

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

To: Health Committee

Meeting Date: 20th November 2014

From: Director of Public Health

Electoral division(s): All

Forward Plan ref:

***Key decision:* No**

Purpose: To inform the committee of the main issues for the transfer of responsibility for public health commissioning for children aged 0-5 into existing joint commissioning arrangements.

Recommendation: The Committee is asked:

- a) To receive and comment on this briefing on the transfer of commissioning responsibility of health visiting to Cambridgeshire County Council, including fit with the Children's Health Joint commissioning Unit.

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1. BACKGROUND

- 1.1 Under the 2012 Health and Social Care Act, the commissioning of two services for families with babies and children aged 0-5, Health Visiting and Family Nurse Partnership, will transfer from NHS England to Local Authorities. Full commissioning responsibility will transfer in October 2015, and prior to this the two organisations will work together to negotiate 2015/16 contracts.
- 1.2 This will complete the transfer of commissioning responsibility for public health services for children and young people aged 0-19; commissioning responsibility for school nursing having transferred in April 2013. It is only the responsibility for commissioning services which will transfer, health visiting staff and family nurses will continue to be employed by the existing provider.
- 1.3 The Health Committee has delegated authority in the County Council Constitution to oversee and undertake the Council's functions relating to the public health duty of the Council including health improvement, individual and community wellbeing, and the reduction of health inequalities. The role of the Health Committee in the transfer of Health Visiting and FNP relates to its governance of the council's public health function and of the public health ring-fenced budget. The Health Committee therefore has a role in overseeing the transfer, including the transfer and governance of the budget for these services and the delivery of public health outcomes. There is cross-over with the strategic role of the Children and Young People's Committee, which has oversight of services for children and young people in relation to their care, wellbeing, education and health outcomes and therefore has the lead role overall in ensuring good outcomes for children and young people.
- 1.4 There is strong evidence that ensuring a good start in life for all is vital for reducing future health inequalities. The Health visiting service is central to delivering public health outcomes for children, including readiness for school, which has been identified as a key priority for Cambridgeshire for families who are eligible for free-school meals and pupil premium.
- 1.5 The Health Visiting Service is a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. Health visitors lead the delivery of the 0-5 Healthy Child Programme, the evidence-based, preventive, universal-progressive service for children in the early years of life.
- 1.6 Health visitors work closely with many early years' services, including GPs and Children's Centres.
- 1.7 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.
- 1.8 Family Nurse Partnership (FNP) is a preventive, evidence based home visiting programme for first time teenage parents and their babies. It provides intensive, structured, one to one support from the same family nurse from early pregnancy to age two. The programme aims to improve pregnancy outcomes, improve child health and development and improve parent's economic self-sufficiency.

2. MAIN ISSUES

- 2.1 The transfer of health visiting and FNP commissioning to local authorities is nationally mandated. In addition, specific elements of service provision will be mandated to ensure that there is universal coverage to a national standard format. These are:
- Antenatal health promoting visits
 - New baby review
 - 6-8 week assessment
 - 1 year assessment
 - 2 to 2¹/₂ year review
- The intention nationally, however, is that these measures do not undermine the provision of a comprehensive and seamless service which is both universal but also provides more targeted input where this is needed. This includes working with partners across the children's agenda.
- 2.2 Currently in Cambridgeshire, most of the mandated activities are being delivered universally and performance against expected % 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.
- 2.2 Similarly the finance elements of the transfer of commissioning are being coordinated nationally. The funds for 2015/16 will be transferred in a 'lift and shift' arrangement, based on expected spend, to the Public Health Ring-fenced Budget. From 2016/17, commissioning 0-5 public health services will be included in the overall public health grant allocation. This will be based on fair share allocation. Public health ring fenced allocations are reported on separately to the Department of health.
- 2.3 The key issues for ensuring a good handover of commissioning of 0-5 public health services include:
- Integrating the commissioning of 0-5 public health services into a joint commissioning approach
 - Ensuring a clear and transparent transfer of the budget with regard to achievement of the 'Call to Action' health visitor trajectory
 - Ensuring single joint contract negotiations with NHS England and the provider for 2015/16 and
 - Ensuring awareness of current service specifications and service performance measures
- 2.4 In Cambridgeshire joint commissioning arrangements already exist between Cambridgeshire County Council, Cambridgeshire and Peterborough Clinical Commissioning Group and NHS England through Cambridgeshire Children's Health Joint Commissioning Board (CHJCB). These aligned commissioning arrangements were set up to reduce the risk of fragmenting the commissioning of services for children and young people. The current member chair of the CHJCB sits on both the Health committee and the Children and Young People Committee. The CHJCB reports to the Cambridgeshire and Peterborough Children's Programme Board, which is chaired by the Director for Quality, Safety & Patient Experience at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

