

TRANSFER OF RESPONSIBILITY FOR COMMISSIONING HEALTH VISITING AND FAMILY NURSE PARTNERSHIP TO CAMBRIDGESHIRE COUNTY COUNCIL

To: Health Committee

Meeting Date: 12 March 2015

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: 2015/009 *Key decision:* Yes

Purpose: To confirm the mechanism for the transfer of the contract with Cambridgeshire Community Services for Health Visiting and Family Nurse Partnership Services from NHS England to Cambridgeshire County Council, as part of the national implementation of the transfer of commissioning responsibility for the Healthy Child Programme 0-5 from the NHS to Local Authorities.

Recommendation: The Committee is asked to:

- a) approve the novation of the contract with Cambridgeshire Community Services for Health Visiting and Family Nurse Partnership Services from NHS England to Cambridgeshire County Council on October 1st 2015

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1. BACKGROUND

- 1.1 A paper was taken to Health Committee on 20 November 2014 and is attached as Annex 1. It briefed the Committee on the impending transfer of commissioning responsibility under the Health and Social Care Act (2012), for two services for families with babies and children aged 0-5: Health Visiting and Family Nurse Partnership (FNP). Full commissioning responsibility will transfer from NHS England to Cambridgeshire County Council on 1st October 2015, and prior to this the two organisations have been working together to negotiate 2015/16 contracts, service specifications and Key Performance Indicators.

2. MAIN ISSUES

- 2.1 The existing contract with the current provider expires on 31st March 2015 and the two options offered in national NHS England guidance for transfer of contracts between NHS England and Local Authorities on 1st October 2015 were:

- (a) award of a single NHS contract to the existing provider from 1st April 2015 with novation to the County Council on 1st October 2015 or:-
- (b) award of a 6 month contract to the existing provider on 1st April with a separate 6 month contract from 1st October.

Legal advice has been taken, and Option A is recommended as the lower risk option; it secures continuity of service and offers the lowest risk of challenge from the market. It was also recommended that this contract should be for two years to give the County Council a year commissioning the service before putting the service out to tender for the 2017/8 contract. The draft Deed of Novation is attached as Annex 2.

- 2.2 The Service Specifications and Key Performance Indicators for the CCS health visiting service are being finalised and we have worked closely with NHS England and local partners to agreed modifications to the national template to suit local circumstances and priorities. These will form part of the standard NHS contract for 2015/16 which is still being finalised (the standard NHS contract for 2014/15 is referenced at the end of this paper and will be updated as soon as the 2015/16 contract is available). The contract and specifications need to be agreed and signed between NHS England and CCS before 11 March in order to prevent their contract being automatically taken to mediation.
- 2.3 The service specification and contract will indicate that the legal process to transfer the contract commissioning to Cambridgeshire County Council will be agreed at the Health Committee meeting on 12 March 2015. The legal department have drawn up a draft Novation Deed for the contract which is attached as Annex 2. We have a Memorandum of Understanding with NHS England covering 30 October 2014 – 30 September 2015, 'or until the responsibility transfers from NHS England to the local authority.'
- 2.4 Currently in Cambridgeshire, most of the health visiting service mandated activities are being delivered universally, and performance against expected percentage completion levels has been improving. The antenatal health promoting visits are only being offered in a targeted way currently. The provider is working to extend this to a universal service and also offer a further

check when the baby is 3 - 4 months old, to conform with best practice guidance.

