



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

Thursday, 25 July 2024

Report of the Director - Public Health

**0-19 Public Health Nursing Transformation Project Phase 2 and
transferring the Integrated Specialist Intensive Home Visiting Service
into the Section 75**

(Cabinet Member for Health and Communities)

1. Divisions Affected

1.1 County-wide

2. Key Decision

2.1 This is a key decision because it is likely to result in the Council incurring expenditure which is, or savings which are significant having regard to the budget for the service or function concerned (this is currently defined as £500,000) and it is likely to be significant in terms of its effect on communities living in an area comprising two or more electoral areas in the County.

3. Purpose

3.1 This report asks Cabinet to approve the decision for Public Health to undertake a joint public consultation exercise with Derbyshire Community Health Services NHS Trust (DCHS) on the following:

- a) Proposals as part of Phase 2 of the 0-19 Public Health Nursing Service Transformation project.
- b) Proposals to transfer the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement between the Council and DCHS.

4. Information and Analysis

- 4.1 On 26 July 2018 Cabinet approved the development of a Section 75 Partnership Agreement between the Council (Public Health) and DCHS for the delivery of the 0-19 Public Health Nursing Service. This Section 75 Partnership Agreement was implemented on 1 October 2019 and the agreement can be terminated if either party provides 12 months written notice.
- 4.2 Over recent years DCHS have reported significant recurrent and increasing cost pressures in the delivery of the existing service delivery model for the 0-19 Public Health Nursing Service. This cost pressure has been mainly caused by the Public Health Grant not keeping up with Agenda for Change increments and the escalating health needs of families following the impact of the Covid-19 pandemic that continues to place a significant strain on the capacity of the service. To help mitigate some of these cost pressures Cabinet have agreed two non-recurrent pay uplifts. On 16 March 2023 Cabinet approved to allocate DCHS a non-recurrent £0.675m uplift to help contribute towards cost pressures that occurred during the 2022-23 financial year. A second non-recurrent pay uplift of £0.675m was approved by Cabinet on 27 July 2023 to meet the shortfall in funding during the 2023-24 financial year.
- 4.3 Public Health agreed a policy position for 2023-24 and future financial years whereby contractual uplifts for NHS contracts to contribute to any further pay increases via Agenda for Change will either be paid in full or in line with any percentage increase in the Public Health Grant (whichever is lower). In 2023-24 the Public Health Grant increased by 3.2%. In line with this policy position on 27 July 2023 Cabinet approved the recurrent uplift of £0.316m to the annual budget (3.2% uplift on staffing costs).
- 4.4 Despite these various recurrent and non-recurrent pay uplifts significant cost pressures remain within the 0-19 Public Health Nursing Service. The cost pressures are driven by increased wage costs and other inflationary cost increases, complexity of cases, increasing health needs and analysis suggests that these will remain as structural issues within the service unless the service model is amended to mitigate these pressures.
- 4.5 To manage the identified cost pressures a transformation project commenced in June 2023 to identify ways to develop a sustainable service delivery model in line with the Healthy Child Programme that sets the commissioning guidance for delivery 0-19 Public Health

Nursing Services. This transformation project is jointly led between DCHS and Public Health and has taken a two phased approach:

Phase 1: Four proposals were identified to change processes within the 0-19 Public Health Nursing Service that would help achieve cost efficiencies, but would not result in a change to the level of service received by Derbyshire families. Therefore, these options can be implemented without the need for public consultation. Phase 1 of the 0-19 Public Health Nursing Transformation Project is being mobilised across differing timeframes over the upcoming months.

Phase 2: The efficiencies being released from Phase 1 will not achieve the level of savings required to develop a sustainable service delivery model. Therefore, a further six proposals have been considered as part of Phase 2 and these proposals require consultation. To help inform the decision-making the following has taken place:

- A benchmarking exercise was completed in June 2023 and has been used to compare the service delivery models from seven local authorities across the East and West Midlands to understand how other areas deliver services. Many of the proposals outlined in Phase 2 have been built up from learning from other areas and localised for the Derbyshire population.
- A detailed options appraisal considering the strengths, weaknesses, opportunities and threats (SWOT analysis) of each proposal was completed in March 2024 to understand the impact of implementing each of the proposals identified in Phase 2.
- DCHS have undertaken a detailed Equalities Impact Assessment (EQIA) on each option to consider the level of risk associated with the implementation of each proposal.
- A stakeholder engagement event took place on 19 April 2024 where the Phase 2 proposals were presented to representatives from key system partners including: Public Health, Children's Services, Early Years Providers, Derby and Derbyshire Safeguarding Board, Midwifery, Child and Adolescent Mental Health Service (CAMHS), Citizen's Advice and the Derby City 0-19 Public Health Nursing Service. Delegates were able to feedback on each proposal and undertake a scoring exercise to identify the preferred proposed changes.
- DCHS staff engagement sessions took place over a two week period between 22 April and 3 May 2024. The staff engagement sessions took a similar approach to the stakeholder engagement session whereby all staff within the service were invited to give feedback on each proposal and undertake a scoring exercise to determine the most preferred proposals being considered within Phase 2.

The 0-19 Transformation Oversight Group, comprised of representatives from Public Health and DCHS, have used the

information obtained from these different pieces of work to help inform the decision-making process for Phase 2 at a recent workshop on 10 May 2024.

- 4.6 The six proposals being considered in Phase 2 are:
- Utilising skill mix (a mix of different staff within the service) for the delivery of the 2.5 year review
 - Utilising skill mix (a mix of different staff within the service) for the delivery of the 12 month review
 - Delivering a targeted antenatal review
 - Delivering a blended approach for the antenatal review
 - Delivering a targeted pre-school review
 - Stop delivering the pre-school review
- 4.7 Further information on each proposal including key findings from the benchmarking, options appraisal and stakeholder and staff engagement exercises that were considered by the 0-19 Transformation Oversight Group is included within Appendix 2 '0-19 Public Health Nursing Transformation Project Phase 2 proposals'.
- 4.8 The benchmarking exercise completed in June 2023 suggests that all of the six proposals being considered as part of Phase 2 of the 0-19 Public Health Nursing Transformation Project are credible proposals as Derbyshire would not be an outlier if all proposals were implemented. However, the findings from this benchmarking exercise alongside the options appraisal, EQIA risk scores as well as the stakeholder and staff engagement sessions has informed the prioritisation of the proposals in order of preference. This report seeks Cabinet approval to undertake a public consultation exercise on these proposals to help inform the final decision making process for Phase 2 of this transformation project. Consultation feedback will determine the appropriate ordering of the implementation of these proposals to achieve a sustainable service delivery model. The consultation will be open for 42 days commencing on 19 August 2024 and will enable engagement with Derbyshire families, with a focus on those families accessing the 0-19 Public Health Nursing Service, with children aged 0-5 and expectant parents.
- 4.9 The consultation will be promoted to families being supported by the 0-19 Public Health Nursing Service and via other partner organisations working closely with families of young children in Derbyshire. An online survey will be developed to enable local residents to provide feedback. Staff within the 0-19 Public Health Nursing Service were engaged with at the start of the transformation project in the development of the proposals and recent staff engagement sessions have highlighted they are supportive of the package of proposals being considered within

Phase 2. However, the public consultation exercise will provide staff within the service a further opportunity to provide feedback as part of a formal consultation process.

4.10 Integrated Specialist Intensive Home Visiting Service

The Integrated Specialist Intensive Home Visiting Service offers intensive health visiting support to some of the most vulnerable families of young children in Derbyshire. The contract was awarded to DCHS on 1 September 2021 for a period of 3 years and two months with two 12 month options to extend, taking the end date to 30 August 2026. The Public Health Senior Management Team approved the decision to activate the first of the two 12 month contract extensions on 14 August 2023. The Integrated Specialist Intensive Home Visiting Service has performed well in relation the key performance indicators (KPIs). A summary of the performance against KPIs is included in Appendix 3 'Integrated Specialist Intensive Home Visiting Service performance against KPIs during 2023-24 financial year'. The Covid-19 pandemic and the increasing level of health needs and vulnerabilities of families that has been seen over recent years also makes the continued delivery of the Integrated Specialist Intensive Home Visiting Service essential to help meet the escalating health needs of the most vulnerable families of young children in Derbyshire.

