



City of Westminster

## Westminster Health & Wellbeing Board

**Date:** 9<sup>th</sup> July 2015

**Classification:** General Release

**Title:** *Update on the transition arrangements for the transfer of Public Health 0-5 Services - Health Visiting (HV) and Family Nurse Partnership (FNP)*

**Report of:** ***The Executive Director of Adult Social Care and Health***

**Wards Involved:** All

**Policy Context:** **The commissioning responsibility for HV and FNP services is transferring from NHS England to Local Authorities on October 2013. This follows a five year national programme of investment in health visiting and marks the final part of the overall public health transfer to local authorities.**

**Financial Summary:** *The annual funding allocation for these services was published and signed off in February 2015 and will be paid as part of WCC's Public Health Grant. The annual contract value for WCC HV services is £4.1M. The annual contract value for the three borough FNP service is 350K, and has been apportioned according to each Local Authority's level of need. For 2015-16 the WCC FNP allocation is £118.7K. Additionally a recurrent commissioning resource of £30K PA has been allocated to LAs to reflect this additional new responsibility.*

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## **1. Executive Summary**

- 1.1 Health Visiting is a universal preventative service that delivers the Healthy Child Programme 0-5 (HCP) and provides expert health and wellbeing advice, support and interventions to families with children in the first years of life. Family Nurse Partnership is a targeted programme providing intensive support to vulnerable first time young mothers from early pregnancy to when their child is two.
- 1.2 In January 2014 the Government confirmed that the Healthy Child Programme (HCP) for 0-5 year olds, which includes the commissioning of health visitors and family nurses, would transfer to local government on 1st October 2015. These services are now referred to as Public Health Children's Services for 0-5 year olds.
- 1.3 It is only the commissioning that will transfer and not the workforce. Health Visitors and Family Nurses will continue to be employed by the same provider organisation, which for WCC is Central London Community Healthcare NHS Trust (CLCH).
- 1.4 The transfer marks the final part of the overall public health transfer and will join up commissioning for 0 to 19 year olds to improve service continuity for children and their families. It also presents a unique opportunity to support delivery of WCC's Health Well Being Board's 'Best Start in Life' priority to transform and integrate early years' services to improve outcomes for pregnant women, children and families

## **2. Key Matters for the Board**

- 2.1 HWBB Members are asked to note the progress update and to consider the opportunities provided by the transfer of these services to support the Council's 'Best Start in Life' strategic ambitions.

## **3. Background**

- 3.1 The Department of Health has mandated local authorities to provide five universal elements of the Healthy Child Programme (HCP) to ensure a national, standard format for universal coverage of these elements
  - antenatal health promoting visits
  - new baby review six to eight week
  - maternal mood assessment
  - one year assessment
  - two to two and a half year review
- 3.2 These requirements will be subject to a 'sunset clause' at 18 months. A review involving Public Health England will be undertaken in October.
- 3.3 The following commissioning responsibilities will be retained by NHS England:
  - Child Health Information Systems (CHIS) in order to improve systems nationally. The CHIS ensures that each child in England has an active health care record and supports the delivery of national screening and immunisation

programmes as well as the Healthy Child Programme. This will be reassessed in 2020.

