REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	14 October 2015
Subject:	**INFORMATION REPORT** – Transfer of Public Health Commissioning Responsibilities for 0-5 year olds (Healthy Child Programme delivered by Health Visiting service)
Responsible Officer:	Dr Andrew Howe Director of Public Health
Exempt:	No
Wards affected:	All
Enclosures:	**Scope of 0-5 public health services transfer**

Section 1 – Summary

This report sets out the details of the transfer of the commissioning responsibility for Health Visiting to the council from the NHSE.

FOR INFORMATION

Section 2 – Report

The transfer of commissioning responsibilities for health visiting from NHSE the local authority will ensure a consistent and co-ordinated approach to the commissioning of a key public health service to 0-19 children and young people. It will help the council meet its priorities to "Make a difference for vulnerable residents" and "Giving all children the best start" by ensuring dedicated resources are used locally to meet universal health needs for 0-19 children and young people.

Background

Since 1 April 2013, NHSE has been responsible for commissioning the Healthy Child Programme (HCP) for 0-5 year olds, which is delivered by health visitors in Harrow. As of 1 October 2015, the commissioning responsibility for this service area will transfer to public health teams in local government. This transition marks the final part of the overall public health transfer to local authorities from the NHS following implementation of the Health and Social Care Act 2012.

Nationally a '0-5 Healthy Child Programme task and finish group' is leading the process. The national group includes representation from NHSE, Public Health England, the Local Government Association (LGA), the Society of Local Authority Chief Executives (SOLACE), the Association of Directors of Public Health (ADPH), the Association of Directors of Children's Services (ADCS), and the central government department for Communities and Local Government.

Six work streams support the national group. These are: finance, mandatory checks, local authority and NHS preparedness, communication, information and IT.

To aid the transfer process, the 0-5 Healthy Child Programme task and finish group issued a timetable with key dates for the transition process. Public Health Officers have led this work and crucially used the local intelligence and the results of a Review to argue for additional funding and staffing.

Section 3 – Further Information

Findings of the local review

Prior to transition, a review of school nursing and health visiting services was commissioned which included a workforce analysis that showed an ageing workforce with recruitment and retention issues. There was concern that the current service was not resourced to detect all cases of postnatal depression and may not have had capacity to meeting safeguarding concerns in full. This was indicative of staffing levels for Health Visitors at less than recommended levels.

The delivery of health visiting services will be measured against mandated checks against the Healthy Child Programme. Local Authorities will be expected to provide the same level of service as the NHS at the point of transfer and act with a view to securing continuous improvement in the uptake of these reviews.

The Department of Health is aware that the delivery of these universal services is not currently at 100% and that this will be an ongoing process. They have been working with the Local Government Association and the Department of Communities and Local Government to ensure that they are not imposing an additional unfunded burden upon Local Authorities.

Funding allocation

The Joint Public Health Service for Barnet and Harrow (JPHSBH) has vociferously argued the position for additional health visiting funding. Proposed allocations were published as part of the Baseline Agreement Exercise on 11 December 2014 and Harrow was initially allocated £113 per child.

There followed a five-week period in which Harrow and other councils had the opportunity to comment and raise concerns regarding the accuracy of the allocations. JPHSBH used the findings from the School Nursing and Health Visiting research as the basis of a robust business case for both boroughs. We raised specific issues around the demographic changes, caseloads, workforce pressures, deprivation, and the need for funding to support the commissioning responsibility for an ambitious programme. This has been widely acknowledged by NHSE as a good approach and led to increased allocations for both boroughs.

Our case was accepted and Barnet and Harrow Councils are two of only twelve boroughs nationwide that received substantial growth in funding for 2015/16.

A floor has now been set so that no local authority is funded to a level below an adjusted spend per head (0-5) set at £160. Harrow's funding has been uplifted to this level. The Department of Health recognises that this will not address all needs based issues, nor is it a full funding formula. An Advisory Committee on Resource Allocation (ACRA) will be developing the funding formula to better reflect needs in the future. The JPHSBH has presented formal submission on its pressures and challenges, which have been well received by ACRA.