- 2.5 The oversight of health visiting commissioning by the CHJCB locally will aim to ensure a link with other 0-5 services and GP services to improve outcomes for children and families, particularly the most vulnerable.
- 2.6 Cambridgeshire County Council already has a close working relationship with the NHS England area team which currently commissions health visiting. 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 has included:
- Joint working alongside all children's commissioners on the Cambridgeshire and Peterborough CCG Children's Commissioning Board.
 - The setting up of Joint performance monitoring meetings for Health Visiting. These meetings allow a single conversation with the provider as well as allow a shared understanding to be developed of the issues relating to 'A call to action'. For example, the impact of past and future increases in health visitor training numbers on the current and future delivery of the Healthy Child Programme locally and meeting workforce targets.
 - Joint governance of FNP through the FNP Advisory Board (chaired by the CCG/ CFA joint children's commissioner; NHS England and Public Health are also members). This group has a key role in ensuring the fidelity of the FNP programme is maintained and linking FNP to other services for children aged 0-5.
 - Joint development of local performance measures which contribute to key public health outcomes, to sit alongside those specified in the national health visiting service specification. In addition, the public health team at Cambridgeshire County Council contributed to the consultation on the national Health Visiting Service Specification.
 - NHS England has commissioned Cambridgeshire and Peterborough to pilot the outcomes section of a regional Healthy Child Programme Commissioning and Provision Toolkit; this work will look at how to measure outcomes for children aged 0-5 and their families, which can only be achieved through services working together.
- 2.7 In the lead up to the transfer of commissioning, a programme/ project management structure will be set up, which will include:
- A steering group with director-level input from CCC (Director of Public Health and CFA Director of Strategy and Commissioning) and senior input from NHS England, which will provide oversight of the transfer and provide progress reports to the Children's Health Joint Commissioning Group and the Health Committee.
 - Sub groups for each of: Contracts; Finance; and Health Visiting performance/ trajectories; these subgroups will have appropriate officer representation from CCC and NHS England and report to the steering group.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Ensuring effective commissioning of 0-5 services will ensure a good start for all. 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 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. Further work is needed to identify potential future pressures on this budget, for example the implications of a workforce with a current large proportion of newly qualified staff. Joint commissioning arrangements will ensure alignment of the health visiting/ FNP function with other early years services.

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.

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 this paper.

Source Documents	Location
<p>Securing Excellence In Commissioning For Healthy Child Programme 0-5 Years 2013 – 2015. NHS England (2013)</p>	<p>http://www.england.nhs.uk/wp-content/uploads/2013/08/comm-health-child-prog.pdf</p>
<p>Health Visiting Implementation Plan 2011-2015. <i>A call to action</i>. Department of Health 2011</p>	<p>https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015</p>
<p>Healthy Child Programme: Pregnancy and the first 5 years of life. Department of Health 2009</p>	<p>https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</p>
<p>Cambridgeshire Annual Public Health Report (2013-2014)</p>	<p>http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/536/public_health</p>
<p>Transfer of 0-5 children's public health commissioning to local authorities. Factsheet: Commissioning the national Healthy Child Programme – mandate to ensure universal prevention, protection and health promotion services.</p>	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347047/Mandation_factsheet_final_22-8-14.pdf</p>
<p>Transfer of 0-5 children's public health commissioning to local authorities. Factsheet: Finance issues</p>	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359471/Finance_Principles_Factsheet.pdf</p>