REPORT TO: Health & Wellbeing Board

DATE: 13th May 2015

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: The transfer of 0-5s public health commissioning responsibilities

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Board with an update on the transfer of 0-5s public health commissioning responsibilities in relation to mandation and financial arrangements.

2.0 RECOMMENDATION : That the Board note the update

3.0 SUPPORTING INFORMATION

3.1 Commissioning of 0-5 public health services

From 1 October 2015, the Government intends that local authorities will take over responsibility from NHS England for commissioning public health services for children aged 0-5. It is not a transfer of the workforce, who will continue to be employed by their current provider, Bridgewater Community Healthcare NHS Trust but rather the transfer of commissioning responsibility for 0-5 public health services which include the Health Visiting Service and the Family Nurse Partnership (FNP) - a targeted service for teenage mothers.

3.2 The transfer of commissioning responsibilities will be a "lift and shift" arrangement, where the Department of Health will transfer over what NHS England's Area Teams are expecting to contract and spend on 0-5 services at the point of transfer. The Council has received confirmation of funding which is in line with the projected financial envelope. The financial plans have been based on a trajectory to increase the numbers of Health Visitors in line with the Governments "Call to Action". It is expected that the contract between NHS England and the provider will be transferred and novated to the Council.

3.3 The transfer will also include a clause guaranteeing the current provider a contract for 12 months following the transfer, after which commissioners will be able to consider how best to plan for the future delivery of local services. This is to ensure that there is a minimum disruption to service delivery and to ensure the continued clinical governance and oversight of the service.

3.4 The following commissioning responsibilities will **not** transfer to local authorities:

- Child Health Information Systems
- The 6-8 week GP check (also known as child health surveillance)

3.5 **Delivering the Healthy Child Programme**

The **Healthy Child Programme** is the universal clinical and public health programmes for children and families from pregnancy to 19 years of age (and up to age 25 for young people with Special Educational Needs and Disability [SEND]). The Healthy Child Programme, led by health visitors and their teams, offers every child aged 0-5 years a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed at key times.

Our aim is to ensure future commissioning will support sustainable health visiting services and we will use the model of **'4, 5, and 6'**. This is the **four** tiers of health visiting service, the **five** elements of service delivery that are being mandated which will lead to **six** high impact areas.

3.5.1 The **Health Visiting Service** comprises **four tiers**, which assess and respond to children's and families' needs:

• **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 Healthy Child Programme 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 to help families with continuing complex needs.

3.5.2 The Government has reached agreement that certain universal aspects of the 0-5 Healthy Child Programme will be mandated in regulations. In summary, the Government has now confirmed that it will mandate the **five universal checks** within the healthy child programme. These are:

1. the antenatal health promoting visits
2. new baby review
3. 6-8 week assessment
4. 1 year assessment
5. 2-2½ year review

3.5.3 This will lead to support for families in **six high impact areas**:

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

3.6 In addition to the Health Visiting Service, the **Family Nurse Partnership** is a targeted, evidence-based, preventive programme for vulnerable first time young mothers. It is important to note that FNP is a licensed programme and therefore has a well-defined and detailed service model, which must be adhered to. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse. The family nurse plays an important role in any necessary safeguarding arrangements alongside statutory and other partners to ensure children are protected.

3.7 **Finance and Contracting update**

NHS England Area Teams have worked closely with local authorities to jointly agree the finance and contracting picture. This information has informed the development of local authority baseline allocations.

Every council has had to demonstrate its capacity and capability to receive public health functions from the NHS. The indicative contract value for Halton has been agreed and is based on the anticipated number of Health Visitors who will be in post at the point of transfer in order to meet the national "call to Action" trajectory. For Halton this figure has been set at 37.29 whole time equivalent staff.

4.0 POLICY IMPLICATIONS

4.1 Children and Young People in Halton

Local Authorities are well placed to identify health needs and commission services for local people to improve health. The Government's aim is to enable local services to meet local needs. The Healthy Child programme is a critical component in giving every child in Halton 'the best start in life', and improving child development, which is a Halton priority. Improving the Health and Wellbeing of Children and Young People is a key priority in Halton and will continue to be addressed through the delivery of an effective and efficient Health Visitor Service that supports the delivery of both national and local strategies and action plans whilst at the same time meeting the needs of children and their families.

4.2 **Employment, Learning and Skills in Halton**

Employment, Learning and Skills is a key determinant of health and wellbeing and is therefore a key consideration when developing strategies to address health inequalities. An effective service will support children and their families in reducing the impact of ill health on their life chances and also encourage and support "school readiness".

4.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

4.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health. There are also close links between the service and on areas such as mental health, alcohol and domestic violence.

4.5 **Halton's Urban Renewal**

By providing education, information and support to children and their families the service can contribute to the wider urban renewal of Halton.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Financial arrangements for the transfer of commissioning responsibilities are set out in 3.7 of this report with the Provisional Local Authority baselines.

6.0 **RISK ANALYSIS**

6.1 There are currently no perceived risks for the transfer of 0-5s commissioning. Should any risks be identified at a later date these will be identified and reported.

7.0 **EQUALITY & DIVERSITY ISSUES**

7.1 This is in line with all equality and diversity issues in Halton.

8.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None within the meaning of the Act.