The funding also includes a £30k per annum for commissioning support costs, as this will be a new function to be carried out by the Councils. Although it has not been announced as yet, the overall Public Health allocation is expected to be £3.154m (based on the 2015/16 six month allocation).

Whilst there is growth in the local population needs, Public Health will continue to pursue further growth in funding as it remains one of eleven other areas starting from the lowest base. Officers have and continue to push for growth funding through ACRA.

Transfer of responsibilities

For 2015/16 the transfer of commissioning responsibilities is to be effectively a 'lift and shift'. NHSE indicated back in January that it preferred a novation of the contracts, with the main priority being stability of service. With legal advice, we notified NHSE of the intention to roll over the existing contract for the full year and have been involved in the negotiation process between January to June 2015.

The new level of funding provides scope for additional investment in the service to meet historically underfunded overheads and provide for additional qualified health visitors which will allow us to meet the mandated requirements. The funding, which although not separately ring fenced within the Public Health grant, is required for the novation of the contract and the provision of the mandated services for 18 months (to 31st March 2017) as stated in the "sunset" clause". A Sunset Clause is a provision in a Bill or Regulations that gives them an 'expiry date' once passed into law. 'Sunset clauses' are included in legislation when it is felt that Parliament should have the chance to decide on its merits again after a fixed period.

This approach was approved by Cabinet on 17th September 2015.

Public Health continues to make progress on the transfer with the current provider to ensure a seamless transition and that services are protected. A key focus is progressing the local communications plan to reassure Health Visiting staff and key stakeholders.

Section 4 – Financial Implications

The council's commitments extend to officer time to assist with the commissioning of Health Visiting Services. The Department of Health will fund £30k towards the commissioning support costs.

Harrow has been allocated funding of £1,577k for the 6 months to March 2016 when it takes over the responsibility for health visiting in October 2015. This funding includes £15k for commissioning support. The commissioning intentions for 2015/16 assumed an additional commissioner post in relation to this function and made provision of £80k in a full year for this additional post.

The consultation paper issued by the Department of Health on 31st July indicates that the £200m in year savings will include the Health Visiting grant and have proposed, subject to the outcome of the consultation, a standard reduction of 6.2% which would equate to a reduction in the Health Visiting element of £98k. This reduction in grant impacts the ability to create flexibility within the grant and achieve MTFS reductions by charging wider determinants of health across the Council to the grant.

Final 2016/17 allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and on the fair shares formula developed following advice from ACRA. The annual review of commissioning intentions will seek to ensure that the cost of these services can be contained within the wider financial envelope on an annual basis,

taking any action as required to mitigate any financial pressures should these arise.

It should be noted that the novation of this contract (and any extension) results in contractual obligations with the provider for services which are funded by external grant and which cannot be guaranteed in the longer term.

Performance Management

The JPHSBH and the provider are working together to ensure that robust KPIs are in place to measure and monitor the performance against the mandated services and to ensure that all safeguarding requirements are met.

The JPHSBH will start submitting data to the Department of Health in quarter one as part of the transition. We will also be reporting this data to the Harrow Safeguarding Children Board.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? Yes

There will be a small positive impact for pregnant women as the health visiting service is required to increase the uptake of the antenatal health promoting assessment within a year. There is also likely to be a small positive impact on poverty over time through the delivery of targeted model based on early and directed support to new parents and young families. This could result in more young parents staying engaged with education and employment. There will be no change in the impact (negative or positive) to people who fall within the other protected characteristics.

Section 6 – Council Priorities

The Council's vision:
Working Together to Make a Difference for Harrow
This report incorporates the administration's priorities .

- Making a difference for the vulnerable
- Making a difference for families

STATUTORY OFFICER CLEARANCE

Name: Donna Edwards.	x	on behalf of the Chief Financial Officer
Date: 17 September 2015.		