4.11 The successful delivery of the 0-19 Public Health Nursing Service following the implementation of the Section 75 Partnership Agreement was the justification for the Cabinet approval on 16 June 2022 to transfer from 1 April 2023 both the Infant and Toddler Nutrition (now referred to as the Derbyshire Integrated Breastfeeding Support Service) and Oral Health Promotion Service's into the Section 75 Partnership Agreement. The positive integration of both services into the Section 75 Partnership Agreement is the reason why this report seeks approval to transfer the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement subject to the outcome of the public consultation. Transferring the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement may help create further efficiencies by:

- i. Enabling better integration between 0-19 Public Health Nursing, the Derbyshire Integrated Breastfeeding Support Service, Oral Health Promotion as well as services delivered as part of Public Health's internal Service Level Agreement (SLA) with Children's Services. Further integration will also lead to greater opportunities for partnership working between services and aligning resources appropriately to gain efficiencies in scale.

- ii. Allows the Council and DCHS to work together more cohesively to achieve positive public health outcomes for the children and young people and their families across Derbyshire.
- iii. Enables DCHS to be more innovative and creates more opportunities to adapt services accordingly to meet the changing needs of families of young children in Derbyshire.
- iv. Allows the Integrated Specialist Intensive Home Visiting Service to build on the successful service delivered and mitigate future risks in performance as a result of re-procurement.

4.12 The possible constraints to transferring the Integrated Specialist Intensive Home Visiting service into the Section 75 Partnership Agreement include:

- i. This approach does not help stimulate the wider market, nor give the market the opportunity to respond to the service specification and generate competition/innovation.
- ii. The span of the Council's control as a formal commissioner may reduce a little, however the benefits include improved partnership working. The Integrated Care System (ICS) is working towards a single contract model. The new Provider Selection Regime, under the Health and Care Act will offer increased flexibility for commissioners to arrange services in a more integrated way locally and nationally.
- iii. The approach may generate some challenge from the market. However, powers provided to local authorities and the NHS under the NHS Act 2006 support the development of Section 75 Partnership Agreements.

5. Consultation

5.1 0-19 Public Health Nursing Service Transformation Project Phase 2.

At a workshop on 10 May 2024 the 0-19 Transformation Oversight Group leading this project and consisting of key representation from Public Health and DCHS agreed the preferred approach for Phase 2 of the project. Using information from the benchmarking exercise, options appraisal as well as the stakeholder and staff engagement sessions the 0-19 Transformation Oversight Group agreed the following approach:

- Stagger the implementation of the Phase 2 proposals in order of preference and dependent on the level of further efficiencies required over a maximum period of three years. The order of preference for staggering the Phase 2 options are as follows:

	Proposal	Justification
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1	<p>Utilising skill mix (a mix of different staff) within the health visiting Service to deliver the 2.5 year review</p> <p>The 2.5 year review is a mandated review within the Healthy Child Programme that is currently delivered by NHS Band 6 Health Visitors in Derbyshire. This proposal involves NHS Band 4 Community Nursery Nurses delivering this review for those families where there are no known concerns (approximately 85% of the caseload). The Health Visitor will continue to deliver this review where there are known vulnerabilities (approximately 15% of the overall caseload). Where a health need is identified the Community Nursery Nurse will pass this onto the Health Visitor.</p>	<p>All seven local authority areas interviewed during the benchmarking exercise use skill mix to deliver the 2.5 year review. This proposal had the least amount of concern amongst staff and stakeholders and it was identified that Community Nursery Nurses within the service have the skill set to deliver the 2.5 year review.</p>
2	<p>Deliver a targeted pre-school review to 3.5 year olds</p> <p>The pre-school review is not a mandated review within the Healthy Child Programme, although this review is recommended. The specification when the Section 75 Partnership Agreement was implemented in 2019 included the development of a pre-school review to be offered to all families of children in Derbyshire between the ages of 3 and 3.5 years. However, the Covid-19 pandemic stalled the development of this review and as a result</p>	<p>This proposal also had the least concerns amongst staff and stakeholders. This proposal is an interdependency to release financial efficiencies as part of the proposal to utilise skill mix for the 2.5 year review making this a preferred option.</p>

	<p>was only fully implemented during the 2021-22 academic year. This review is currently offered to all families. However, the proposed change is to offer this as a targeted pre-school review to those families with known health or development needs identified on or after the 2.5 year review and the families of those children not attending an Early Years setting. Families of those with no known health or development needs and those attending an Early Years setting will be provided with age appropriate information and advised to contact the service for further support if required.</p>	
3	<p>Stop delivering the pre-school review for 3.5 year olds This proposal would involve the full stopping of the pre-school review at 3-3.5 years. This is an additional check introduced locally in Derbyshire that is recommended, but not mandated in the commissioning guidance.</p>	<p>There were more concerns raised from stakeholders with this proposal compared to delivering this as a targeted review. DCHS will continue to work with families up until they reach school age where a health or development need has been identified at the 2.5 year review, or where a request for support is made from families or referring agencies. This proposal is more preferred than the proposals below.</p>
4	<p>Delivering the antenatal review using a mixture of methods including face-to-face in the home, virtual or telephone appointments This proposal would retain the delivery of the antenatal review for all families, however rather than all</p>	<p>Some concerns were raised from stakeholders in relation to the implementation of this proposal. However, stakeholders did stress that this is a more preferable proposal compared to delivering this as a targeted antenatal review. Offering the antenatal review</p>

	<p>reviews being undertaken within the home a mixed approach of home visits, telephone or virtual appointments could be offered to best meet the needs of the family.</p>	<p>using a blended approach will better utilise the resources in the service to meet the needs of Derbyshire families.</p>
5	<p>Deliver a targeted Antenatal review The antenatal review is a mandated review within the Healthy Child Programme that in Derbyshire is offered to all expecting mums by the Health Visitor between 28 and 34 weeks of pregnancy. The proposed change would involve the review being offered routinely to first time mums and those with known vulnerabilities (approximately 50% of the overall caseload). Those with multiple births and those with no known concerns or vulnerabilities would be provided with key information via an SMS and invited to contact the service for a virtual appointment with the Health Visitor if requested.</p>	<p>Significantly more concerns were raised from stakeholders and partners in relation to delivering the antenatal review as a targeted offer compared to a blended approach.</p>
6	<p>Utilising skill mix (a mix of different staff) within the Health Visiting Service to for the delivery of the 12 month review The 12 month review is a mandated review of the Healthy Child Programme that is currently delivered by the NHS Band 6 Health Visitors in Derbyshire. This proposal involves NHS Band 4 Community Nursery Nurses</p>	<p>This was the least preferred proposal due to the level of risk identified within the EQIA undertaken by DCHS. Stakeholders felt it was more beneficial to families if Health Visitors with their professional skill set continued to work with families of children of the age of 12 months. Health Visitors are also trained to undertake an assessment of maternal mental health (the mental health of</p>

