

Delegated Decisions by Cabinet Member for Public Health

Wednesday, 27 April 2016 at 10.00 am County Hall, Oxford

Items for Decision

The items for decision under individual Cabinet Members' delegated powers are listed overleaf, with indicative timings, and the related reports are attached. Decisions taken will become effective at the end of the working day on Friday 6 May 2016 unless called in by that date for review by the appropriate Scrutiny Committee.

Copies of the reports are circulated (by e-mail) to all members of the County Council.

These proceedings are open to the public

Peter G. Clark

Head of Paid Service

G Clark

April 2016

Contact Officer:

Julie Dean

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Note: Date of next meeting: 25 May 2016

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

Items for Decision

1. Declarations of Interest

2. Questions from County Councillors

Any county councillor may, by giving notice to the Proper Officer by 9 am two working days before the meeting, ask a question on any matter in respect of the Cabinet Member's delegated powers.

The number of questions which may be asked by any councillor at any one meeting is limited to two (or one question with notice and a supplementary question at the meeting) and the time for questions will be limited to 30 minutes in total. As with questions at Council, any questions which remain unanswered at the end of this item will receive a written response.

Questions submitted prior to the agenda being despatched are shown below and will be the subject of a response from the appropriate Cabinet Member or such other councillor or officer as is determined by the Cabinet Member, and shall not be the subject of further debate at this meeting. Questions received after the despatch of the agenda, but before the deadline, will be shown on the Schedule of Addenda circulated at the meeting, together with any written response which is available at that time.

3. Petitions and Public Address

4. Health Visitor Services

Forward Plan Ref: 2016/023

Contact: Donna Husband, Head of Commissioning Health Improvement Tel:

(01865) 328667

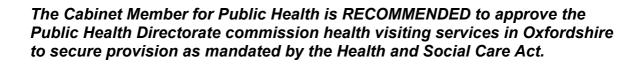
Report by Director of Public Health (CMDPH4).

The 2010-15 Coalition Government set out that as part of the transfer of public health responsibilities to local government, 0-5's public health services commissioning would move to local authorities. These services would then be commissioned alongside the 5-19 children's services which were transferred to local authorities in April 2013.

The Local Authority needs to make a policy decision to secure these services through a commissioning route, as previously they were the responsibility of the NHS.

Public Health has a ring fenced budget within this an allocations has been made for 0-5 Health Visiting Service as reported in financial monthly reports to cabinet.

The contract with the current provider expires on 31 March 2017. As the costs of commissioning these services are significant with regard to the revenue budget allocated to the Cabinet Member the commissioning of these services is considered a key decision.





Division(s): N/A	
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CABINET MEMBER FOR PUBLIC HEALTH - 27 April 2016

PROVISION OF HEALTH VISITING SERVICE

Report by Director of Public Health

Introduction

- 1. The Health and Social Care Act 2012 (Statutory Instrument 2015 no.921) http://www.legislation.gov.uk/ukdsi/2015/9780111128053 specifies that the local authority shall provide or shall make arrangements to secure the provision of a universal health visitor review to be offered to or in respect of an eligible person. A universal health visitor review must as far as reasonably practicable, be provided to the eligible person when the eligible person is
 - (a) a woman who is more than 28 weeks pregnant;
 - (b) a child who is aged between one day and two weeks;
 - (c) a child who is aged between six and eight weeks;
 - (d) a child who is aged between nine and 15 months; or
 - (e) a child who is aged between 24 months (two years) and 30 months (two years and six months)
- 2. Every child is entitled to the best possible start in life and health visitors play an essential role in helping to achieve this. By working with, and supporting families during the crucial early years of a child's life, health visitors have a profound impact on the lifelong health and wellbeing of young children and their families. They also lead on the delivery of the 0 to 5 years elements of the Healthy Child Programme in partnership with other health and social care colleagues.
- 3. Over the last five years the health visiting service has undergone rapid growth and transformation¹ which includes the 4-5-6 model 4 levels of service, 5 universal mandated health reviews and 6 high impact areas.²
- 4. The current commissioning arrangements for Health Visiting Services in Oxfordshire were put in place by the NHS and the contracts with current providers of these services cease on 31 March 2017.
- 5. Oxfordshire County Council currently has no in-house provision of health visiting services. In order to guarantee continuation of the mandated health

¹ Health Visitor Implementation Plan 2011—2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213759/dh_124208.pdf

² Best start in life and beyond: Improving public health outcomes for children, young people and families. Commissioning Guide 1, PHE, January 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493617/Service_specification_0_to_19_CG1_19Jan2016.pdf

- reviews provided by health visiting services Oxfordshire County Council will need to put in place contract to commence 1 April 2017.
- 6. Oxfordshire County Council procurement process would be followed to commission these services

Legal Implications

- 7. The Council has a statutory obligation to "take such steps as it considers appropriate for improving the health of the people in its area" (s2B National Health Service Act 2006 ("NHSA 2006") as amended by s12 Health and Social Care Act 2012). Regulations 2015/921 further imposes a mandatory obligation on the Council to "provide, or make arrangements to secure the provision of, a universal health visitor review.
- 8. The Council therefore has a mandatory duty to provide health visiting services and the procurement of a service provider to provide such services would fulfil this duty. Any procurement process must comply with relevant procurement legislation on competitive tendering for public contracts.

Financial and Staff Implications

- 9. Public Health has a ring fenced budget which is approximately £32 million in 2016/2017. The grant allocation specifies that a proportion must be spent on 0-5 services.
- 10. Money is already committed to paying for health visiting services within the Public Health budget so this does not represent a new spend. This information is already reported to the Cabinet.
- 11. Contract arrangements need to be in place for 1 April 2017, as there can be no break in service provision. The current provider is aware of the contract end date and the need to re-procure services. There is sufficient time (10 months) to procure and award a new contract.

Equalities Implications

12. The Health Visiting Service is a universal service provided to all women in the antenatal period and then up until the child is 5 years old.

RECOMMENDATION

13. The Cabinet Member for Public Health is RECOMMENDED to approve the Public Health Directorate commission health visiting services in Oxfordshire to secure provision as mandated by the Health and Social Care Act.

Dr Jonathan McWilliam Director of Public Health

Contact Officer: Donna Husband, Head of Commissioning – Health Improvement, Tel: (01865) 328667

April 2016

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