Ward Councillors notified:	NO

Section 7 - Contact Details and Background Papers

Contact: Carole Furlong, Consultant in Public Health, 02084209508

Background Papers: http://www.chimat.org.uk/transfer

Appendix 1

Scope of 0-5 public health services transfer

1. Background

Children's public health commissioning responsibilities for 0-5 year olds will transfer from NHS England to local authorities on 1 October 2015. Local authorities are well placed to identify health needs and commission services for local people to improve health, this transfer will join up that already done by local authorities for children and young people aged 5–19.

The Children's Health and Wellbeing Partnership (CHWP) has established the 0-5 Public Health Commissioning Transfer Programme Board to coordinate and have oversight of the transition.

This appendix sets out the scope of 0-5 children's public health commissioning in greater detail, providing background information and further detail that capture existing commissioned services, where they belong currently and where their future destinations are planned.

2. Transition and the different elements of service

The following **commissioning responsibilities will transfer** to local authorities on 1 October 2015:

- The 0-5 Healthy Child Programme (HCP) - this includes the Health Visiting Service incorporating universal to targeted programmes and the Family Nurse Partnership (FNP) (targeted services for teenage mothers, where a family nurse will take on this role until the child is two years old).

The following commissioning responsibilities **will be retained** by NHS England:

- Child Health Information Systems, to be reviewed in 2020
- The 6 – 8 week GP check, (also known as Child Health Surveillance).

Only the commissioning responsibility is being transferred. Health visitors will continue to be employed by their current employer – in most cases this is the NHS.

3. Scope of the Health Visiting Service

Evidence shows that what happens in pregnancy and the early years of life impacts throughout the life course. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society.

Health visitors have a vital role to play and the scope of work involves a wide range of interventions and activities at a population and community level as well as at family and individual level. These are best described through the Health Visiting Service Model, the Healthy Child Programme (HCP) and 6 High Impact Areas. These three components are inextricably linked. They

describe the what, how and why of the scope of Public Health work and focus on specific opportunities within the universal and targeted services to focus on interventions and advice that will have the greatest impact on child health and wellbeing outcomes. The interventions are informed by National Institute for Clinical Excellence guidance and other evidence based approaches.

Examples of interventions at population, community and individual level can be seen in Annex B and Annex C

4. The Health Visitor Service Model

The Health Visitor Improvement Plan 2011-2015 outlines the four level (sometimes known as tiers) model as the basis to develop and expand health visiting services in England. The four levels, which are based on assessment of children's/families' needs, are:

Community Services - linking families and resources and building community capacity,

Universal Services - primary prevention services and early intervention provided for all families with children aged 0-5 as per the HCP universal schedule of visits assessments and development reviews,

Universal Plus Services - time limited support on specific issues offered to families with children aged 0-5 where there has been an assessed or expressed need for more targeted support,

Universal Partnership Plus Services - offered to families with children aged 0-5 where there is a need for ongoing support and interagency partnership working. Particularly for families with more complex needs.

5. The Healthy Child Programme (HCP)

Health visitors lead delivery of the HCP, this is a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. It is underpinned by an up-to-date evidence base such as set out in Health for All Children (Hall and Elliman, 2006) and is aimed at children up to the age of 19 and their families.

The programme is offered to all families and core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting, and effective promotion of health and behaviour change. It provides significant opportunities for highly skilled professionals to identify and deliver appropriate interventions to those with specific needs (including in some families, safeguarding needs).

Delivery of the universal elements of the HCP will see a team led by health visitors working in ways most appropriate to local public health needs and across a range of settings and organisations including: general practice, maternity services and children's centres. Where families are accessing FNP a family nurse will take on this role until the child is two years old.

In addition to the core universal programme, the HCP schedule includes a number of evidence-based preventive interventions, programmes and services. Commissioning public health services includes joining up with other services supporting children and families, other local authority commissioning services, local safeguarding and children's boards, Health and Wellbeing Boards, Clinical Commissioning Groups, etc. to determine which services are offered locally and by whom.

