

## **HEALTH VISITING, SCHOOL NURSES AND FAMILY NURSE PARTNERSHIP**

### **Report of the Director of Children's Services**

#### **1. INTRODUCTION AND PURPOSE OF REPORT**

- 1.1 To ensure members are sighted on the extension until 31 March 2022 of the contract between the council and Stockport NHS Foundation Trust in relation to the provision of health visiting, school nursing and Family Nurse Partnership services ("the contract").
- 1.2 The council took over responsibility for commissioning health visiting, school nursing and family nurse partnership in October 2015 and for the short term took a novation of the previous existing contract between NHS England (the former commissioner) and Stockport NHS Foundation Trust.
- 1.3 The novated contract continued in force until 31 March 2016. Since that date the contract has been extended without formal revision in writing to reflect both parties continuing work to understanding the commissioning function, the market and relevant policy and administration.
- 1.4 However, due to the value of the extension over the total term of the contract (and not the per annum spend) (see further below), and the period of time for which the contract has already been in existence and extended, the Strategic Head of Service (Legal and Democratic Governance) has recommended that the cabinet be sighted on the extension and its value as good practice and governance in line with the council's constitution.
- 1.5 The paper also describes an indicative timeline of the next steps, to ensure that Stockport continues to receive a high quality service, new policy guidance is incorporated into the service and disruption to business is minimised.

#### **2. BACKGROUND**

- 2.1 The contract commenced on 1 April 2015 and was due to expire on 31 March 2016. It was originally made between NHS England and Stockport NHS Foundation Trust, and was on the then current NHS standard form contract for use between NHS bodies.
- 2.2 Commissioning responsibilities for services for children between 0 and 5 years old transferred to local authorities from NHS England, and the contract was novated to the council with effect from 1 October 2015.
- 2.3 The services can have a major impact on the expenditure required on other services, by preventing more serious and complicated needs arising through early action, intervention and prevention.
- 2.4 The fee was referred to as being "expected annual contract value agreed". Currently the estimated value of the contract is £5.3m per annum.

- 2.5 The council and the Trust agreed to continue to extend and to treat the contract as continuing since 2016. The council's constitution provides that cabinet approval should be sought for any contracts that have a value in excess of £10 million. The council's constitution is not clear on whether that relates to the annual contract value or the value of the contract over its total term, hence the recommendation by the strategic head of service (Legal and Democratic Governance) that members be sighted on the extension of the contract.
- 2.6 A final extension until 2022 allows a full review and evaluation of the service in line with the next stage of transformation of the Stockport Family model. This will support the development of a comprehensive statement of the service need, from both the council's point of view and the Trust's, particularly in light of the future integration and collaboration expectations of NHS bodies and local authorities through the Health and Care Bill (April 2022) and the implementation of Integrated Care Systems.
- 2.7 The current contract is drafted as a public services contract – in other words the Trust is providing defined services to the council in return for a fee. However, in practice the relationship is perhaps described more accurately in terms of being a partnership between two public sector bodies allocating their resources to a common end, aimed at early interventions preventing more detailed, complex and costly interventions at a later date.
- 2.8 Regulation 12(7) of the Public Contract Regulations permits contracts which implement co-operation between public bodies with a view to achieving objectives they have in common without advertising and evaluating tenders (i.e. they do not need to go through a procurement exercise) as they fall outside the scope of the contracts regulations.
- 2.9 The Stockport Family model, implemented in 2014 brought whole system change, combining children's social care and health teams (including health visiting, family nurse partnership and school nurse teams) and transformed the culture and ways of working within children's services in Stockport. The Stockport Family leadership structure established joint line management accountability for the services; the Director of Operations (Stockport Family) and Director of Women, Children and Diagnostics Business Group of Stockport Foundation Trust. Further, the Principal Lead for Health in Stockport Family is a practising clinician that line manages both local authority and NHS staff, with pastoral and professional/clinical supervision shared between 3 principal leads including social care and education; each having a defined geographic footprint to deliver unified services.
- 2.10 At a strategic level this has involved agreeing a shared outcomes framework and the secondment of partners onto the Stockport Family Partnership Board. Operationally this involves co-located teams working across disciplines in 3 localities and has had a significant impact on enabling more effective use of worker time, and more direct work with families. The shared use of the Early Help Assessments and coordination of Team Around the Family, Team Around the Early Years and Team Around the School has helped ensure long-lasting solutions for families, reducing re-referrals, and increasing parental capacity and skills.

