Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

# Report to Health and Wellbeing Select Committee
# The transfer of commissioning responsibilities for 0-5 services (Health Visiting and Family Nurse Partnership) to Local Authorities, from 1st October 2015

**The Report**

## 1. Purpose

1.1 To inform and update the Health and Wellbeing Select Committee about the transfer of commissioning responsibilities for 0-5 services to local authorities from 1st October 2015

1.2 To assure the committee that the provider (Sirona Care and Health) have an agreed transition plan in place and are ready to safely manage the shift from "registered" to "resident" population, the contract and the novation agreement have been signed and the Public Health commissioning team are fully prepared to take on contractual responsibilities and report on the mandatory elements within the core health visiting service and aspire towards continuous service improvement, in partnership with other Children's services commissioners.

1.3 To inform the committee about the functions of the Health Visitor and Family Nurse Partnership services and the important contribution they make towards outcomes for children and families.

## 2. Background

2.1 As part of delivering the vision for public health set out in "Healthy Lives, Healthy People: Our strategy for public health in England"[1] and contributing to the Government's ambition to achieve best possible health outcomes for our children and young people, responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1st October 2015.[2]

2.2 0-5 children's public health services comprises commissioning the Healthy Child Programme (HCP) including the Health Visiting service and Family Nurse Partnership (FNP) - targeted services for teenage mothers.[3]

2.3 The following commissioning responsibilities will **not** transfer to local authorities and will remain with NHSE[4];

- Child Health Information Systems
- The 6-8 week GP check (also known as Child Health Surveillance)
- Immunisations

2.4 As part of the transfer, local authorities will be obliged to provide certain mandatory universal elements of the Healthy Child Programme[5]. These are:

- antenatal health promotion review
- new baby review, which is the first check after the birth
- 6-8 week assessment

- 1 year assessment
- 2 to 2 and a half year review

2.5 Mandation will ensure that the recent increase in health visiting services' capacity achieved during the last Parliament, continues as the basis for national provision of evidence-based universal services and will enable LAs to measure impact and demonstrate progress on the PHOF [6] through the early years profiles[7]. These arrangements for mandating will be reviewed after one year.

2.6 Local Authorities will be expected to provide the same level of service as the NHS at the point of transfer detailed in the 2015/16 national health visiting core service specification [8] and act to secure continuous service improvement. A period of 18 months stability is recommended. It is the intention to include the specifications at the current value in the one year interim contract with Sirona and the future provider from 1st April 2017 will be determined as part of the Your Care Your Way process.

2.7 This transfer of commissioning responsibilities will mark the final part of the overall public health transfer which saw wider public health functions successfully transfer to local government on 1st April 2013. NHSE have successfully developed a national specification, increased overall numbers of qualified health visitors and transformed the service model.

## 3. The new Health visiting service model

3.1 Health visitors have a crucial role in the early years of a child's development providing ongoing support for *all* children and families; they lead the delivery of the Healthy Child Programme during pregnancy and the early years of life [9]. They also have key roles in developing communities, in early help and contributing to more complex care. Transition to parenthood and the first 1001 days from conception to age 2, is widely recognised as a crucial period, impacting and influencing the rest of the life course.[10]

3.2 The new 4-5-6 social model of health visiting[11] is a transformation from the historical model of health visiting. This refers to 4 levels of service, 5 mandated touch points and 6 high impact areas[12]. B&NES was an early implementer site[13] and our local service has a team of well trained and qualified for their new way of working with families – using strength based, solution focused approaches and the parent in partnership model – using motivational interviewing and promotional guidance rather than advice giving and using an expert model. There have been some significant changes this year to office bases and management structures in response to this new model of delivering services.

## 4. Progress report

### Steering group

4.1 An established steering group meets monthly to oversee the transition of the commissioning responsibilities with membership from Public Health commissioning, children's services, intelligence, finance, safeguarding,

commissioning support and NHSE, the current commissioner.

4.2 A risk register and action plan has been developed to track progress in relation to: leadership and governance, contractual arrangements, information technology and data flows, delivery of service, safeguarding, finances, organisational development, workforce development and communication.

**Outstanding transition risks**

4.3 The main challenge relates to the change in population served from registered to resident population. Most health visiting service providers currently serve families across authorities. B&NES has 5 other local neighbouring authorities and their providers who we are working closely with to oversee the handover of an estimated 657 families.

4.4 A letter has been sent to all neighbouring providers and commissioners clarifying our locally agreed underlying principles going forward and outlining our agreed transition plan (Appendix A). However none of our neighbouring authorities have shared their transition plans with us yet so our progress will depend on them and our close working with them.

4.5 All new births will be allocated to their health visiting service by residency from the 1st October and there will be a carefully managed handover period of up to 6 months, for all other families who are not B&NES residents and need to be transferred to another Authority (estimated number 582), and receiving those families who need to be transferred from other local authorities (estimated number 75). This equates to an estimated net reduction of 507 families within the service.

4.6 As our provider has an established IT system they are able to identify both registered and resident population using the child health records. Not all our neighbours are currently able to do this. As a result there may be a number of families for whom we do not have an accurate baseline for all families and are unable to report on performance on mandated checks at resident level prior to October 2015. This will only affect our imported families which is a small number.

4.7 The focus for the coming months will be on managing the smooth handover of families living in B&NES. The priority will be ensuring that children and families are safeguarded at all times and that the transition poses no additional risk to them.

4.8 All local authorities have been requested to submit data based on residency to PHE for Q1 and Q2 prior to collection via LAs from Q3 onwards. This voluntary exercise will test readiness for the transition and identify any breaks in dataflow and enable systems to be developed to overcome any problems that arise. Public health are leading on this data submission and assuming they were provided with the data, were due to have submitted the first set by September 25th 2015.