- The six to eight week GP check (also known as the Child Health Surveillance) because of its complex commissioning arrangements.
- 3.4 A national Health Visitor Transition task and finish group has been leading on the transfer arrangements. The Executive Director of Children Services has been part of this group since its establishment. NHS England London Area Team and London Councils also recruited a transition lead to support the process.
  - 3.5 A local transition team of Public Health and Family and Children's Senior Managers and Commissioners has worked with the London Area Team lead since July 2014 to establish the local contract transfer arrangements.
  - 3.6 Locally, a multi-agency Health Visitor Partnership Group of representatives from Clinical Commissioning Groups, NHS England London Area Team, LA Public Health and Children Services is overseeing the safe transfer of the service and contributing to the development of commissioning intentions for a new integrated service model.
  - 3.7 Information governance arrangements are in place so that our provider CLCH is able to share information and data submitted to NHS England about the current level of performance, enabling WCC to know the pre-transfer baseline. The performance data is currently provided on a CCG basis, but from October 1<sup>st</sup> the requirement is that it will be reported on a local authority basis. Initial analysis of the 2014-15 Q4 data shows that the WCC health visiting service is meeting performance requirements for the mandated elements of the HCP.
  - 3.8 The regulations make it clear that there is no expectation of an uplift in performance at the point of transfer, and that councils will only be expected to take a reasonably practicable approach to delivering the mandated elements of the Healthy Child Programme and to continuous improvement over time.
  - 3.9 The Family Nurse Partnership reports directly to the National FNP Unit and their performance data is made available and reviewed quarterly through the local multi-agency FNP Advisory Board. The FNP has demonstrated significantly improved outcomes for vulnerable young mothers and their children and performance is good.

#### **4. Options / Considerations**

- 4.1 From the 1<sup>st</sup> October both HV and FNP will be commissioned to deliver against the standard national service specification, which include clear outcome measures and KPIs, until a new service is re-commissioned during 2016-17.
- 4.2 WCC's HWBB's Best Start in Life and Early Help Strategy are informing the development of an integrated early years' service model for future 0-5 services with a shared outcomes framework. This is being developed jointly with CCGs, Local Authority Public Health and Children's and Families' Services, service providers and other key stakeholders.
- 4.3 The proposed model will bring together a universal, targeted and enhanced offer into a single pathway, with an emphasis on identifying need much earlier and more systematically across all early years' services.

- 4.4 It is proposed that a range of targeted services will be part of the Children's Centre core offer, providing a resource to the universal early years' service, and be an integral part of the early years' pathway. An enhanced pathway will also be developed for families under pressure.
- 4.5 An integrated early years' service will work closely with maternity and primary care services and continue to provide a named HV and regular liaison with GPs
- 4.6 Benefits of this approach will include an integrated approach to supporting families from an early stage, a team of staff wrapped around GP practices that can provide extra support, and improved outcomes for maternal well-being and child development, with fewer consultations on non-medical issues and less pressure on A&E and out-patient appointments.
- 4.7 The Best Start in Life Programme Board is overseeing the strategic development of this work and the LBHF Best Start in Life Work Group is reviewing current care pathways, customer journeys and good practice to develop a local multiagency service offer with shared aims and outcomes.
- 4.8 A series of Best Start in Life Partner Workshops, facilitated by the Early Intervention Foundation, have been arranged to support engagement of all partners in developing an integrated model and pathways.

## **5. Legal Implications**

- 5.1 NHSE issued contract transfer guidance in February 2015 and based on legal and contractual advice it was agreed that WCC would issue a new local authority contract for these services from 1<sup>st</sup> October 2015.
- 5.2 Approval of a direct contract award to the current provider is being sought to allow sufficient time for a review of current services and the development of commissioning intentions for a new integrated early years' model.

## **6. Financial Implications**

- 6.1 In December 2014 the Department of Health published the proposed half year funding allocations for HV and FNP services on transfer to LAs in October 2015. The final WCC HV annual funding allocation of £4.1M was published and signed off in February 2015.
- 6.2 The contract value matches expectations and is considered sufficient to deliver the mandated elements of the service. It includes a growth element for increased HV workforce for 2014 -15 as part of the Government's Agenda for Change. A recurrent commissioning resource of £30K PA per borough is also included in the allocations, proportionately 15K for WCC in 2015-16.
- 6.3 Additionally, the total funding allocation of £350K PA for the three borough West Central London FNP service is being apportioned to reflect each local authority's level of need, based on a three year average of the number of births to teenage mothers in each local authority. It will be adjusted annually where there is a significant change in proportion. For WCC the annual contribution to this shared service is £118,788.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:**

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**BACKGROUND PAPERS:**

National Health Visiting Core Service Specification

<http://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf>