

Report to CABINET

0-19 years integrated partnership model

Portfolio Holder:

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22nd March 2021

Reason for Decision

To ensure that Oldham has high quality universal and targeted services for children and families including meeting our mandated public health services for 0-19 year old children, Children's Centre core offer and support for early years education

Executive Summary

The current Right Start and School Nursing Service has been provided by Bridgewater since 1st April 2016. The contract was extended in 2020 for one year from 2020 to 2021 and approval has recently been given to extend it for another year from 2021 to 2022 due to the COVID-19 outbreak.

No further extensions to the service are permissible under the Contract Procedure Rules, and this is the key opportunity to redesign the delivery to meet the wider aims of the services in Oldham.

This paper outlines proposals for the future design and delivery of the service, ahead of a new contract from 1 April 2022. The COVID pandemic has impacted on our capacity for this work until now and there is limited time before a new contract needs to be agreed.

Recommendations

Cabinet are requested to:

1. Consider the paper and the broader approach for 0-19 services for children and young people
2. Support the recommended option to bring the Children's Centre core offer and early years education support provision in-house.
3. Support the recommended option to move the 0-19 public health services for children and young people, including health visiting, family nurse partnership, oral health promotion and school nursing elements into the Integrated Care System arrangements as part of a partnership approach

0-19 Integrated Partnership Model**1. Background**

- 1.1. The current Right Start and School Nursing Service has been provided by Bridgewater since 1st April 2016. The contract was extended in 2020 for one year from 2020 to 2021 and approval has recently been given to extend it for another year from 2021 to 2022 due to the COVID-19 outbreak. No further extensions to the service would be legally feasible, and this is the key opportunity to redesign the delivery to meet the wider aims of the services in Oldham.
- 1.2. This paper outlines proposals for the design and commissioning of the service, ahead of a new contract from 1 April 2022. The COVID pandemic has impacted on our capacity for this work until now and there is limited time before a new contract needs to be agreed.

2. Current Position

- 2.1. There are three key contracts for children's services which are coming to an end on 31st March 2021 that are in scope of the first phase of the development of a place-based children's partnership approach.
- 2.2. Two key contracts are the Right Start and School Nursing Service which are both currently provided by Bridgewater NHS Trust. These are funded via the Public Health Grant and cover the below services:
 - Health Visiting Service
 - Children's Centre Core Offer
 - Family Nurse Partnership – intensive health visiting for young parents
 - Oral Health Improvement 0-5 year olds
 - School Nursing Service
- 2.3. In addition, there is a Breastfeeding Peer Support Service which is currently jointly commissioned with Tameside and provided by Homestart.

3. National context: Integrated Care Systems

- 3.1. On 11th February 2021 the Department of Health published 'Integration and Innovation: working together to improve health and social care for all', setting out the Government's legislative proposals for a health and care bill covering the NHS, social care and public health. It is anticipated that the proposed changes will be implemented in 2022.
- 3.2. The White Paper describes a vision for Integrated Care Systems (ICSs). ICSs will see the NHS and local government forming dynamic partnerships to better join up delivery of services and address some of society's most complex health problems. The intention is that this more joined-up approach will be built on collaborative relationships using the collective resources of the local system: NHS, local authorities, the voluntary sector and others to improve the health of local areas. Different professions, organisations, services and sectors will work with common purpose and in partnership.

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- 3.3. The NHS and local authorities will be given a duty to collaborate with each other through statutory ICSs. These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body. The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs. A key responsibility for these systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
 - 3.4. The white paper proposes changes to competition law which would remove the current procurement rules which apply for NHS and public health commissioners when arranging healthcare services. This change is intended to enable collaboration and collective decision-making, drive service improvement, reduce bureaucracy on commissioners and providers alike, and eliminate the need for competitive tendering where it adds limited or no value. Commissioners will be under duties to act in the best interests of patients, taxpayers, and the local population when making decisions about arranging healthcare services.

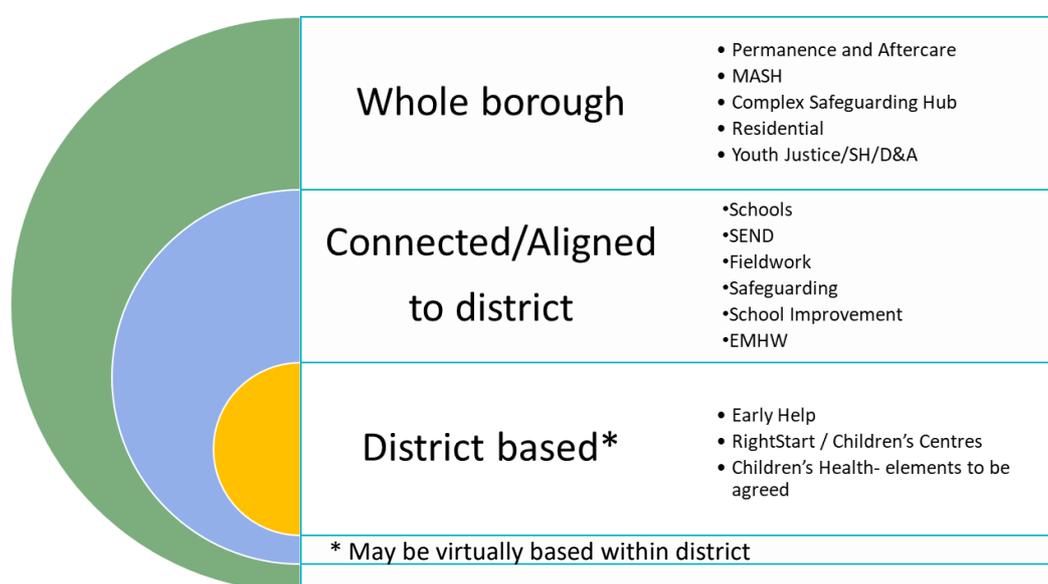
4. Local Context: Place Based Working in Oldham

- 4.1. The plans for integrated care systems was already part of the NHS long term plan, therefore progress has already been made in Oldham in shaping the local system arrangements, as part of our wider approach to place-based working.
- 4.2. Local plans will see commissioning and provision will be brought together and this new place-based system will be orchestrated through a new Oldham Locality System Board which will create the conditions for delivery and will lead on accountability and leadership for the locality. There will be an erosion of the purchaser – provider split, and the system will move to a 'design', 'delivery', and 'assurance' model by default. The constitution and membership of the board will depend upon the legal approach to be taken to deliver the vision
- 4.3. An Oldham Integrated Delivery Board will sit below this board. This board will lead the operational implementation of the strategic intent of the Locality System Board, comprised of representatives from the health and care system partners including some wider public service partners and VCSE partners. Here the services will be co-designed and created and the focus will be on creating the conditions for integrated neighbourhood working. This Board would agree the shared outcomes we want to achieve for the borough of Oldham and the joint strategy for realising them. It is essential that there is a children's focus here, ensuring that services work together to ensure that all children get the best start in life.
- 4.4. Each neighbourhood (district, primary care network) will be overseen by a neighbourhood board which will include elected members, clinicians and professionals all working collectively to oversee the implementation of the overall population health and care strategy at a neighbourhood level. The neighbourhood team working in health and care will be connected to wider public services and VCSE front line staff working on the same footprint and having a shared understanding of assets, risk cohorts, and priorities in each neighbourhood
- 4.5. Service delivery will be led by a core set of organisations (the Council, Royal Oldham Hospital, Pennine Care Foundation Trust, Primary Care Networks) working together to bring together services, remove duplication, and reduce fragmentation between services.

4.6. Local communities would be the basis for integrated care delivery, so that highly personalised and co-ordinated, locally accessible care is available. There would be a new arrangement for the deployment of resources organised at community level (not hospital level) and all core teams coming together to form a geographically-focused resource to provide core support to local population health needs.

5. Future vision for 0-19 services in Oldham

5.1. We have a real drive to build an all-age system for Oldham that involves our local communities and collaborates with all local partners. We need to ensure that support for children, young people and families is at the heart of the integrated place-based approach in Oldham. We need to have the new model in place for the initial services by 1st April 2022 with new contracting arrangements.



5.2. With these wider local plans, this gives us a unique opportunity to improve the way we deliver community services for children and young people.

5.3. We are proposing a delivery model for 0-19 children's community services that is embedded in the place-based approach. Services would be delivered in teams based in the five districts providing a place-based understanding of need and integrating approaches so that families get the right support close to home.

5.4. The five district model includes a focus on community assets and delivery via family hubs. The children's centre offer will be embedded within this approach. There are currently 16 children's centres in Oldham of which eleven have been open and operational during the COVID pandemic. As part of our place-based approach we need to appraise the offer alongside the other community hubs ensuring that they are aligned to the wider plans and to meet the budget.

5.5. District teams will work together with families to provide the right support to all children and young people. Considerable learning has also been taken from the impact of COVID on the delivery of services and the ways in which families. access information, advice and support.

This will involve bringing together the universal and early help offer for families in districts. They also will build relationships with schools, early year providers, and GPs, along with other local partners.

5.6. The delivery by local VCSE providers are an essential part of the place-based model. A key role for district teams will be to build relationships with the VCSE in the local area. In addition, commissioned services for children and young people provided by the VCSE will be embedded into the district approach.

5.7. The aim is to build long term relationships with providers who are embedded within Oldham rather than short term contracts with providers who are invested in the Oldham system. We also want to draw on the strengths of partners including clinical leadership from local NHS, and the VCSE community connections.

5.8. There are potential opportunities for efficiencies as the partnership matures. In particular these would be related to shared management, back office and administrative functions, rather than any reduction in frontline services.

6. Timeframes

6.1. The new arrangements need to be in place, and the new model mobilised by 1st April 2022.

6.2. We would require a minimum amount of time to transfer staff to new organisations and to complete any legal processes including contracts. This would mean that we need to have the service agreed before January 2022.

7. Options

7.1. These are set out in the report in the restricted part of this agenda

8. Preferred Options

8.1. This is detailed in the report in the restricted part of this agenda.

9. Financial Implications

9.1. These are set out in the report in the restricted part of this agenda.

10. Legal Services Comments

10.1. These are set out in the report in the restricted part of this agenda

11. Co-operative Agenda

11.1. All Public Health services fully support the Council's cooperative agenda as they promote the active engagement of Oldham residents and providers delivering in Oldham in Thriving Communities, Co-operative Services and an Inclusive Economy.

12. Human Resources Comments

12.1. As set out in the report in the restricted part of this agenda

13. Risk Assessments

13.1. As set out in the report in the restricted part of this agenda.

14. IT Implications

14.1. As set out in the report in the restricted part of this agenda

15. Property Implications

15.1. These are set out in the report in the restricted part of this agenda.

16. Procurement Implications

16.1. These are set out in the report in the restricted part of this agenda.

17. Environmental and Health & Safety Implications

17.1. 14.1 None

18. Equality Impact Assessment Completed?

18.1. No

19. Key Decision

19.1. Yes

20. Key Decision Reference

20.1. This item has not been published on the forward plan for the required 28 clear days and therefore, the Chairman of the Overview and Scrutiny Committee has given his consent to this item being considered under the general exception rules.

21. Background Papers

21.1. None