

**REPORT TO:** Health and Wellbeing Board

**DATE:** 16<sup>th</sup> September 2015

**REPORTING OFFICER:** Director of Public Health

**SUBJECT:** Local opportunities following the transfer of commissioning responsibilities for 0 – 5 Public Health Services

**1.0 PURPOSE OF REPORT**

1.1 This report seeks to provide the Health and Wellbeing Board with an update on the changes to the commissioning arrangements for the Health Visiting and Family Nurse Partnership Services and articulate the opportunities arising from the transition into Halton Borough Council.

**2.0 RECOMMENDATION:**

- i. Note the update
- ii. The board supports the investment in early years and notes its long term impact on health outcomes
- iii. Supports the ongoing work to imbed the delivery of the healthy child programme through the integration of health visiting and family nurse partnership teams with the wider children' workforce.

**3.0 SUPPORTING INFORMATION**

**3.1 The Best start in life for Halton children**

A child's experience during the early years is critical to their physical, cognitive and social development. During this development phase the foundations are put in place for the rest of that child's life and is a once in a lifetime opportunity to give that child the 'best start in life'. Both the Allen report (2011) and the Marmot review (2010) recognised the importance of giving every child the optimum conditions, and how investing in this period of a child's life influences their school readiness, educational attainment, economic participation and long term health. It makes good economic sense to invest in this period of development.

3.1.2 More details on the importance of child development can be found in Appendix 1.

### 3.2 Ensuring the safe transfer of 0-5 public health services

From 1 October 2015, 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.

3.2.1 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.

3.2.2 The transfer will also include a clause guaranteeing the current provider a contract for 18 months (until March 2017) 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.

3.2.3 Another significant change for the transferred Health Visiting Service will be assuming the responsibility for the resident population of the Borough rather than the GP registered population. Work is now underway with the GP’s to understand and support this change. This change will impact upon a small number of families, and will result in a net increased caseload of 10 families.

### 3.3 Delivering the Healthy Child Programme

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

3.3.2 The **Health Visiting Service** uses **four tiers**, which assess and respond to children’s and families’ needs appropriately:

- **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.

The above tiers are compatible with the Halton Levels of need.

3.3.3 There are **five universal checks** within the 0-5 healthy child programme that are mandated. These are:

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

In addition, The 6-8 week GP check (also known as child health surveillance) will continue as an element of the wider GP contract.

3.3.4 The Department of Health has also outlined **six high impact areas** to be addressed:

- 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'.

3.3.5 The **Family Nurse Partnership** programme is an important component of the Healthy Child programme. It is a targeted, evidence-based, preventive programme for vulnerable first time mothers aged 19 and under. FNP is a licensed, programme with a well-defined and detailed service model. This must be adhered to in order to replicate the excellent outcomes seen elsewhere. The programme builds a strong relationship between the specially trained FNP nurse, the mother and her family. The nurse works

through structured home visits and regular contact which are delivered from early pregnancy until the child is two. Participation in the FNP programme is voluntary.

3.3.6 When a mother joins the FNP programme, the healthy child programme is delivered by the family nurse. The family nurse works in partnership with all agencies working to supporting the family's health, education, employment and social care needs. The nurse plays an important role in any necessary safeguarding arrangements alongside statutory and other partners to ensure children are protected.

### 3.4 **The future opportunities as a result of commissioning the Healthy Child Programme**

#### 3.4.1 **Commissioning arrangements**

Current arrangements for the delivery of 0-5 Public Health services will be contracted until March 2017 through existing providers. In advance of this date, the Local Authority will have the opportunity to consider how best it can meet its obligations to deliver the mandated elements of the Healthy Child Programme and review its commissioning arrangements for the future.

#### 3.4.2 **Improved child development**

Work is underway to ensure the six high impact areas are addressed and the services deliver the outcomes for Halton families. Working closely with the provider we are in the process of developing local multi-disciplinary action plans against each high impact area; the implementation of which will be managed through the Halton Health in the Early year's group.

3.4.3 The importance of each high impact area and an indication of some of the work that is required in each of these areas are outlined in Table 1 below.