### 3. NEXT STEPS

- 3.1 The next phase of transformation involves building on this good practice to further integrate with education and inclusion services building on the restorative approach that is at the heart of both the Council and Stockport NHS Foundation Trust's approach to putting children and families at the heart of delivery.
- 3.2 Work has been undertaken with senior colleagues within Stockport Family to appraise options in terms of routes to market, to ensure business continuity and quality of service post April 2022 is not compromised. Following an analysis of the information, colleagues supported the recommendation that from April 2022 a cooperation agreement should be established with Stockport Foundation Trust.
- 3.3 A cooperation is the preferred route to market, from the perspective of both the Foundation Trust and the wider Stockport Family team. Not only are the principles of cooperation and collaboration emphasised throughout the Health and Care Bill, which is expected to receive royal assent by April 2022, but by pursuing such an agreement allows for a review of the existing provision with the current trusted provider (Stockport Foundation Trust), providing assurance in terms of both business continuity and workforce resilience.
- 3.4 An outline of indicative timescales is highlighted below.

<b>UNDERSTAND</b> PHASE 1 (May-August 2021)	<b>PLAN</b> PHASE 2 (September and October 2021)	<b>DO</b> PHASE 3 (Jan-March 2022)	<b>REVIEW</b> PHASE 4 (April 2022)
Secure agreement to work within cooperation arrangements from April 2022	Develop and agree specification	Establish new model of working, based on revised specification	Implement cooperation agreement governance arrangements
Needs assessment	Establish workforce development plan	Engagement with staff	Start to implement new service arrangements
Consideration of model within context of children's transformation	Engagement with staff	Establish co-operation agreement governance arrangements	
Confirm budget			
Engagement with staff and service users			
Review existing specifications (HV, FNP and SN)			
Analysis of new guidance and			

implications on existing service			
Identify public service benefits to each party in working with each other			

#### **4. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 4.1 The financial value of the extension of the contract is provided for within the council's Budget.

#### **5. LEGAL CONSIDERATIONS – see private annex due to being legally privileged**

#### **6. HUMAN RESOURCES IMPACT**

- 6.1 The arrangement of cooperation will ensure that the Stockport Foundation Trust workforce delivering health visiting, school nursing and Family Nurse Partnership is secure. Competitive procurement would involve TUPE considerations.

#### **7. EQUALITIES IMPACT**

- 7.1 Key objectives of the health visiting, school nursing and family nurse partnership services are to:
- 7.1.1 Improve the health and wellbeing of children and reduce inequalities in outcomes as part of an integrated approach to supporting children and families;
  - 7.1.2 Ensure a strong focus on prevention, health promotion and early identification;
  - 7.1.3 Identify and support those who need additional support and targeted interventions, for example, parents who need support with their emotional or mental health and women suffering from postnatal depression;
  - 7.1.4 Develop ongoing relationships and support as part of a multi-agency team where the family has complex needs e.g. a child with special educational needs or disability, or where there are identified safeguarding concerns;
  - 7.1.5 Improve services for children, families and local communities through respond to need.

#### **8. ENVIRONMENTAL IMPACT**

##### **8.1 Transport**

- 8.1.1 The service provides clinics and support within the community often as part of a multi-disciplinary team around the child and family. They are co-located with other services that families use including at Children's Centres, GP surgeries, schools and at Moat House PRU. As such, travel is often to a single base where

those that require the support do not need to travel far to attend, and in the case of school nurses and family nurse partnership, where children and young people are already attending.

## **9. CONCLUSIONS AND RECOMMENDATIONS**

- 9.1 That the report be noted and the extension to 2022 be approved by the Cabinet due to its potential financial value across the two years of the extension and the previous spend under what was intended to be a 1 year contract only.

## **BACKGROUND PAPERS**

There are none.

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