- 2.5 The funds of £3,861,000 for 1st October 2015 to 31 March 2016 will be transferred in a 'lift and shift' arrangement, to the Public Health Ring-fenced Budget. This allocation includes £15,000 for commissioning costs, £49,000 for Homestart and £93,000 for NHS Quality Improvement incentives (CQUINs) for the 3- 4 month check and to increase breast feeding rate.
- 2.6 From 2016/17, commissioning funds for 0-5 public health services will remain ring-fenced and be included in the overall public health grant allocation. Public health ring fenced allocations are reported on separately to the Department of Health.
- 2.7 In 2011 the Department of Health published its 'Health Visitor Implementation Plan 2011-15: A Call to Action', which gave a commitment to increase the number of health visitors across the country to 4,200 by 2015. We are on track to have a total of 115 WTE HVs transferred on 1 October 2015 in Cambridgeshire together with the FNP programme.
- 2.8 Cambridgeshire County Council already has a close working relationship with the NHS England area team which currently commissions health visiting and FNP services. Work to prepare for the transfer of commissioning health visiting and FNP has involved officers from both Public Health and Children, Families and Adults (CFA) directorates and joint performance monitoring meetings with the provider (CCS).
- 2.9 An implementation plan has been developed on a Gantt chart and the transfer has been added to the Public Health risk register. Because only the commissioning is being transferred and because NHS England would continue to commission the service after 1 October 2015 if the transfer was not completed, there are limited risks of service delivery being disrupted during this process or of children's outcomes being affected negatively.
- 2.10 With regard to the neighbouring authorities: Norfolk are going out to procurement for 1st October 2015 with support from NHS England; Suffolk has opted for a novated 2 year contract as proposed for Cambridgeshire. There is the potential for us to learn from Norfolk's experience with tendering this year to inform a future procurement process.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Ensuring effective commissioning of 0-5 HV and FNP services will promote a good start for all children. This will result in greater school readiness, with implications for future education and employment.

3.2 Helping people live healthy and independent lives

There is a large amount of evidence for the importance of the early years on future physical, emotional and economic health.

3.3 Supporting and protecting vulnerable people

As a universal service, with progressive interventions for more vulnerable families, the health visiting service works in partnership with other services in the early years to meet the needs of these families. Family Nurse Partnership is a service particularly targeted at families of teenage mothers at risk of poorer outcomes.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The budget for 0-5 public health services will transfer to the Local Authority from NHS England on 1st October 2015. Joint commissioning arrangements in future years will ensure alignment of the health visiting/ FNP functions with Children's Centres and other early years services, providing a more integrated and cost-effective service.

4.2 Statutory, Risk and Legal Implications

In the context of this paper, mandation means a public health step prescribed in regulations as one that all Local authorities must take. The regulations are made under section 6C of the NHS Act 2006.

The majority of Local Authorities have opted to novate the HV and FNP contracts from NHS England and a national template was issued which our legal department have modified to suit local circumstances.

If the Authority does not have a suitable arrangement in place for these services, which the Authority has a statutory duty to provide from 1st October 2015, NHS England will continue to hold the funds and administer the contract until such time as the Authority does take over the contract. This will ensure that the service provision and payment of the provider is not disrupted. This contract has been added to the Public Health Risk Register.

4.3 Equality and Diversity Implications

As described above, public health services for 0-5 have the potential to reduce inequalities in outcomes for families through the delivery of the Health Child Programme 0-5.

4.4 Engagement and Consultation Implications

The joint commissioning arrangements will need to ensure that children, young people and their families are part of the commissioning and contract monitoring process to deliver improved service user experience and outcomes.

4.5 Localism and Local Member Involvement

Health visitors have a role, in the 'Call to Action' model, in leading work to build community capacity in improving health.

4.6 Public Health Implications

The importance of health visiting and FNP in reducing inequalities and ensuring the best start in life are outlined in the main text of the November 2014 paper.

Annex 1: Health Committee paper 20 November 2014

Annex 2: Draft Deed of Novation March 2015

Source Documents	Location
<p>HV and FNP service specifications and CQUINs 2015 and contract</p> <p>The standard NHS contract for 2014/15 (to be updated to 2015/16 as soon as available)</p> <p>Securing Excellence In Commissioning For Healthy Child Programme 0-5 Years 2013 – 2015. NHS England (2013)</p> <p>Health Visiting Implementation Plan 2011-2015. <i>A call to action</i>. Department of Health 2011</p> <p>Healthy Child Programme: Pregnancy and the first 5 years of life. Department of Health 2009</p>	<p><i>Available from Public Health Room 112 Shire Hall</i></p> <p>http://www.england.nhs.uk/nhs-standard-contract/</p> <p>http://www.england.nhs.uk/wp-content/uploads/2013/08/comm-health-child-prog.pdf</p> <p>https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015</p> <p>https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</p>