

To: Local Authority Children's Public Health  
Service Commissioners and Provider leads in Wiltshire,  
Somerset, North Somerset, Bristol and South Gloucestershire

**Public Health Directorate**  
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Cc: Chrissie Hardman & Penny Hazelwood, Health Visiting  
Service Leads, Sirona Care and Health, Stephanie Gooch,  
Information lead, Sirona Care and Health

Date: 11<sup>th</sup> September,  
2015

Ref: 0-5

Dear Colleagues,

**Managing the shift from registered to resident population in health visiting in Bath and North East Somerset**

I am writing to set out our proposed approach to managing this transition with our neighbouring authorities and to request submission of B&NES data to us **by all providers of services to residents in B&NES by Monday 21st September 2015.**

Our neighbours are: Wiltshire, Somerset, North Somerset, Bristol and South Gloucestershire.

**Data return**

We are all working together to ensure submission of a data return to PHE on our resident population by 25 September 2015. The data return should cover all the required health visiting service metrics using the PHE template provided, sent to B&NES and all neighbouring providers by email 11/9/15.

As agreed at the recent West of England Director of Public Health meeting B&NES intends to go forward using the 'distributed model' whereby each local authority only *receives* its own resident data, but from a range of neighbouring providers.

The description of the model, flow chart and dashboard template are available at [www.chimat.org.uk/transfer](http://www.chimat.org.uk/transfer)

Data submissions should be sent to me at the email address below using the PHE dashboard for distributed model template **by Monday 21<sup>st</sup> September 2015.**

The B&NES Health visiting lead contact is Penny Hazelwood at [Penny.Hazelwood@sirona-cic.org.uk](mailto:Penny.Hazelwood@sirona-cic.org.uk)

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## Proposed approach to transferring children and families

Following the guidance provided by NHS England Bath, Gloucestershire, Swindon, and Wiltshire (BGSW) Area Team we have agreed the following principles with the B&NES Health Visiting service, which are as follows:

- Babies and families will continue to be allocated according to GP until 1<sup>st</sup> October 2015;
- From 1<sup>st</sup> October 2015, new babies will be allocated according to LA residency. This will give us some time to communicate the proposed changes to maternity services, GPs and other stakeholders;
- After the 1<sup>st</sup> October 2015 families will be transferred on a case by case basis, health visitor to health visitor as deemed appropriate by the health visitors involved to minimise any risk.

This transfer process will take place over time, and the expectation is that it will be completed by April 2016, with caveats as follows:

- Complex families will need a more careful handover process and it is possible that there may be a small number of families whose interests would not be best served by transferring over until the children reach school age.

The detail of how this will apply includes:

- Each handover will be decided on a case by case basis, between providers.
- Positive 'baton-passing' between services for all families – i.e. no transfer unless and until there is a positive communication to that effect between services – ensuring no child is left without having a health visitor at any time
- Transfer of any child who is in receipt of support above Universal level will always include auditable/written handover in support of the transfer between health visitors
- Delivery of a service that meets a child or family's needs (including safeguarding needs) **must take precedent** over boundary discrepancies or disagreements – whether between commissioners or providers.

- All services will ensure that there is a named health visitor, with contact details, for each GP practice to facilitate information sharing and joint working in the best interest of children. Where there is more than one health visitor service for a specific GP practice, (i.e. where the children and families on its list happen to live in different local authority areas) it is expected that both health visitor services will provide named health visitor links to that practice.

- To avoid the time and cost associated with processing financial transactions, there will be no cross-charging between authorities for children and families who continue to receive services and support from other services so long as the above principles are being adhered to. Any disputes will be escalated for discussion between providers in the first instance and involve commissioners where appropriate.

- In implementing any such changes, Providers of services are expected to work collaboratively with their neighbouring providers to ensure that services are delivered in the best interest of children and families.

## Child protection plans

Our health visiting service is of the belief that in *most* instances it is in the child and families' best interest to transfer children and families to their local health visiting service due to the close links with social care and commissioned children's services. Our Named Nurse for

Safeguarding Children/Designated Nurse for LAC plans will contact their equivalent in an area where a child is identified as requiring a transfer due to residency and currently has a CP Plan or is a Looked After Child and each case will be considered carefully following the principles above.

**Sirona Care and Health have a detailed transition plan in place which states the following:**

By September 21<sup>st</sup>:

- Maternity services will be informed of the changes in order that antenatal booking lists and birth notifications and handover notes are sent to the appropriate health visiting service based on residency from 1<sup>st</sup> October.

During October:

- Individual meetings with relevant neighbouring provider managers to plan handover of identified families.
- Letters will be sent to all families who will be exported (transferred out) and GPs will be copied in.
- When families are identified for importing (transferring in) a letter will be sent to the family, copied to their GP and their current Health visiting service.
- Letters will go to all GP practices explaining the process and listing relevant families and their new health visiting service.
- Child health Department will be informed of the changes and implications.

By 1<sup>st</sup> December 2015:

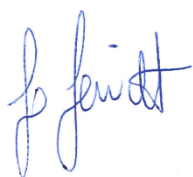
- Aim to complete all transfers unless there is an agreed mitigating individual clinical reason, or other mitigating circumstances, in which case 31<sup>st</sup> March 2016 would be the latest date for transfer.
- Children who have started school in September 2015 will not be imported or exported as they will handed over to the school nurse service.

### **Contract governance**

B&NES are keen to work closely with neighbouring commissioners to ensure accurate data submission to PHE, contract governance and priority will be given to safeguarding children and families. I can assure you that this transition will be given considerable attention and scrutiny at our contract monitoring meetings and we will all proceed with due caution as it is our overarching intention that the transition is as smooth and seamless for families as possible.

Kind Regards,

Jo Lewitt,



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