in September 2023. This has helped improve performance against KPIs throughout the later months of the 2022-23 year.

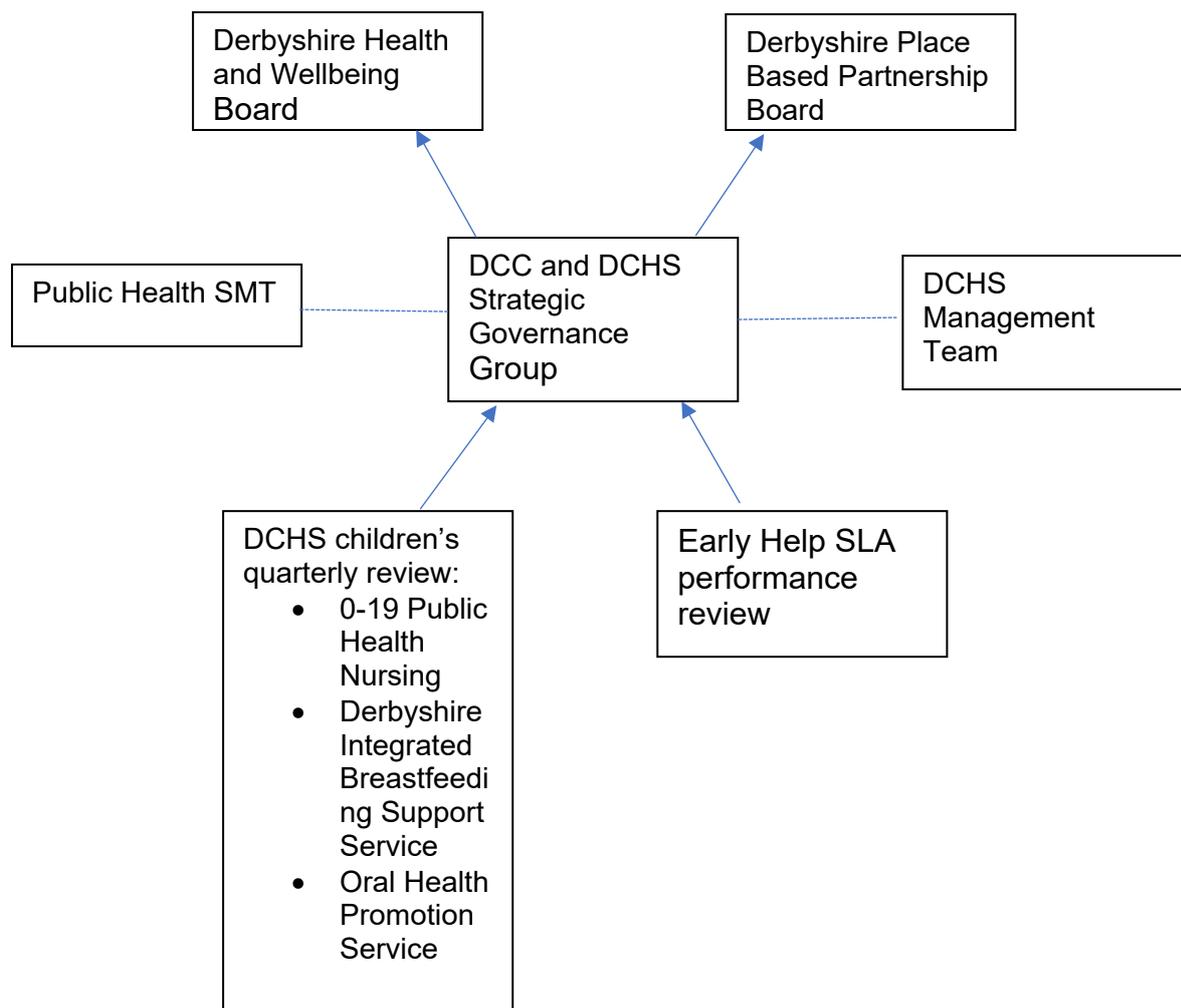
2.15 The other major challenge to the 0-19 Public Health Nursing are cost pressures that have been reported by DCHS that have resulted from

inflationary costs to deliver the current service within the existing financial envelope. The main causal factor of this cost pressure is the Agenda for Change (AfC) staff pay increments. AfC is the name for NHS employee terms and conditions. Local Authorities with public health functions are currently not provided with additional funding to meet any increased costs within contracts due to changes to AfC terms and conditions. Recent years have seen a series of pay uplifts awarded to NHS staff and the Public Health Grant has not increased at the same percentage rate as the pay increases. DCC Public Health have agreed a policy statement that will increase the annual budget of NHS commissioned services in line with either the percentage increase of the Public Health Grant or pay the full percentage uplift in AfC pay uplift (whichever is the smallest value). It should be noted that the increase in line with the Public Health Grant is for staffing costs only and does not reflect an uplift in the overall annual budget. On 27 July 2023 Cabinet approved to uplift the annual budget of all Public Health NHS commissioned services delivered by DCHS by 3.2% of staffing costs only. This is in line with the percentage uplift in the Public Health Grant for 2023-24. Cabinet have also approved two non-recurrent pay uplifts to help meet some of the shortfall in funding for DCHS to deliver the current service delivery model for the 0-19 Public Health Nursing Service.

2.16 A project to work collaboratively to consider service improvement and transformation options for the 0-19 Public Health Nursing Service is underway. The project will enable a range of options to be considered in order to help develop a sustainable service delivery model. Staff members, service users and key stakeholders will be engaged with and consulted, where appropriate, on the progress of the project. Future updates for the Health and Wellbeing Board will contain information relating to progress in relation to milestones in this project.

2.17 Revised governance arrangements

In line with the development of wider Integrated Care System governance arrangements, the Health and Wellbeing Board is asked to formally agree that regular reporting throughout the year of the 0-19 Public Health Nursing Service transfers to the Derbyshire Place Partnership Board. Strategic oversight will remain with the Derbyshire Health and Wellbeing Board. The Strategic Governance Group which contains representatives from the Integrated Care Board, Children's Services as well as Public Health and provides operational oversight for the agreement alongside quarterly contract monitoring meetings. The revised governance structure is summarised below:



3 Alternative Options Considered

3.1 This is an update report to the Health and Wellbeing Board so no other options are outlined.

4 Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5 Consultation

5.1 Regulation 4 of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) provides that before entering into partnership arrangements the two parties must undertake a joint public consultation with such persons as appear to them to be

affected by the arrangements. The Council and DCHS undertook a public consultation with stakeholders on the proposals to transfer the Infant and Toddler Nutrition and Oral Health Promotion Services into the existing Section 75 Partnership Agreement. This consultation exercise also included details of the proposed changes to the I&TN service (now known as the DIBS service). Further engagement and formal consultation with relevant stakeholders will be undertaken where applicable on any proposed changes to the 0-19 Public Health Nursing service as part of the transformation project to develop a sustainable service delivery model within the existing financial envelope.

6 Partnership Opportunities

- 6.1 Commissioning the 0-19 Public Health Nursing Service via a Section 75 Partnership Agreement provides a mechanism that enables Public Health and DCHS along with other key partners to work together to help meet the needs of children and young people and ensure the effective delivery against the HCP.

7 Background Papers

- 7.1 [Cabinet Report - 10 October 2019 – ‘Achieving Public Health 0-19 Outcomes – Section 75 Agreement between Derbyshire County Council and Derbyshire Community Health Services NHS Foundation Trust’](#)
- 7.2 [Cabinet Report - 16 June 2022 – ‘Transferring Infant and Toddler Nutrition and oral Health Promotion contracts into Section 75 Partnership Agreement’](#)
- 7.3 Cabinet Report – 16 March 2023 ‘Mitigating the impact of cost pressures within commissioned mandated public health services’ (Restricted)
- 7.4 Cabinet Report – 27 July 2023 ‘Public Health Service Level Agreement with Early Help 2023-24 and mitigating the impact of cost pressures within commissioned public health services delivered by Derbyshire Community Health Services NHS Foundation Trust

8 Appendices

- 8.1 Appendix 1 – Implications.

9 Recommendation(s)

That the Health and Wellbeing Board:

- a) Note this report and the progress made within the Section 75 Partnership Agreement for commissioned 0-19 Public Health Services over the period September 2021 to March 2023.
- b) Note the development and service opportunities identified for the service.
- c) Agree that regular reporting for the Section 75 Partnership Agreement will transfer to the County Place Partnership Board, with the Health and Wellbeing Board retaining strategic oversight.

10 Reasons for Recommendation(s)

10.1 The Strategic Governance Group oversees the Section 75 Partnership Agreement that in turn reports to the Derbyshire Health and Wellbeing Board. Therefore, an annual update is required to provide the Health and Wellbeing Board with assurances as to the delivery of services contained within the Section 75 Partnership Agreement as specified within the terms of the Section 75 Partnership Agreement. This annual update covers a 19-month period covering September 2021 till March 2023 to enable the 0-19 Service to report over a financial year moving forward.

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Implications

Financial

- 1.1 There are no financial implications for the Health and Wellbeing Board.

Legal

- 2.1 Derbyshire County Council Legal Services will continue to be consulted with as part of the 0-19 Public Health Nursing Service transformation project to understand and follow any legal processes that need to be followed.

Human Resources

- 3.1 There are no HR implications for the Health and Wellbeing Board to consider.

Equalities Impact

- 4.1 The 0-19 Public Health Nursing offer universal provision to support the residents of Derbyshire. However, the service offers enhanced provision that is often targeted to meet the needs of the most vulnerable population groups that suffer from poorer public health outcomes. The DIBS and OHP service's are also targeted to support those with the highest level of need. The re-modelling of the 0-19 Public Health Nursing service as part of the transformation project will consider the implications any proposed changes will have on the most vulnerable families in the population with the highest level of need. This is to make sure that any future service delivery model meets the needs of all Derbyshire residents and in particular those families with the highest level of health needs. An Equality Impact Assessment (EIA) will be undertaken on all proposed changes to ensure that any changes do not have any adverse impact on areas of the population and in particular those who share protected characteristics.

Partnerships

- 5.1 The Section 75 Partnership Agreement provides an opportunity for NHS and local authority partners to collaborate to address population health need and improve outcomes for the local population aged 0-19.

Health and Wellbeing Strategy priorities

- 6.1 The Section 75 Agreement contributes to the Enable people in Derbyshire to live healthy lives priority of the Health and Wellbeing Strategy.