



COUNCIL OF THE ISLES OF SCILLY

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Committee:

FULL COUNCIL

Date and Time: *Thursday, 19 April 2018 at 9.30 am*

SUPPLEMENT PACK 1

(Published on 13 April 2018)

Public Health Nursing paper and appendix.

Please note this addendum to the original reports pack we have previously sent to you. If you have any queries regarding the content please contact the administration department via committee@scilly.gov.uk or by phone on 01720 424000.

PART 1 REPORTS REQUIRING A DECISION

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Report of Senior Manager: Services to Our Community, Consultant in Public Health (Children)

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Council of the Isles of Scilly report

Options appraisal for Public Health Nursing

Date 19 April 2018

Meeting Council of the Isles of Scilly

Part 1

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Recommendations

1. That Members endorse option 3, integration of public health nursing into a single organisation with the Cornwall Council children's services, as the appropriate option **or** Make representations to Cornwall Council as to Members' preferred alternative option.
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Executive Summary

1. The current contract for Public Health Nursing (PHN) with Cornwall Partnership Foundation Trust (CPFT) is planned to run until 31/3/19. Performance of the contract has been generally good but some public health outcomes for children in Cornwall are worse than the national average. Savings requirements are resulting in reductions in front line staff.
2. There are a range of delivery models for PHN demonstrated in other local authority areas.
3. This paper relates to 3 options for the future of PHN that have been the subject of an options appraisal by Cornwall Council:
 - (i) Extend the current contract with CPFT
 - (ii) Undertake full competitive procurement
 - (iii) Integrate PHN into a single organisation with the Cornwall Council children's services
4. The options appraisal process has been undertaken using the following criteria-
 - (a) Ability to integrate services in line with One Vision objectives
 - (b) Ability to deliver statutory duties
 - (c) Ability to maintain services with a reduced budget
 - (d) Ability to improve public health outcomes
 - (e) Feasibility of this option
 - (f) Commercial and legal implications
 - (g) Transparency of financial information
 - (h) Transition costs
 - (i) Impact on staff
 - (j) Social value
 - (k) Other non-financial benefits
 - (l) Risks
5. The outcome of the appraisal (at the Appendix) is that option 3 is the highest scoring option as this gives the most advantages and opportunities. However there are considerable risks that need to be mitigated.
6. The purpose of the report is to inform the Council of the Isles of Scilly of the current position of the public health nursing contract and to seek the Council's input into the proposed options appraisal process for the future of this contract.

Background

7. The commissioning responsibility for Public Health Nursing (School Nurses) transferred, with a wide range of other public health duties, from the NHS to Local Government in 2013. In October 2015 the Public Health Nursing (Health Visitors) commissioning responsibility also transferred to Local Government and the existing contract with CPFT was novated from NHS England to Cornwall Council. There is a Service Level Agreement between this Council and Cornwall Council for the provision of services on the Isles of Scilly.
8. The Council is required to deliver Public Health England's national specification for a 0-19 service and is currently subject to a mandate (via a statutory instrument) for the five universal checks between 0 and 5 years of age. The service forms part of the Director of Public Health's responsibilities made under section 6C of the NHS 2006 Act, inserted by section 18 of the Health and Social Care Act 2012.
9. The Public Health Nursing service is a unique service that offers universal health promotion, screening, guidance, information and development review for every child and to every mother. This offer is in fulfilment of the Local Authority obligations in the delivery of the Healthy Child Programme.
10. Health visiting and school nursing services are based on four levels of intervention: Community, Universal services, Universal Plus (short-term early/additional help), Universal Partnership Plus (long-term multidisciplinary support, for example with social disadvantage, illness/disability, safeguarding).
11. School nurses offer targeted interventions and safeguarding support to children and young people of school age in a number of settings including school, home, GP and clinic settings. They support the transition of children into and between schools, mitigating the effect of identified health needs and enabling children and young people to maximise their opportunity for access to education as well as fundamental support for emotional and mental health. School nurses also deliver the national childhood measurement programme which weighs and measures approximately 10,000 children in Reception and Year 6 every year.
12. Funding of Public Health Nursing
Funding for the current year (17/18) for Cornwall and the Isles of Scilly is £9.946m and for the 18/19 financial year there will be a 4% reduction of £418,000. Funding is from the ring fenced Public Health Grant received from the Department of Health and Social Care. This has reduced by 20% over 4 years.

