



<u>Committee and Date</u>
Young People Scrutiny Committee
4 February 2014 9.30am

<u>Item</u>
<b>11</b>
<u>Public</u>

## **TRANSFER OF COMMISSIONING ARRANGEMENTS FOR 0-5'S**

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### **1. Summary**

On 1st October 2015 the commissioning responsibility for Health Visiting Services and Family Nurse Partnership (FNP) transfers to the local authority.

NHS England will have responsibility from April 2015 to work in partnership with Shropshire Council with novation of the contract taking place from 1st October.

The NHS contract has not yet been released and no release date provided. It is planned to have an in-house short life '0-5 Commissioning Transfer' working group set up, reporting to the Healthy Child Programme Partnership Board, to take this forward.

There are a number of outstanding issues that require clarification and these are identified in this paper.

Additional information regarding the roles and responsibilities of Health Visitors has been provided at the end of the paper.

### **2. Recommendations**

- The Committee is requested to note the proposals and arrangements outlined in this paper regarding the transfer of Health visiting and FNP services to local authority and the potential opportunities that this brings for future integration of services and support for children and families in Shropshire.
- To agree a timeline for reporting to YP Scrutiny Committee.

- A member of YP Scrutiny Committee to be involved in the proposed in-house '0-5s Commissioning Transfer' meetings (3-4 meetings).

## **REPORT**

### **Background**

On 1<sup>st</sup> October 2015 the commissioning responsibility for Health Visiting Services and Family Nurse Partnership (FNP) transfers to the local authority. It is the intention that NHS England will have responsibility from April 2015 working in partnership with Local Authority with a novation of contract taking place on 1<sup>st</sup> October.

### **Finance/budgets**

The total contract value for the half year commencing October 2015 is £1.47 million with an additional £15,000 for commissioning costs. The costings have a base funding of £160 per head of 0-5's in 2015-16 based on a full financial year of commissioning.

The child health information service is not included in this allocation and will remain the responsibility of NHS England for the foreseeable future. NHS England therefore must ensure they are covering the cost of this for health visiting and FNP.

NHS England have now received bottom up costings from Shropshire County Health Trust which require further clarification as there is a discrepancy between these and the proposed funding allocation from NHS England. Further clarification has been requested and assurance from NHS England has also been requested that Shropshire Council will have a budget which is sufficient for the needs of the service in its entirety.

It is proposed that the funding allocation from April 2016 will be undertaken using ACRA funding. We have highlighted some concerns about this and requested that our concerns are fed back to the Department of Health as currently ACRA funding allocation formulae does not recognise the cost of providing services in a rural County such as Shropshire.

The current CQUIN is included in the proposed funding allocation – this is inconsistent with arrangements in other areas.

The Area Team will clarify issues and arrangements regarding potential cross border costs, although the principle underpinning the allocation is that the health visiting service should only cover the resident, as opposed to registered population.

No agreement has been made with the NHS Local Education Team regarding training funding although we have been assured that student training would not come from allocation.

## **Staffing**

The current allocation of Health Visitors for Shropshire includes Family Nurse Partnership hours where a family nurse's primary qualification is health visiting. Shropshire Community Health Trust has undertaken some mapping work to ensure that the allocation meets the maximum caseload recommendations.

There is a possibility that as a result of the national programme to increase health visiting numbers and student numbers currently that we may have an oversupply of qualified health visitors by October 2015. NHS England have indicated that the oversupply should balance by October 2015 across Staffordshire and Shropshire, however in the event that there is an oversupply they will fund this for the 6 months from 1<sup>st</sup> October 2015: this will be non-recurrent funding. Shropshire Council would require assurances that the liability is removed for any costs that may be incurred as a result of this e.g. redundancy costs.

A new service specification has been drawn up for 2015/16 although details around performance metrics are still to be agreed. Much of the universal health visiting service is mandated and drawn from the *Healthy Child Programme 0-19 years*.

## **Reporting/Governance**

The NHS contract has not yet been released however when this is available the Local Authority legal and financial teams need to be clear about what this includes and it is planned to have in-house '0-5 Commissioning Transfer' meetings to take this forward. We are seeking input and support from the YP Scrutiny Committee to this short life working group.

NHS England has recently undergone a restructuring which has resulted in a broadening of responsibility for the Local Area Teams (LAT). Shropshire will now be allocated to an area team which includes Telford and Wrekin, Staffordshire, Stoke on Trent, Nottinghamshire and Derbyshire with one Public Health Commissioning Manager. The LAT will continue to work with the Local Government lead.

A Healthy Child Partnership Board is to be set up, with an inaugural meeting in February and this will report directly to the Children's Trust and Health and Wellbeing Board.

Performance monitoring against the Public Health outcomes framework will report to Public Health England.

A close working relationship has been formed with CCG colleagues particularly the Women and Children's commissioner.

### 3. Risk Assessment and Opportunities Appraisal

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

- The Local Authority risk manager will be invited to attend the in-house planning meetings to oversee the transfer details.
- There has been health visitor engagement throughout the process.
- A communication plan with GPs and other partners will be developed.
- A risk log for transition has been developed with Shropshire Community Health Trust and NHS England.
- The need to ensure that any funding discrepancy is resolved prior to novation is of paramount importance.
- The remit of the Local Area Team has increased which may mean that the planned smooth transition may not be as robust.
- There is an opportunity to develop a coordinated strategic approach to commissioning particularly 0-5 but also 0-19 years with other local authority colleagues.

### 4. Financial Implications

- A large sum of money will be transferred into Local Authority, however this will only cover the mandated service – there is no scope for planned growth.
- The funding is only guaranteed for 6 months effectively, as ACRA are to revisit the funding formula and revise allocations.

### 5. Additional Information

The following additional information is taken from the document:

*Department of Health. Transfer of 0-5 children's public health commissioning to Local Authorities. Baseline Agreement Exercise December 2014.*

#### **“Commissioning 0-5 public health services**

25. From 1 October 2015, Local Authorities will take over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. It is not a transfer of the workforce, who will continue to be employed by providers. 0-5 public health services include commissioning of the Healthy Child Programme including delivery of the health visiting service and FNP targeted services for teenage mothers.

26. The **Healthy Child Programme** is the universal clinical and public health programme 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 HCP, led by health visitors and their teams, offers every child 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 and at key times.

27. 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 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 to help families with continuing complex needs.

28. Our aim is to ensure future commissioning supports sustainable health visiting services. We are using the model of '4, 5, 6'. This is, the four levels of health visiting service, the five elements we intend to mandate (described later in this document), leading to the 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 age 2 – two year old review (integrated review) and support to be 'ready for school'.

29. 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.

30. The transfer of 0-5 commissioning will join-up public health services for children and young people aged 5-19 that are already delivered by Local Authorities (and up to age 25 for young people with SEND). This will enable

joined up commissioning from 0 to 19 years old, improving continuity for children and their families.

31. The following commissioning responsibilities will remain with NHS England:

- Child Health Information Services (CHIS) (to be reviewed in 2020); and
- the 6-8 week GP check (also known as Child Health Surveillance). “

*End of quoted document extract*

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

*Department of Health. Transfer of 0-5 children's public health commissioning to Local Authorities. Baseline Agreement Exercise December 2014.*

**Cabinet Member (Portfolio Holder)**

Cllr Karen Calder (Health)

**Local Member**

**Appendices N/A**