

Health and Wellbeing Board

17 November 2016

0-19 Healthy Child Programme County Durham



Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 To provide an update to the Health and Wellbeing Board on the 0-19 Healthy Child Programme County Durham contract since the service transferred to Harrogate and District NHS Foundation Trust (HDFT) on 1st April 2016. Suzanne Lamb, Head of Children's Public Health Nursing County Durham, HDFT will deliver a presentation at the Health and Wellbeing Board meeting.

Background

- 2 In October 2015 the 0-19 contract was tendered. A robust evaluation of bids was undertaken in November 2015 and on 7th December 2015 HDFT was awarded the contract. HDFT commenced the contract on 1st April 2016. Darlington Borough Council and Middlesbrough Council have also awarded their 0-19 contract to HDFT.

Mobilisation and transition of contract and service delivery

- 3 A 0-19 mobilisation board managed and led the safe and effective transfer of the service and provided oversight of the mobilisation plan developed by HDFT. The board closely monitored all actions within the mobilisation plan during the process. Post commencement of the contract, the mobilisation board has morphed into a transition board and has meetings planned until January 2017.

First two quarters of activity (April to September 2016)

- 4 All relevant 0-19 staff protected under Transfer of Undertakings (Protection of Employment) Regulations (TUPE) have been transferred from County Durham and Darlington NHS Foundation Trust (CDDFT) to HDFT without difficulty. Employees are now based within Durham County Council (DCC) premises to maximise opportunities for collaborative working with children's services. This integrated approach was a primary aim of the new specification.
- 5 Key performance indicators (KPIs) are being progressed as planned which is an encouraging start to the contract. In addition to quantitative information being received there are a number of high quality case studies being provided.

- 6 These case studies are a way of understanding in more detail the benefit of a universal service which aims to improve health outcomes and prevent child concerns from escalating.

Governance of contract

- 7 Six weekly meetings are held between DCC Public Health and HDFT's Head of Children's Public Health Nursing. This is to foster a strong relationship and a shared understanding that the 0-19 service is a central component of the public health workforce. In addition to this there are quarterly contract and performance meetings held to ensure targets remain on track.

Healthy Child Programme (HCP) Board

- 8 Within HDFT's tender submission there was a recommendation to establish a Healthy Child Programme (HCP) board chaired by the Director of Public Health. This board would provide an opportunity to bring a small multi-disciplinary strategic group around one table to discuss integrated working and develop a small number of shared objectives. Reducing health inequalities and delivering towards improved health and wellbeing outcomes for children and families would be the primary goals of this small strategic group. It is anticipated that task and finish working groups may fall out of this strategic HCP board pending priority areas of work to address. Whilst it is acknowledged that at this point in time there is a large County Durham Children and Families' Partnership board there is still benefit in scoping out, with partners, what the added value would be in creating a discrete HCP board as a sub group of the statutory Health and Wellbeing Board. HDFT incorporated an allocation of funding within their tender to contract an external facilitator to develop the HCP board and its small number of strategic priorities.

Recommendations

- 9 The Health and Wellbeing Board are recommended to:
- Note the contents of this report;
 - Decide on the added value of the development of a Healthy Child Programme Board and consider whether this could be a sub group of the Health and Wellbeing Board;
 - Note the continuation of the mobilisation / transition board to provide assurance of the safe and effective delivery of the specification for such a large contract;
 - Receive and provide comment on the presentation given at the Health and Wellbeing Board meeting 17 November 2016.

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Appendix 1: Implications

Finance – Part of specification

Staffing – All employed by HDFT

Risk – Risk log managed as part of mobilisation / transition board. To date all risks other than estates/It have been mitigated.

Equality and Diversity / Public Sector Equality Duty – 0-19 service designed to ensure equitable service delivery

Accommodation – Estates issue in Stanley to be rectified. All staff need to move to 70% occupancy and mobile working before further health and safety assessments can be completed

Crime and Disorder – NA

Human Rights - NA

Consultation – Ongoing dialogue with all staff

Procurement - NA

Disability Issues - NA

Legal Implications – Legal part of mobilisation / transition board. Advice sought as and when required