13. For the Isles of Scilly the current level of spending for 0-5 PHN Services is £44,000 p.a. and for 5-19 it is £16,000 p.a. This is funded from the Public Health Grant which forms part of the £134,000 service level agreement with Cornwall Council for the discharge of mandated Public Health functions under the Health and Social Act.
14. Further reductions in funding for public health nursing may be required in future years depending on the future of the grant.

Performance of the current contract

15. The current contract is with Cornwall Partnership Foundation Trust (CPFT) and steps are being taken by Cornwall Council to extend this contract until 31st March 2019.
16. Health visitors undertake an antenatal health promotion visit with in excess of 1,000 mothers each quarter.
17. For the last 18 months for Cornwall and the Isles of Scilly:
 - (i) consistently more than 91% of mothers have been visited within 14 days of birth each quarter and close to 96% by 30 days
 - (ii) Between 93-96% of families receive a review at 6 weeks. More than 92% of families requiring more intensive interventions on the healthy child programme receive a review at 3-4 months.
 - (iii) Between 94-96% of children are reviewed at 12 months and approximately 94% of children receive a 2-2 ½ year review. There is increasing evidence of children not achieving good levels of development for gross motor and fine motor skills and a number that require specialist speech and language intervention (5 time more likely for boys).
18. Breast feeding initiation rates for the Isles of Scilly are consistently above 90%. All other public health outcomes are not published separately to Cornwall due to small numbers.
19. Public Health Outcome indicators identify Cornwall and the Isles of Scilly as significantly worse than the national average for both excess weight by reception age (more than a quarter of children overweight or obese) and readiness for education (69%) measured by children achieving a good level of development at the end of reception year.
20. Over the course of the current contract Cornwall Council have been working with the provider to gain financial transparency. Cornwall Council issued a

formal Contract Performance Notice (CPN) under General Condition 9.4 of the contract in July 2017 as CPFT failed to comply with its obligations under the contract in regard to the financial reporting requirements. Financial information has been received and the CPN complete.

21. At the initial transfer of the contract from NHS England the health visitor workforce had been built up to 113 health visitors through initiatives to increase the qualified workforce. Due to flat cash offer at contract renewal for the last 2 years and now a reduction in the contract value, the significant gains in staffing are being lost with the provider carrying approximately 21 vacancies. This threatens the ability to meet mandated targets or support community initiatives. UNICEF accreditation for Breast Feeding friendly status which has seen the improvement of breast feeding rates may also be at risk.

Other models of delivery

22. Some local authorities have brought PHN in-house. Suffolk County Council and Swindon Borough Council undertook this over 5 years ago using section 75 agreements. There are a range of other councils with this model including the London Boroughs of Camden, Newham, Windsor and Maidenhead, Brighton and Hove, City of York, Redcar and Cleveland Borough Council. In some cases this has been done in order to achieve savings.
23. This integrated approach has been reviewed by The Early Intervention Foundation (Getting It Right For Families).
<http://www.eif.org.uk/wp-content/uploads/2014/11/GETTING-IT-RIGHT-FULL-REPORT.pdf>
24. The Local Government Association has produced case studies and guidance for local authorities that are considering in-sourcing PHN, for example Barnsley Borough Council have shared their experiences following a failed procurement which resulted in them bringing the Health Visiting service in house recently. In addition a South West commissioning support network provides a forum to share experiences across the region as other local authorities embark on this process.
25. Some local authorities have procured PHN from private providers. For example Devon currently has a 5 year contract with Virgin Care Limited to provide an integrated service of PHN with community health services.
26. Recent soft market testing in the South West region has demonstrated that there are a range of potential providers of PHN from the Public, Private and

Voluntary and Community Sectors. However, the soft market test undertaken by Cornwall Council during the re-tendering of PHN in 2015 showed a very limited market in Cornwall with only the incumbent and one other provider.

Options considered

27. Extend the current contract beyond the current extension - This is the least disruptive option for the service. However there is significant risk of legal challenge by other potential providers. There is also limited scope for savings without impacting on front line services.
28. Full competitive re-procurement - This allows for a full service re-design in developing the specification. However further innovation or service change beyond the initial specification can be difficult in long term contracts without additional costs. There is also significant cost of the re-procurement process. That cost would need to be met by Cornwall Council.
29. Integrate PHN into a single organisation with the Cornwall Council children's services – This allows for multidisciplinary teams to be set up under single line management and single IT platforms enabling ease of information sharing. This can be achieved by bringing the service in house or via an alternative delivery model such as the proposed Teckal company wholly owned by Cornwall Council. This option allows for flexibility and innovation but there will be significant transition costs and risk of separating PHN from other community health services.

