



**London Borough of Hammersmith & Fulham**

**HEALTH AND WELL BEING BOARD**  
22<sup>nd</sup> June 2015

**UPDATE ON THE TRANSITION ARRANGEMENTS FOR THE TRANSFER OF HEALTH VISITING AND FAMILY NURSE PARTNERSHIP SERVICES**

**Report of the Executive Director of Adult Social Care and Health**

**Open Report**

**Classification:** For Information and discussion

**Key Decision:** No

**Wards Affected:** All

**Accountable Executive Director:**

Liz Bruce, Executive Director of Adult Social Care and Health

**Report Author:** Julia Mason, Families & Children's Public Health Commissioner

**Contact Details:**

Tel: 020 7641 4653

E-mail:

[jmason@westminster.gov.uk](mailto:jmason@westminster.gov.uk)

## **1. EXECUTIVE SUMMARY**

- 1.1. This report provides a progress update on transition for the transfer of commissioning responsibilities for Public Health Services for 0-5 year olds, Health Visiting (HV) and the Family Nurse Partnership (FNP), from NHS England to the London Borough of Hammersmith and Fulham (LBHF). It includes:
- a summary of the background to the commissioning changes
  - the scope of the transfer
  - mandated elements of the services
  - the agreed annual baseline budget and additional commissioning resource for LBHF HV and FNP services
  - the contract transfer process
  - information governance & performance
  - strategic intentions for a new integrated early years' service

## **2. RECOMMENDATIONS**

- 2.1. HWBB Members are asked to note the progress update and to consider the opportunities provided by the transfer of these services to support the Council's 'Best Start in Life' strategic ambitions.

## **3. INTRODUCTION AND BACKGROUND**

- 3.1. In January 2014 the Government confirmed that the Healthy Child Programme (HCP) for 0-5 year olds, which includes the commissioning of health visitors and family nurses, would transfer to local government on the 1 October 2015. These services are now referred to as Public Health Children's Services for 0-5 year olds.
- 3.2. It is only the commissioning that will transfer and not the workforce. Health Visitors and Family Nurses will continue to be employed by the same provider organisation, which for LBHF is Central London Community Healthcare NHS Trust (CLCH).
- 3.3. The transfer marks the final part of the overall public health transfer and will join up commissioning for 0 to 19 year olds to improve service continuity for children and their families.
- 3.4. It also presents a unique opportunity to support delivery of LBHF's Health Well Being Board's 'Best Start in Life' priority to transform and integrate early years' services to improve outcomes for pregnant women, children and families

## **4. THE SAFE TRANSFER OF SERVICES**

### **4.1. Scope of the Transfer**

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

- Child Health Information Systems (CHIS) in order to improve systems nationally. The CHIS ensures that each child in England has an active health care record and supports the delivery of national screening and immunisation programmes as well as the Healthy Child Programme. This will be reassessed in 2020.
- The six to eight week GP check (also known as the Child Health Surveillance) because of its complex commissioning arrangements.

4.1.2 The Department of Health has mandated local authorities to provide the following five universal elements of the Healthy Child Programme (HCP) to ensure a national, standard format for universal coverage of these elements is delivered

- antenatal health promoting visits
- new baby review
- six to eight week maternal mood assessment
- one year assessment
- two to two and a half year review

4.1.3 These requirements will be subject to a 'sunset clause' at 18 months. A review involving Public Health England will be undertaken in October 2016 to inform future arrangements relating to these mandatory elements.

### **4.2. Governance: managing and overseeing the transfer**

4.2.1 A national Health Visitor Transition task and finish group has been established to develop and lead the transfer arrangements. The Executive Director of Children Services has been part of this group since its establishment. Within London, the NHS England London Area Team and London Councils recruited a transition lead to support the process.

4.2.2 Locally, a multi-agency Health Visitor Partnership Group of PCTs/Clinical Commissioning Groups, NHS England London Area Team, LA Public Health and Children Services, was established to implement the local HV service development plans and to have oversight of performance. This group has been now been reconvened to oversee the safe transfer of the service and to contribute to the development of commissioning intentions for a new integrated service model.

4.2.3 Meanwhile, a small local transition team consisting of combined Public Health and Family and Children's Senior Managers and Commissioners has worked with the London Area Team lead since July 2014 to establish the local transition processes and outcomes. The team is continuing to work with NHSE and CLCH on the contract transfer arrangements.

4.2.4 NHSE issued contract transfer guidance in February 2015 and based on legal and contractual advice it was agreed that NHSE will put in place its own contract from April to September 2015 and assist us with putting together a new local authority contract for LBHF from 1<sup>st</sup> October 2015.

### **4.3. Performance management**

4.3.1 In 2013 a Memorandum of Understanding was agreed between NHSE, Central London CCG and local Public Health to provide a framework for information sharing and performance management for the three boroughs' services during 2013-2015.

4.3.2 The regulations make it clear that there is no expectation of an uplift in performance at the point of transfer, and that councils will only be expected to take a reasonably practicable approach to delivering the mandated elements of the Healthy Child Programme 0-5 years and to continuous improvement over time.