<p>delivering this review for those families where there are no known concerns (approximately 85% of the caseload). The Health Visitor will continue to deliver this review where there are known vulnerabilities (approximately 15% of the overall caseload). Where a health need is identified the Community Nursery Nurse will pass this onto the Health Visitor.</p>	<p>women during pregnancy, childbirth and the first year after delivery) that is a requirement of the 12 month review. This proposal will not be taken forward unless further efficiencies are required following the implementation of all other proposals and if mitigations can also be put in place to reduce the level of risk identified within the EQIA</p>
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- 5.2 The aim of the consultation exercise will be to seek the public's views in particular targeting the views of Derbyshire families with children of pre-school age children and expectant parents on the Phase 2 proposals and the approach being considered in staggering the implementation of these proposals as and when required depending on the level of efficiencies needed over a maximum of three years. The aim of the 0-19 Public Health Nursing Service Transformation Project will be to stagger the implementation of these Phase 2 proposals in order of preference as and when required depending on the level of efficiencies needed over a maximum period of three years from April 2025. This staggering of proposals is required because the Agenda for Change pay increments and Public Health Grant allocations from Central Government are determined on an annual basis. The long-term uncertainties around both of these factors means that it is not possible to know the level of further cost pressures that may be incurred. The impact of the changes agreed within DCC Children's Services agreed by Cabinet on 29 April 2024 along with other financial pressures across the system may also have an adverse impact on the capacity within the 0-19 Public Health Nursing Service over the upcoming years that in turn may require the implementation of further cost efficiencies to the service. Therefore, with so many financial uncertainties, the aim of Phase 2 will be to implement the proposed changes in order of preference and the joint public consultation exercise with DCHS will seek the public's views on the Phase 2 proposals and the approach to stagger the implementation of these proposals.
- 5.3 Transferring the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement. 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. Therefore, this report seeks approval to include within the joint consultation exercise with DCHS the proposal to transfer the Integrated Specialist Intensive Home Visiting Service into the current Section 75 Partnership Agreement.

- 5.4 The joint public consultation exercise with DCHS will be open for 42 days in line with previous consultation exercises around the Section 75 Partnership Agreement. The dates for the public consultation will need to be clarified but it is proposed that the consultation will go live on Monday 19 August 2024 and will close on 29 September 2024 to ensure that this is open for four weeks of term time to enable the consultation to be promoted within educational settings.

6. Alternative Options Considered

- 6.1 0-19 Public Health Nursing Service Transformation Project Phase 2 Alternative option 1. Do not consult on the proposed changes to the 0-19 Public Health Nursing Service. The level of cost pressures identified within the 0-19 Public Health Nursing Service mean that significant changes are required to develop a service delivery model in line with the Healthy Child Programme that is both fit for purpose and that is sustainable within the existing financial envelope. In a meeting on 23 April 2024 Legal Services advised that any decision to either stop delivering or deliver the pre-school review as a targeted review along with a decision to deliver the antenatal review as a targeted or blended approach will require public consultation as these changes will result in a significant change to the way some of the families in Derbyshire will access and receive support from the 0-19 Public Health Nursing Service. It is for this reason coupled with the approach to stagger the implementation of the Phase 2 proposals in order of preference depending on the level of cost efficiencies required as to why implementing any part of Phase 2 of this transformation project without undertaking a public consultation exercise is not a feasible option.
- 6.2 Alternative option 2. Do nothing. The 0-19 Public Health Nursing Service Transformation Project has already identified a significant level of cost efficiencies in Phase 1 of the project that do not require a public consultation exercise. The 0-19 Public Health Nursing Service are working towards the implementation of these changes. However, the level of cost pressures identified is significantly greater than the level of savings identified within Phase 1, meaning that it is not feasible to stand

down the transformation project and not look to make further changes identified as part of the Phase 2 proposals.

Transferring the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement

- 6.3 Alternative Option 1. Postpone the approval to transfer the Integrated Specialist Intensive Home Visiting Service into the Section 75 Agreement. The Integrated Specialist Intensive Home Visiting Service is not due to expire until 31 August 2026 if the remaining 12 month extension is activated. Therefore, there is no requirement to undertake a public consultation exercise on proposals to transfer this service into the Section 75 Partnership Agreement at this stage. However, if Public Health consult on this proposal at a later date, then further resources will be required to undertake two separate consultation exercises. The intention is for Public Health to include proposals on transferring the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement alongside the consultation on the consideration of proposals being implemented as part of the 0-19 Public Health Nursing Service Transformation Project to ensure the efficient use of capacity and resources across Public Health to align both of these pieces of work to help maximise resources. Transferring the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement earlier than 31 August 2026 will enable Public Health and DCHS to work in partnership and may help identify further efficiencies as part of joint working across services that may further support the work of the 0-19 Public Health Nursing Transformation Project as part of an economies of scale approach. It is for these reasons why consulting on the proposal to transferring the Integrated Specialist Intensive Home Visiting Service into the section 75 Partnership Agreement at a later date is not the preferred option.
- 6.3 Alternative Option 2. Re procure the Integrated Specialist Intensive Home Visiting Service. The main benefit of re-procuring the Integrated Specialist Intensive Home Visiting Service as part of a competitive procurement process is that it would enable the Council to go out to the wider market, which would enable the opportunity for other providers to bid for this service.
- 6.4 However, despite this the benefits of transferring this service into the existing Section 75 Partnership Agreement outweigh the benefits of going out to the wider market. This is because the advantages of transferring this service into the Section 75 Partnership Agreement include:
- Enable better integration with the existing service delivered as part of the Section 75 Partnership Agreement. This in turn will also lead