Criteria for options appraisal

30. Overall there is a need to secure a future provider for public health nursing that can integrate services* in line with the One Vision objectives, whilst delivering statutory duties and improving public health outcomes. This is required whilst managing reduced resources and therefore financial transparency is considered to be a priority. There is also a need to comply with EU procurement rules. In order to determine which of the 3 options is preferred the following appraisal criteria were used:
 - (a) Ability to integrate services* in line with One Vision objectives
 - (b) Ability to deliver statutory duties
 - (c) Ability to maintain services with a reduced budget
 - (d) Ability to innovate
 - (e) Ability to improve public health outcomes
 - (f) Feasibility of this option
 - (g) Commercial and legal implications

- (h) Transparency of financial information
- (i) Transition costs
- (j) Impact on staff
- (k) Social value
- (l) Other non-financial benefits
- (m) Risks

*Services that may benefit from closer integration with PHN include:

- Primary care
- Perinatal mental health services
- Early years
- Children's centres
- Midwifery
- Community health services including nursing, OT, physiotherapy and paediatrics
- Early help
- Health promotion including weight management and smoking cessation
- The healthy schools programme
- Schools and colleges
- Sexual health services
- CAMHS
- Domestic abuse services
- Drug and alcohol services
- Social care

31. Scoring - Each of the options has been scored against the criteria above on a range of 1-5 as follows:

- 1 = The option will bring significant negative impacts on this criterion
- 2 = The option will bring slight negative impacts on this criterion
- 3 = The option will not impact on this criterion positively or negatively
- 4 = The option will achieve moderate improvements in this criterion
- 5 = The option will significantly benefit the criterion

Benefits for Customers/Residents

32. The purpose of the options appraisal has been to ensure that from April 2019 the PHN service is focussed on improving outcomes for children and young people through enabling the quality and effectiveness of services within available resources, especially for those at greater risk of adverse childhood experiences, as set out in One Vision, the partnership plan for children, young

people and their families in Cornwall and the Isles of Scilly.

Consultation and Engagement

33. There has been extensive engagement and consultation in regard to 'One Vision' with professionals, partners, children, young people, parents and carers. Children, young people and their families tell us they want to tell their story once; they want to have up to date information and know where to go for advice and support; they want to get help early in their communities; and, they want to work with known and trusted professionals.

Comprehensive Impact Assessment

34. Cornwall Council has undertaken a Comprehensive Impact Assessment for the reduction to the contract amount for Public Health Nursing. A further Comprehensive Impact Assessment will be undertaken by that Council prior to any significant changes to service provision.

Options available

35. The options that have been considered by Cornwall Council, as the principal commissioning authority, are articulated in the Appendix to this report. The options available to Members of this Council are:
- (i) To endorse option 3, integration of public health nursing into a single organisation with the Cornwall Council children's services, as the appropriate option; or
 - (ii) Make representations to Cornwall Council as to Members' preferred alternative option; or
 - (iii) Make no observation on the process at this stage and await the outcome of the Cornwall Council decision by its Cabinet on 2 May. This is not considered to be an appropriate course of action given the importance of the services and the need to ensure Cornwall Council is aware of the views of this Council.

Financial implications

36. The existing level of spending that these arrangements apply to is currently £60,000 per annum and the detailed breakdown is set out earlier in the report. There are no direct financial implications of conducting an options appraisal but there will be financial implications in implementing the different options. This will need to be clearly identified in the final decision along with any other financial implications arising from the final recommended option.

Legal Implications

37. A robust decision making process is essential to mitigate the risk of legal challenge. A properly structured options appraisal will support good governance and decision making. Both this Council and Cornwall Council are subject to the Public Contracts Regulations 2015 and, as the principal contracting authority, Cornwall Council will need to ensure that any decision it makes in respect of the future of this service takes into account legal and procurement advice. The value of service that this Council will be provided with by Cornwall Council will be below the relevant EU procurement threshold and so it is considered appropriate and lawful for this Council to continue with a Service Level Agreement with Cornwall Council, provided Members are satisfied that this Council's service delivery obligations will be discharged appropriately.

Other implications

38. None.

Appendices

Appendix – Cornwall Council options appraisal.

Approval

Senior Manager	Caroline Court, Interim Director of Public Health	11.04.2018
Financial	Russell Ashman, Section 151 Officer	12 April 2018
Legal	Matt Stokes, Monitoring Officer	11 April 2018

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Appendix 1 - Options appraisal for Public Health Nursing

Options

1. Extend the current contract with CPFT
2. Undertake full competitive procurement
3. Integrate PHN into a single organisation with the Council children's services

Appraisal Criteria

1. Ability to integrate services* in line with One Vision objectives
2. Ability to deliver statutory duties
3. Ability to maintain services with a reduced budget
4. Ability to improve public health outcomes
5. Feasibility of this option
6. Commercial and legal implications
7. Transparency of financial information
8. Transition costs
9. Impact on staff
10. Social value
11. Other non-financial benefits
12. Risks

*Services that may benefit from closer integration with PHN include:

Primary care

Schools and colleges

Community paediatrics

Midwifery

Other services provided by CPFT -

- Perinatal mental health services
- CAMHS
Early help
- Community health services including nursing, OT, physiotherapy

Other services commissioned by Cornwall Council -

- Sexual health services
- Domestic abuse services
- Drug and alcohol services

In house Council services -

- Health promotion including weight management and smoking cessation
- The Healthy Schools programme
- Early years
- Children's centres
- Early help
- Social care

Scoring

Each of the options is scored against the criteria above on a range of 1-5 as follows:

- 1 = The option will bring significant negative impacts on this criterion
- 2 = The option will bring slight negative impacts on this criterion
- 3 = The option will not impact on this criterion positively or negatively
- 4 = The option will achieve moderate improvements in this criterion
- 5 = The option will significantly benefit the criterion

Weighting is applied to the criteria as outlined in the table

Criteria	Option 1		Option 2		Option 3	
	Extend the current contract with CPFT		Undertake full competitive procurement		Integrate PHN into a single organisation with the Council children's services	
	Score	Rationale	Score	Rationale	Score	Rationale
Ability to integrate (weighting = 2)	3 x 2 = 6	<p>CPFT has been a partner in the Early Help Hub and a pilot in Locality 1 (west Cornwall). This model is now being adopted across Cornwall.</p> <p>There has been considerable success with an integrated health centre model in schools, which co-locates services for young people.</p> <p>There is potential to integrate with other NHS services including community midwifery, community paediatrics and children's community nursing although this has been limited to date.</p>	1 x 2 = 2	The contract can be re-tendered and a requirement to integrate with services can be included. A new provider would potentially complicate the process of integration. Re-tendering will be a distraction from current progress. A long term contract would be required which could limit flexibility and opportunities for future integration.	4 x 2 = 8	<p>Benefit would be achieved through integration with children's centres and early help hubs. This could be achieved with single management structure, governance and IT system (N3 spine compatible). Families could receive a step up or step down in support as required. There is also an opportunity for closer integration with early years and education.</p> <p>There is a risk of distancing PHN from other health services eg primary care, midwifery, community paediatrics. New boundaries could be created such as with mental health services or with transition to adult services.</p> <p>On balance the experience of other local authorities indicates that overall the benefits and likelihood of integration with LA services outweigh the dis-benefits of separation from NHS services.</p>
Ability to deliver statutory duties (weighting = 2)	3 x 2 = 6	There is a good record from the existing provider on delivering statutory duties but this may be challenging to maintain following front line staffing reductions.	3 x 2 = 6	Statutory reviews and the national child measurement programme (NCMP) will be core to a new specification. However if there is any change over time this will require contract	4 x 2 = 8	Statutory reviews and NCMP would be core to the specification. This option would have flexibility to develop new ways to deliver statutory duties, including new job roles, and to adapt to new duties without needing contract negotiation.