6. The 6 High Impact Areas

Six early years High Impact Areas have been developed that focus on the universal service areas having the biggest impact on a child's life. They also align with a number of the public health priority areas and have been identified to support the transition of commissioning to local authorities - helping inform decisions around the commissioning of the health visiting service and integrated children's early years services. They aim to;

- articulate the contribution of health visitors to the 0-5 agenda and improving outcomes for children, families and communities;
- describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities. The universal contacts provide the opportunity to engage families on these issues at the time when they are most receptive to advice and support.

The 6 areas are:

- transition to parenthood and the early week
- maternal mental health (includes post natal depression)
- breastfeeding (initiation and duration)
- healthy weight, healthy nutrition (includes physical activity)
- managing minor illness and reducing accidents (reducing hospital attendance/admissions)
- health, wellbeing and development of the child age 2 – two year old review (integrated review) and support to be 'ready for school'.

  Examples of rationale for inclusion can be seen in Annex C

7. Commissioning responsibilities – summary table

The table below captures what commissioning responsibilities currently exist and where they will be on 1 October 2015.

Commissioning Responsibility	**Current Commissioner**	**Current Provider**	**Future Commissioner**
Healthy Child Programme (most but not all elements – see Annex A) and Health Visiting	NHS England	Various, mainly NHS	LA

Family Nurse Partnership Programme	NHS England	Various, mainly NHS	LA
Health promotion and prevention interventions from the multi-professional team	NHS England	Various, mainly NHS	LA
Child Health Information Systems	NHS England	Various NHS	NHS England, to be reviewed in 2020
Child Health Surveillance (6-8 week check)	NHS England	GPs	NHS England

Annex A Schedule of universal elements of the Healthy Child Programme outlined in the 2014/15 Service Specification No. 27 (Public health functions to be exercised by NHS England – Children's public health services (from pregnancy to age 5)).

Review	Description	Delivered by	Commissioned by
Antenatal Review	A full health and social care assessment of needs, risks and choices by 12 weeks of pregnancy Identifying and sharing information about women eligible for the FNP	Midwives or maternity healthcare professionals	CCGs
	Antenatal screening for fetal conditions	Midwives or maternity healthcare professionals Screening services	NHS England
Antenatal health promoting visits	Includes preparation for parenthood	**Health visitors** **Family nurse** (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)
By 72 hours	Physical examination – heart, hips, eyes, testes (boys), general examination and matters of concern	Midwives or maternity healthcare professionals	CCGs
At 5 – 8 days (ideally 5 days)	Bloodspot screening	Midwives or maternity healthcare professionals Screening services	NHS England
New Baby Review	Face-to-face review by **14 days** with mother and father to include: • Infant feeding • Promoting sensitive parenting • Promoting	**Health visitors** **Family nurse** (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)

Review	Description	Delivered by	Commissioned by
	development • Assessing maternal mental health • SIDS (Sudden Infant Death Syndrome • Keeping safe • If parents wish or there are professional concerns an assessment of baby's growth • On-going review and monitoring of the baby's health • Safeguarding		
6 – 8 Week Assessment	Includes: • On-going support with breastfeeding involving both parents • Assessing maternal mental health	**Health visitors** **Family nurse** (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)
	Health review and comprehensive physical examination of the baby with emphasis on eyes, heart and hips (and testes for boys)	**GPs** (physical examination of the baby)	NHS England – through primary care commissioning
By 1 Year	Includes: • Assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors • Supporting parenting, provide parents with information about attachment and the type of developmental	**Health visitors** **Family nurse** (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)