4.3.3 Information governance arrangements are in place so that our provider CLCH is able to share information and data submitted to the NHS England about the current level of performance, so that LBHF can know their pre-transfer baseline.

4.4.4. The performance data is currently provided on a CCG basis, but from October 1<sup>st</sup> the requirement is that it will be reported on a local authority basis. Initial analysis of the Q4 data shows that the LBHF health visiting service is performing well against the mandated elements of the HCP.

4.4.5 The Family Nurse Partnership reports directly to the National FNP Unit and their performance data is made available and reviewed quarterly through the local multi-agency FNP Advisory Board. The FNP has demonstrated significantly improved outcomes for vulnerable young mothers and their children and performance is good.

## **5. Developing Future Commissioning Intentions**

5.1 From the 1<sup>st</sup> October both HV and FNP will be commissioned to deliver against the standard national service specification, which include clear outcome measures and KPIs, until a new service is re-commissioned during 2016-17.

5.2 LBHF's HWBB's Best Start in Life and Early Help Strategy are informing the development of an integrated early years' service model for future 0-5 services with a shared outcomes framework. This is being developed jointly with CCGs, Local Authority Public Health and Children's and Families' Services, service providers and other key stakeholders.

5.3 The proposed model will bring together a universal, targeted and enhanced offer into a single pathway, with an emphasis on identifying need, in families and individuals, much earlier and more systematically across all early years' services.

5.4 It is proposed that a range of targeted services will be part of the Children's Centre core offer, providing a resource to the universal early years' service, and be an integral part of the early years' pathway. An enhanced pathway will also be developed for families under pressure.

5.5 An integrated early years' service will include working closely with maternity and primary care services and continue to provide a named link and regular liaison with each GP.

5.6 Benefits of this approach will include an integrated approach to supporting families from an early stage, a team of staff wrapped around GP practices that can provide extra support, and improved outcomes for maternal well-being and child development with fewer consultations on non-medical issues and less pressure on A&E and out-patient appointments.

5.7 The Best Start in Life Programme Board is overseeing the strategic development of this work and the LBHF Best Start in Life Work Group is reviewing current customer journeys and good practice, to develop a local multiagency service offer with shared aims and outcomes.

5.8 A series of Best Start in Life Partner Workshops, facilitated by the Early Intervention Foundation, have been arranged to support engagement of all partners in developing an integrated model and pathways.

## **6. CONSULTATION**

6.1. The Department of Health undertook extensive consultation with service users, providers, commissioners, and other partners in the development of the national health visiting specification and mandation requirements.

6.2. Local service user and stakeholder consultation will be undertaken for the service review and development of an integrated early years' pathway.

## **7. EQUALITY IMPLICATIONS**

7.1. Health visiting and FNP services are designed to influence and improve child health and family outcomes and address inequalities. Prior to transfer, the DH undertook an Equality Assessment of the mandated elements of the Healthy Child Programme/ 0-5 years and concluded that mandation will in general have a neutral or slightly positive impact.

7.2. Any proposed significant changes in local service delivery will be subject to Equality Impact Assessments as part of the decision making process.

## **8. LEGAL IMPLICATIONS**

8.1. Whilst the financial and workforce analysis is not a transfer agreement, and is not binding on local government or NHS England, it will inform the level of funding that the Council will receive as part of the Public Health Grant to support the new commissioning functions.

## 9. FINANCIAL AND RESOURCES IMPLICATIONS

- 9.1 In December 2014 the Department of Health published the proposed half year funding allocations for HV and FNP services on transfer to LAs in October 2015. The final LBHF HV annual funding allocation of £3,992M was published and signed off in February 2015.
- 9.2 The contract value matches expectations and is considered sufficient to deliver the mandated elements of the service. It includes a growth element for increased HV workforce for 2014 -15 as part of the Government's Agenda for Change. A recurrent commissioning resource of £30K PA per borough is also included in the allocations, proportionately 15K for LBHF in 2015-16.
- 9.3 Additionally, the total funding allocation of £350K PA for the three borough West Central London FNP service is being apportioned to reflect each local authority's level of need, based on a three year average of the number of births to teenage mothers in each local authority. It will be adjusted annually where there is a significant change in proportion. For LBHF the annual contribution to this shared service is £150,606.

## 10. RISK MANAGEMENT

- 10.1 Local Authority Officers negotiated with NHSE to ensure that the budget allocation on transfer would be sufficient to deliver the mandated elements of the LBHF services and ensure service continuity. The budget allocation was agreed and signed off in February 2015.

## 11. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 11.1 The NHSE contract for these services will end on 30<sup>th</sup> September 2015 when commissioning responsibilities and the budget for health visiting and FNP transfers to the Local Authority. A new Local Authority contract will be directly awarded to the current provider from 1st October 2015 for 24 months. This will allow sufficient time to undertake a service review, develop commissioning intentions and re-procure the new service.

### LOCAL GOVERNMENT ACT 2000

#### LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.			