				negotiation and variation.		The statutory duties of the DPH and the DCS could be considered together.
Ability to maintain services with a reduced budget (weighting = 2)	1 x 2 = 2	The financial environment for the NHS in Cornwall is challenging. There is a risk that negotiating reductions in the contract value each year over the next 2 years, as required by the public health grant reduction, could result in incremental cuts to posts and provision rather than taking the opportunity afforded by procurement to redesign the delivery model to meet local needs.	3 x 2 = 6	A procurement exercise offers the opportunity to develop and co-design what is needed, and receive options for models of delivery. Specifications can be developed as part of a tender process, based on reduced budget. What is not known is the market response to this (see feasibility below). The tendering process provides an opportunity for providers to propose innovation in the delivery model. Any successful provider would be making a commitment to maintain services with a reduced budget.	3 x 2 = 6	There may be opportunities to find efficiencies through refining job roles. A reduction in management costs and potential VAT savings may mitigate budget reductions. Children's services within the Council have demonstrated a strong track record in delivering savings whilst maintaining good outcomes. A strong specification and accountability framework would be needed.
Ability to improve public health outcomes (weighting = 2)	2 x 2 = 4	The current provider meets and exceeds current key performance indicators. However a number of PH outcomes are significantly worse than the national average.	2 x 2 = 4	A new tender could include the delivery of Public Health outcomes, which providers will be required to achieve as part of the contract. However the potential to deliver these as a single organisation would be limited.	5 x 2 = 10	PHN within the LA gives opportunities for a more joined up approach to public health and reducing inequalities eg fuel poverty, debt management, housing and health promotion services. There would be better use of public health data. There is a strong commitment from officers leading the ADM development to improve public health outcomes and explore innovative methods. This would need to be formalised in the contract. A clear specification would be needed to ensure, in the light of system pressures

						elsewhere, that the service could prioritise the prevention and public health agenda, ensuring this had parity with early help for vulnerable families and children with SEND.
Feasibility of this option	2	The current provider would need to agree to extend the contract with a reduced contract value reflecting the PH grant reduction. This is uncertain as MTFs savings for 18/19 have not yet been agreed.	5	This relies on a suitable tender being submitted. When the market tested in 2015 there were two interested providers. At a market event in Devon more recently there were some additional interested providers. The contract value when benchmarked against other similar populations is likely to remain attractive.	2	The service manages significant clinical risks and would need appropriate leadership, supervision and clinical governance. The Council has very limited experience of clinical service provision. However other local authorities have managed this successfully and support from the public health commissioning network and the LGA is available. The Council will require CQC registration. This option would require implementation of electronic case management systems linked to the NHS spine as a common platform. The DfE is supporting the development of an ADM for children's services in Cornwall. However there is no established ADM model that includes PHN.
Commercial and legal implications	1	Continuing the existing contract would not follow EU procurement regulations. Strong risk of legal challenge from other potential providers. There has not been a challenge to date, but this could be based	4	Reviewing the specification and competitively tendering the services on the open market requires considerable investment. There is potential for added value through innovative market leading solutions.	4	Legal opinion is that the service can be brought in-house or directly awarded to a Council owned ADM with no requirement for future re-tendering. There remains a risk of legal challenge from the current provider. However, the risk of this being a successful challenge is assessed as low.

		<p>on the belief that the contract will be procured on the open market in due course. Ongoing extension of the contract increases the risk of challenge.</p> <p>A successful legal challenge could delay implementation and force the contracts to be procured on the open market.</p> <p>There would also be limited commercial advantage in terms of efficiencies with the incumbent supplier, for example, opportunities for specification review / development.</p>		<p>A tender process would need to commence during the summer of 2018 to allow sufficient time for mobilisation.</p> <p>Any procurement could be subject to judicial review. Previous experience from 2015 demonstrated that insufficient financial information from the current provider risks a legal challenge from a prospective provider who feels that there is not equal opportunity for the tender.</p>		<p>Direct award process would need to commence during the summer of 2018 to allow sufficient time for mobilisation. The process would need to be sufficiently robust confirming demonstration of value, competence and capacity to mitigate the risk of a potential challenge.</p> <p>Direct award process would require similar resources to tendering on the open market, aside from having to only evaluate one bid rather than multiples. The bulk of the work associated with an external tender would still need to be completed i.e. specification, evaluation criteria, KPIs, tender pack, evaluation of bid submission, award of contract etc.</p> <p>An alternative provider could challenge the contract extension to April 19 as in option 1.</p>
Transparency of financial information	3	Data is provided in line with the contract	3	Unlikely to gain significantly greater financial transparency, particularly from a commercial provider.	5	This is an opportunity to gain clear financial oversight of the service. This can be guaranteed with an in-house option and would be a requirement for participation in an ADM.
Transition costs	5	The additional costs incurred by the Council under this option are expected to be limited to legal costs, which should be reasonably low.	3	<p>A full competitive procurement process would incur:</p> <p>a) Procurement costs in the region of £40,000 and £60,000</p> <p>b) Legal services costs to cover both the support to the re-procurement process and to</p>	1	<p>There would be transition costs to an in-house service</p> <p>a) Procurement costs would be similar to option 2 to support the decision to bring this within the organisation.</p> <p>b) Legal services costs would be incurred to cover both the support the integration</p>