Review	Description	Delivered by	Commissioned by
	issues that they may now encounter • Monitoring growth • Health promotion, raise awareness of dental health and prevention, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention		
By 2 – 21⁄2 Years	Includes: • Review with parents the child's social, emotional, behavioural and language development • Respond to any parental concerns about physical health, growth, development, hearing and vision – • Offer parents guidance on behaviour management and opportunity to share concerns • Offer parent information on what to do if worried about their child • Promote language development • Encourage and support to take up early years education • Give health information and guidance	**Health visitors** **Family nurse** (where the family is accessing FNP) Clients on the FNP programme will leave the programme when the child is two and receive usual universal health visiting services.	NHS England (expected to move to LAs from October 2015)

Review	Description	Delivered by	Commissioned by
	• Review immunisation status • Offer advice on nutrition and • physical activity for the family • Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information • This review should be integrated with the Early Years Foundation Stage two-year-old summary from 2015 as appropriate to the needs of the children and families.		

Annex B Examples of community/population activity:

- Search for health needs, using population data, demographics
- Provision of antenatal and new-born screening programmes
- Achieving population wide “herd” immunity through increased uptake of immunisations
- Stimulation of awareness of health needs, linking to housing, poverty issues
- Influencing policies affecting health
- Influencing Joint Strategic Needs assessments and commissioning intentions
- Raising awareness, reducing stigma e.g. to mental health issues
- Supporting health campaigns/promoting safety messaging
- Facilitating health enhancing behaviours
- Aligning work with other services to improve health and well-being outcomes and
- building community capacity.
- Linking people to community resources, signposting to information e.g. Parenting support, benefits, housing, relationship advice
- Signposting to or delivery of targeted Parenting Programmes
- Reducing social isolation, links to community groups e.g. cookery classes, outdoor activities
- Developing peer support groups e.g. breast feeding cafés, signposting to support services

Annex C Examples of interventions at family/individual level = Universal, Universal Plus and Universal Partnership Plus elements of the Health Visitor Model

- Leading and delivering the Healthy Child Programme
- Early Identification of need/risk factors and early intervention
- Supporting healthy attachment and supporting sensitive attuned parenting
- Supporting mothers to breastfeed (Technical knowledge and emotional support)
- Advice on breastfeeding and medication
- Support to parents on managing minor illness and building parental confidence
- Home safety advice/bottle hygiene awareness
- Encouraging healthy weight pre conception
- Nutrition advice and weaning advice cooking nutritious meals on a budget
- Advice on use of vitamin supplements
- Immunisation advice, linking with hard to reach families
- Supporting Healthy lifestyle choices (behaviour change)
- Referrals to other services where need is identified

Annex D Why the focus on the first 1001 days and 6 High Impact Areas

Transition to Parenthood and the first 1001 days from Conception to age 2 is widely recognised as a crucial period that will have an impact and influence on the rest of the life course.

Pregnancy and the first years of life is a time when parents are particularly receptive to learning and making changes.

There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life.

A healthy pregnancy is important to the health of the baby. Health messages on the need to stop smoking and drinking during pregnancy are key, as is the importance of emphasising uptake of immunisations.

New information about neurological development and the impact of stress in pregnancy, and further recognition of the importance of bonding and attachment, all make early intervention and prevention an imperative.

Secure attachment and bonding will have an impact on resilience and physical, mental and socioeconomic outcomes in later life.

Transition to Parenthood

• Conception to age 2 is the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing; Strong positive attachment is essential for healthy brain development and social and emotional resilience in later life;

Maternal Mental Health

• Around 1 in 10 mothers will experience mild to moderate postnatal depression and it can have a significant impact not only on the mother and baby, but also on her partner and the rest of the family.

Breastfeeding

• Breastfeeding is a priority for improving children’s health. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.

Obesity

• Healthy eating habits are established in the early years. Over a fifth of 4-5 year olds are overweight or obese.

Hospital Admissions

• Illness such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendances at Accident & Emergency departments and hospitalisation amongst the under 5s.

Development of child

• Age 2 is an important time for identifying developmental concerns and for providing advice to support and enhance readiness to learn and grow. Many children start school with poor communication skills, still wearing nappies and not emotionally ready to learn.