to greater opportunities for partnership working between services and aligning resources appropriately within each service to gain efficiencies in scale that in turn may be beneficial for the 0-19 Public Health Nursing Transformation Project

- Enable the Council and DCHS to work together more cohesively to achieve positive outcomes for vulnerable families of young children across Derbyshire
- Enables DCHS to be more innovative and provides better opportunities to adapt the service accordingly to meet the changing needs of Derbyshire families
- Will build on the successful service currently delivered and mitigate future risks in performance as a result of re-procurement

6.5 There are also additional social value advantages to commissioning this service as part of a Section 75 Partnership Agreement. A partnership approach offers an opportunity for efficiencies as one party provides functions on behalf of another. Savings can then be utilised to deliver service improvement to better meet the needs of the local population. DCHS, as the current provider of various Public Health services is one of the largest employers in Derbyshire, employing over 4,500 local people.

6.6 The success of the implementation of the current Section 75 Partnership Agreement between the Council (Public Health and Children's Services) and DCHS coupled with the advantages highlighted above is why this report seeks approval to undertake a public consultation exercise to transfer the Integrated Specialist Intensive Home Visiting Service into the existing Section 75 Partnership Agreement as opposed to undertaking a competitive re-procurement exercise.

7. Implications

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

8. Background Papers

8.1 Cabinet report 26 July 2018 – 'A New Approach to Public Health Nursing and Achieving Population Health and Wellbeing Outcomes in 0-19 Year Olds across Derbyshire'

8.2 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'

- 8.3 [Cabinet Report - 19 November 2020 – ‘Additional Investment for Public Health Nursing’](#)
- 8.4 [Cabinet Report - 18 November 2021 – ‘The transfer of the Infant Toddler and Nutrition Service and Oral Health Promotion service into the existing Section 75 Partnership Agreement’](#)
- 8.5 [Cabinet Report - 16 June 2022 – ‘Transferring Infant and Toddler Nutrition and oral Health Promotion contracts into Section 75 Partnership Agreement’](#)
- 8.6 Cabinet Report – 16 March 2023 ‘Mitigating the impact of cost pressures within commissioned mandated public health services’ (Restricted)
- 8.7 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’ (Restricted)

9. Appendices

- 9.1 Appendix 1 – Implications
- 9.2 Appendix 2 – 0-19 Public Health Nursing Service Transformation Project Phase 2 proposals
- 9.3 Appendix 3 – Integrated Specialist Intensive Home Visiting Service performance against KPIs during 2023-24 financial year

10. Recommendation(s)

- 10.1 That Cabinet approve the decision for Public Health to undertake a joint public consultation exercise with Derbyshire Community Health Services NHS Trust (DCHS) on the following:
- a) Proposals as part of Phase 2 of the 0-19 Public Health Nursing Service Transformation Project.
 - b) Proposals to transfer the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement between the Council and DCHS.

11. Reasons for Recommendation(s)

- 11.1 Cabinet approval is required for Public Health to undertake a joint public consultation exercise with DCHS on the package of proposals under consideration as part of the 0-19 Public Health Nursing Service Transformation Project and the proposal to transfer the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement.

12. Is it necessary to waive the call in period?

- 12.1 No

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Implications

Financial

- 1.1 0-19 Public Health Nursing Service Transformation Project
Following the Cabinet approval on 27 July 2023 to provide the 0-19 Public Health Nursing Service with a recurrent 3.2% uplift on staffing costs the budget for the service is £12.816m per annum.
- 1.2 Within the Cabinet report on 16 March 2023 a cost pressure of £0.697m was reported for the 0-19 Public Health Nursing Service, however this cost pressure is subject to fluctuation dependant on factors such as the Agenda for Change annual pay increments, staffing levels within the existing service, escalating health needs amongst Derbyshire families and other inflationary cost rises that are subject to fluctuation over time. Two non-recurrent pay uplifts of £0.675m were approved by Cabinet to help meet some of the shortfall in funding over recent years and allow time to undertake a transformation project to identify and implement proposals to amend the service delivery model to help make the efficiencies whilst at the same time ensure the continued delivery of a high quality service that offers value for money. The first non-re-current pay uplift of £0.675m was awarded by Cabinet on 16 March 2023 to help meet some of the shortfall in funding during the 2022-23 financial year. A second non-recurrent pay uplift of £0.675m was approved by Cabinet on 27 July 2023 to help meet some of the shortfall in funding and help the service meet the increase in demand during the 2023-24 financial year.
- 1.3 At a recent workshop for the 0-19 Transformation Oversight Group on 10 May DCHS reported a current shortfall in funding of £0.872m. Once fully implemented the changes agreed as part of Phase 1 of the 0-19 Public Health Nursing Service Transformation Project are forecasted to make a saving of approximately £0.460m. This means the 0-19 Public Health Nursing Service Transformation Project is required to make a further saving of around £0.412m to meet this current cost pressure, although this figure is likely to rise and is the reason Phase 2 is looking to implement a staggered approach to the implementation of the proposals in Phase 2 by order of preference to help meet the cost pressures within the service as and when required.
- 1.4 Integrated Specialist intensive Home Visiting
The contract for the Integrated Specialist Intensive Home Visiting Service was awarded to DCHS with a start date of 1 September 2021 for a period of 3 years with two 12 month options to extend taking the

end date to 30 August 2026. The overall budget of this contract at the point of award was £2.900m. However, Business Cases have been approved under Protocol 10 of the Council's financial regulations to provide the following pay uplifts:

- A non-recurrent uplift of £0.097m to commence this contract two months earlier than planned on 1 July 2021.
- A recurrent uplift of £0.016m per annum from the 2023-24 financial year for the remainder of the contract term to provide the 3.2% pay uplift on staffing costs in line with the Public Health policy position to uplift the staffing budgets of NHS contracts in line with the increase in Public Health Grant.
- A non-recurrent uplift of £0.001m to provide a further 0.3% uplift on staffing costs for the 2023-24 financial year only. This was to take the total uplift for staffing costs for 2023-24 to 3.5% in line with guidance from NHS England that stated local authorities should support Agenda for Change pay increases, up to a maximum of 3.5%, leaving NHS organisations to negotiate with the local Integrated Care Board and/ or NHS England, in relation to any additional funding required.

- 1.5 As a result of the various recurrent and non-recurrent pay uplifts the overall value of the Integrated Specialist Intensive Home Visiting Service contract is now £3.052m with an annual budget for 2024-25 and beyond of £0.596m. This budget is likely to increase during the remainder of the contract term in light of Public Health's policy to position to uplift the staffing budgets of NHS providers in line with the increase in Public Health Grant, however the final decision nationally on the Agenda for Change pay increment for 2024-25 and beyond is required to determine the future uplifts that will be provided to Public Health commissioned services delivered by NHS providers. The intention is to retain the annual budget of the Integrated Specialist Intensive Home Visiting Service and the policy position to uplift the staffing costs in line with the increase in Public Health Grant if the service transfers into the Section 75 Partnership Agreement.

Legal

2.1 0-19 Public Health Nursing Service Transformation Project

A joint public consultation exercise should be carried out with DCHS on the proposed approach being considered for phase 2 of the transformation project due to the nature of the proposals contained within phase 2 and the approach being undertaken to stagger the implementation of these proposals over time as and when required to make further efficiencies. Such a consultation would be in line with the

Common Law duty of fairness.as the proposed changes to the services may have a significant impact on service users.

2.2 Transferring the Integrated Specialist Intensive Home Visiting Service into the Section 75 Partnership Agreement.

Section 75 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) enables local authorities and NHS bodies (including clinical commissioning groups and foundation trusts) to enter into arrangements in relation to the exercise of each other's health-related functions where such arrangements will provide a more streamlined service if they are likely to lead to an improvement in the way those functions are exercised. The arrangements may mean that one body carries out the functions of both in providing the service; that the two bodies share functions (usually with a pooled budget); or that one body commissions services on behalf of both. In this instance, DCHS and the Council work in partnership under the Section 75 Agreement to deliver better services to Derbyshire families but maintain separate budgets.

2.2 The NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) require that a joint public consultation is carried out before any partnership arrangements are entered into. This includes situations where an existing agreement is to be amended by the addition of services.

2.3 The Director of Legal Services will advise on the legal process required in order to vary the current Section 75 Partnership Agreement between the Council and DCHS to transfer the Integrated Specialist Intensive Home Visiting Service into the agreement.

2.4 This will include clearly defined shared performance measures, outcomes, aims and objectives, setting out the services to be delivered and the budget for the Integrated Specialist Intensive Home Visiting Service. The service will also become part of the existing governance arrangements including accountability, financial reporting, management of risks, exit strategy that was established as part of the current Section 75 Partnership Agreement.

Human Resources

3.1 The proposals in phase 2 of this transformation project detailed within this report aims make financial efficiencies by reducing the number of Whole Time Equivalent (WTE) Band 6 Health Visitors within the 0-19 Public Health Nursing Service. There is currently a national shortage of

qualified Health Visitors meaning that the service is very often in a position of carrying vacancies. The approach of staggering the implementation of the phase 2 proposals based on the order of preference outlined within the report will help ensure the gradual reduction of WTE Health Visitors over a period of time and by using a recruitment freeze on vacant health visiting posts DCHS are confident of being able to reduce the number of WTE Health Visitors naturally without the need to make compulsory redundancies.

- 3.2 The 0-19 Public Health Nursing Service and Integrated Specialist Intensive Home Visiting Service employ a range of clinical and non-clinical staff from DCHS. Employee consultation and briefings will take place as appropriate to ensure understanding and maintenance of the service during any process of change.

Information Technology

- 4.1 N/A

Equalities Impact

- 5.1 DCHS have undertaken an Equalities Impact Assessments (EQIAs) on each of the six proposals being considered as part of phase 2 of the 0-19 Public Health Nursing Transformation Project. The information within the EQIAs and the risks associated to the implementation of each option on the impact on equalities has been used to help determine the preferred proposals to prioritise as part of phase 2 of the transformation project. On completion of a joint public consultation exercise on these proposals and an agreed course of action based on the outcome of this consultation, a further EQIA will be undertaken on the full package of measures being implemented as part of Phase 2 of the transformation project to ensure that any changes being implemented do not have an adverse impact on the population in Derbyshire who share protected characteristics.

Corporate objectives and priorities for change

- 6.1 All Public Health commissioned services set out to meet the outcomes outlined within the Adult Social Care and Health Service Plan 2021-2025, with a particular focus on:
- Resilient, thriving and green communities which share responsibility for improving their lives and supporting each other
 - Happy, safe and healthy people, with solid networks of support, who feel in control of their personal circumstances and aspirations

- High quality public services that work together and alongside communities to deliver services that meet people's needs

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

7.1 The proposed changes to DCC Children's Services approved by Cabinet on 29 April 2024 represent a significant risk to the 0-19 Public Health Nursing Service due to the increase in demand on health visiting and school nursing capacity and the potential for the health and development needs of Derbyshire children and families increasing following these changes in Children's Services. Therefore, the 0-19 Public Health Nursing Service Transformation Project may be required to make further efficiencies over the upcoming years than first envisaged that may result in the implementation of some of the less preferred proposals contained within Phase 2 or the consideration of further proposals to make more efficiencies if this is required over the upcoming years.