<b>High Impact Area</b>	<b>Benefit to parental and child health and wellbeing</b>
Transition to parenthood and the early weeks, including attachment	<ul style="list-style-type: none"> <li>• Holistic assessment of the family and parental capacity to meet their infant's needs.</li> <li>• Early identification of risk factors such as domestic violence, alcohol and substance misuse, mental health issues and support issues.</li> <li>• Help parents develop a strong bond with children</li> <li>• Identify problems in children's health and development (e.g. learning difficulties) and safety (e.g. parental neglect) so that they can get help with their problems as soon as possible</li> </ul>
Maternal Mental Health	<ul style="list-style-type: none"> <li>• Around 1:10 mothers experience mild to moderate post natal depression</li> <li>• Reduce impact of poor maternal mental health on child</li> <li>• Prevent problem extending to child in later years</li> <li>• Training HVs to spot signs of post natal depression</li> </ul>

	<ul style="list-style-type: none"> <li>so they get the help they need as soon as possible</li> <li>Provide additional support and help ensure the baby's wellbeing</li> </ul>
Breast feeding	<ul style="list-style-type: none"> <li>Encourage and support breastfeeding which plays an important part in reducing health inequalities</li> <li>Helps promote stronger emotional attachment between mother and baby</li> <li>Reduced chance of respiratory infection and gastroenteritis, lower rates of obesity, reduced risk of type 2 diabetes and other chronic illnesses</li> </ul>
Healthy weight, including nutrition and physical activity	<ul style="list-style-type: none"> <li>Overweight children are at greater risk of poor health outcomes</li> <li>Overweight and obesity are strongly linked to deprivation</li> <li>Embedding healthy eating and physical activity habits early on can lead to a life time approach to leading a healthy lifestyle</li> <li>Reduce tooth decay</li> </ul>
Development of the child two year review (the integrated review) and school readiness	<ul style="list-style-type: none"> <li>Identify the child's progress, strengths and needs at this age to promote positive outcomes in health and wellbeing, learning and behaviour and promote school readiness</li> <li>Facilitate appropriate intervention and support for children and their families, especially for those whose progress is less than expected</li> <li>To generate information which can be used to plan services and contribute to the reduction in inequalities in children's outcomes</li> </ul>
Managing minor illness, preventing accident and reducing avoidable hospital admissions	<ul style="list-style-type: none"> <li>Health visitors are in a strong position to raise parental awareness of the biggest risks and to provide clear, practical, accurate safety advice</li> <li>They are a trusted source of knowledge, advice and information and are often the first point of contact for parent's whose child is unwell.</li> <li>There is a strong link between unintentional injury and inequality</li> </ul>

Table 1: Outline of the Health Visiting six 'High Impact Areas'

#### 3.4.4 **Integrated education and health two year review**

Of particular significance is the new mandated integrated review of children's development at age 2-2.5 years. This offers the opportunity to universally identify issues early, and where necessary to put in place an integrated plan for children at a critical stage in their development. This integrated review will support health and education to work together to improve outcomes for the family in a coordinated fashion.

3.4.4 There are a number of other developments which are being explored and have the potential to provide a more effective use of resources, improve communication and offer early help and support to families in need.

##### **A) Co-location of staff.**

In order to facilitate integrated working, some Health Visitors and all of the Family Nurse Partnership team are located in children's

centres. Consideration could be given to extending this for every Health visiting team where it is feasible.

### **B) Team Integration**

The Health Visitor and Family Nurse teams are working closely with the new locality Early Intervention teams, to provide enhanced multiagency planning for families with complex needs. Work is also underway to strengthen the arrangements to bring health visiting into the Early intervention teams. The intention is that there will be an integrated front door into services, and that Health Visitors will play a key role in the multiagency locality team assessing and managing cases with higher level safeguarding needs.

3.4.5 The leadership and support to integrate services that are working with families who need Early help and support, is through the Early Intervention Partnership Strategic Board, upon which Public Health is working closely with colleagues to move this agenda forward, including work on the issues outlined above, and exploring opportunities for more coordinated intelligence, IT, management and governance, databases and assessment processes.

### **3.4.6 Paediatric support in the community**

The Health Visiting and Family Nurse Partnership teams have the remit and expertise to support the pilot that is currently being developed to move some paediatric expertise into community settings. This work will facilitate paediatricians to work collaboratively with community and primary care staff and increase access to their expertise.

3.4.7 Some of the Health Visitors and Family Nurses have paediatric training and expertise which will be useful to support the pilot, to improve the care and ultimately outcomes for children. Evidence from similar work elsewhere has shown that this will result in increased education and knowledge sharing between health and social care professionals, the better coordination of care for children with complex and long term conditions and better support to parents for the 'self-care' of patients.

### **3.5 Finance and Contracting update**

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

3.5.2 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.

- 3.5.4 Recent announcements regarding proposed governmental efficiency requirements from the public health grant equate to c. £200 million in national efficiencies (or approximately £630,000 for Halton). It has been confirmed that funding for 0-5 services will not be ring fenced within the public health budget and is included in the efficiency targets. Future spend will need to be carefully managed to ensure that efficient, effective and services that represent the best value for money can be delivered to local people.

#### 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 FINANCIAL/RESOURCE IMPLICATIONS**

5.1 Financial arrangements for the transfer of commissioning responsibilities are set out in 3.8 of this report.

**6.0 RISK ANALYSIS**

6.1 There are currently no perceived risks for the transfer of 0-5's 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 Appendix 1**

The case for early years investment.