				<p>support any legal challenges that arise. This cost is unknown at this stage, an assumption could be made that this would be of similar value to the procurement costs. The risk of legal challenge is minimised in this option.</p> <p>c) HR advice, it is expected these costs would be low.</p>		<p>process and to support any legal challenges that arise.</p> <p>c) HR advice and support required to transfer the staff into the organisation, it is expected these costs would be reasonably low. Specialist pension advice may be required.</p> <p>d) With the integration of the public health nursing staff into the Councils working environment will come significant one-off IT and property costs.</p> <p>e) There will also be some cost to CQC registration and set up of a clinical governance process.</p> <p>Set up costs of an ADM are outlined in the business case. These would be high compared to other options but partially covered by DfE funding.</p>
<p>Impact on staff (weighting = 2)</p>	<p>5 x 2 = 10</p>	<p>No change, staff maintain their current NHS identity.</p>	<p>2 x 2 = 4</p>	<p>Potential change of provider requiring TUPE of staff. A new provider may wish to change terms and conditions of service. A non NHS provider may not easily recruit and retain staff. There will be extended uncertainty during the procurement process.</p>	<p>3 x 2 = 6</p>	<p>Staff could transfer under TUPE rules maintaining their existing terms and conditions and NHS pension. However staff may not wish to leave the NHS, leading to retention and recruitment problems. An innovative model may however be more attractive for recruitment. Staff need to be assured of maintaining their professional identity with appropriate leadership and clinical governance.</p> <p>The Council has demonstrated successful assimilation of NHS staff under TUPE</p>

						during the 2013 transfer of public health.
Social value	2	Social value is currently not explicit in the contract to any great extent. This could be negotiated in the future.	3	Social value would be built in as an element of the contract award in the new service specification including apprenticeships, volunteers, use of local suppliers and sustainability. The cost of this would not be known until tenders were received. There is therefore an inherent cost risk.	5	This would be built in as an element of the contract award and service specification, along with agreed success measures for social value. It will build on the Council's commitment to social value. Social value is an intrinsic part of the proposal for an ADM.
Other non-financial benefits	3	Stability of provision within a trusted service.	2	Possible wider organisational benefits that an external organisation may bring.	5	An ADM or in-house service dedicated to children and young people will help to ensure appropriate prioritisation of children's health needs in a system that often focusses on the frail elderly. A joined up IT system would allow better functionality, information sharing and tracking of outcomes across services over time. There is an opportunity to develop a public health practitioner / specialist career pathway. An ADM could bring a range of other benefits including trading and development of multi academy trusts for education.
Risks (not otherwise)	5 x 2 = 10	Unless there is change and innovation with a more integrated service working in	3 x 2 = 6	Any retender always includes risk, risk that no suitable tender will be received, risk of an	1 x 2 = 2	There is risk that PHN will lose the public trust associated with NHS branding. Some parents may not want to engage with a

covered) (Weighting = 2)		the health system, this option may not bring benefits sought in 'One Vision'.		unknown provider, risk of losing staff, risk of service interruption and a long implementation phase, risk of lower performance, and higher cost. There may also be public concern about a risk of privatisation.		Council service or see it as part of social care. There is a risk that PHN will lose its focus as a universal service, instead focussing on those already identified as vulnerable. A targeted approach would miss opportunities to reduce health inequalities at population level (as identified in the Marmot Review 2010) Removing a contract without giving the incumbent an opportunity to bid could damage relationships in the system, impacting on other core projects and on the One Vision programme. It has been queried whether the loss of PHN from the current provider could put other services at risk. However the contract value for PHN is relatively small compared to the overall income of the trust.
Total	54		48		62	

List of abbreviations

ADM = Alternative Delivery Model	DfE = Department for Education	N3 = NHS compatible IT connection
CAMHS = Child & adolescent mental health services	HR = Human Resources	NCMP = national child measurement programme
CPFT = Cornwall Partnership Foundation Trust	IT = information technology	PHN – public health nursing
CQC = Care Quality Commission	LGA = Local Government Association	TUPE = Transfer of Undertakings (Protection of Employment)

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