4.9 Our provider assure us that adequate arrangements are in place to ensure

appropriate data sharing and performance management and ensuring adherence to current safeguarding standards.

**Contractual arrangements**

4.10 Service continuity and stability are the key principles of safe transfer. Therefore we have agreed with NHS England to put in place a single contract for 2015-16 which will novate to the Local Authority on Oct 1st 2015. NHSE will share existing contract documentation and in-year reporting information with Local Authority colleagues via the current joint quality and performance contract monitoring arrangements. A novation agreement and the final contract have now been signed, following a range of specific assurances that have been given by the provider, at the request of public health.

4.11 B&NES will work closely with neighbouring commissioners to ensure accurate data submission to PHE, contract governance and priority will be given to *safeguarding* children and families. The transition will be given considerable attention and scrutiny at quarterly 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.

## 5. Finance

5.1 Local authorities will receive funding, as part of their public health grant, to commission these services.

5.2 The transfer of 0-5 children's public health commissioning to Local Authorities for the six month period between 1 October 2015 and 31 March 2016 is being conducted in accordance with a 'lift and shift' approach, to ensure a safe mid-year transfer. Proposed allocations were published as part of the Baseline Agreement Exercise on 11 December 2014, followed by a five week period in which Local Authorities had the opportunity to comment and raise concerns regarding the accuracy of the allocations.

5.3 The funding allocated to B&NES for Oct – March 15/16 is £1,387,000 which includes £15,000 allocation for commissioning capacity. Local Authorities can expect to receive the funding for 0-5 in two quarterly instalments as part of the wider public health grant paid on 16 October 2015 and 15 January 2016.

5.4 From 2016/17 the allocations are expected to move towards a distribution based on population needs. The independent Advisory Committee on Resource Allocation (ACRA) has been commissioned by the Secretary of State to make recommendations on the formula for 2016-17 local authority public health grants, which will include a component for 0-5 children's public health services.
ACRA's initial proposals on the methodology for the 0-5 children's public health component of the public health formula have been published and consulted on.

5.5 Clarification in relation of future budgets and the status of the ring fence for the public health grant will not be available until November as part of the spending

review.

## 6. Governance

6.1 A DH 0-5 Public Health Commissioning Transfer Programme Board has been set up to oversee the safe transition of services from NHS England Area Teams to Local Authorities (LA). The LGA, wider local government partners, PHE and NHS England are members of the Board.

6.2 National Tripartite partners (LGA, NHS England and PHE) are working together to support area teams (senders) and local authorities (receivers) to safely and smoothly transfer services. The national Tripartite are resolving systemic issues at the national level, they are supported by nine 0-5s Transfer Regional Oversight Groups who are maintaining oversight at the transfer at regional level and providing support as required.

6.3 As part of the assurance process the LA was required to complete a self-assessment readiness questionnaire which was submitted in April 2015

6.4 NHS England has been attending quarterly contract meetings and have been facilitating effective handover. This support will cease from 1st October, but the individuals are still available should any specific issues arise.

## 7. Sector led improvement

7.1 B&NES are participating in a South West sector-led improvement (SLI). The overarching aim is to improve the impact of the transition of commissioning of 0-5 services and develop and test a model that can be applied for future sector-led improvement.

7.2 The sector-led improvement is designed to:

Share learning and develop practice for 0-5 year old services both within and outside of the council including developing leadership to:

- Embed family-centred approaches to improve outcomes
- Implement evidence based practice to improve 0-5 and family outcomes
- Transform and integrate 0-5 and 5-19 services
- Evaluate early years service improvement

7.3 The transfer of commissioning 0-5 services to local authorities is the next step in providing our vision for well-coordinated, timely, evidence based care for each and every child and their family. The health visiting service is a universal offer which is fundamental to the B&NES (draft) Early Help Strategy, ensuring that all families have access to support, and needs are identified early, enabling early intervention in order to prevent problems escalating and being harder to resolve later.

**8. Recommendations**

8.1 To note the commissioning responsibilities being transferred to the Local Authority on 1st October 2015 and the progress made to ensure a smooth transfer.

8.2 To note the functions of the health visitor and Family Nurse Partnership services and the important contribution they make towards outcomes for children and families.

Further information on the scope of 0-5 children's public health and the 0-5s baselines are available at:

LGA website http://www.local.gov.uk/childrens-public-health-transfer
DH website https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities
NICE website https://www.nice.org.uk/advice/lgb22/chapter/Introduction

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References

[1] 'Healthy Lives, Healthy People: update and way forward' (July 2011) https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward

[2] Documents Relating to transfer of 0-5 services to Local Authorities https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities

[3] Overview : Health visiting and Family Nurse Partnership services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407645/overview2-health-visit.pdf

[4]NHS England Commissioning Intentions 15/16 http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/12/ph-comms-intent-15-16.pdf

[5] Mandation Factsheet 1: Commissioning the national Healthy Child Programme - mandation to ensure universal prevention, protection and health promotion services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402447/Mandation_factsheet_1.pdf

[6] Public Health Outcomes Framework (PHOF): https://www.gov.uk/government/collections/public-health-outcomes-framework

[7] CHIMAT Early Years Profiles http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile

[8] National Health visiting Core Service Specification 2015-16 http://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf

[9] The Healthy child Programme, Pregnancy and first 5 years: https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

[10] WAVE Trust's '*Conception to age 2 – the age of opportunity'* available: http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity

[11] The transformed health visiting service the story so far:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417455/4_5_6_LA_leaflet_ppt.pdf

[12] Description of the 6 high impact areas and more information is available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326888/Early_Years_Impact_Overview.pdf

[13] A Call to Action: The Health Visitor Implementation Plan 2011/15: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf