

The Transfer of 0-5 public health commissioning responsibilities to Local Authorities

Agenda item 10

Date	15 July 2015																
Board Sponsor	Richard Harling																
Author	Liz Altay, Public Health																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>No</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>No</td> </tr> </table> <p>Has an equality impact analysis been carried out? No If yes, please summarise findings:</p>	Older people & long term conditions	No	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Other (specify below)	No	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	No
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Item for	Information and assurance																
Recommendation	<p>1. That the Health and Well-being Board is asked to:</p> <ul style="list-style-type: none"> a) Note the scope and progress of the forthcoming transfer of commissioning arrangements for 0-5s public health services; b) Note progress of implementation of the revised national health visiting model, in particular the move from a registered to a resident basis; and c) Ask CCG Board members to disseminate the key messages to GPs. 																

Background

2. Responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1 October 2015. The transfer of public health commissioning for 0-5s is the final part of the transfer of public health commissioning to local authorities under the Health and Social Care Act 2012, which saw wider responsibilities successfully transfer in April 2013. 0-5 children's public health services comprise the Healthy Child Programme (HCP) including the Health Visiting (HV) service, and the Family Nurse Partnership (FNP). Local Authorities will receive funding, as part of their public health ring fenced grant (PHRFG), to commission these services as from October 2015. The transfer will enable join-up with 5-19 public health services (school nursing) and join-up across all WCC commissioned 0 to 19 services, particularly Early Help provision.
3. Regional oversight groups have been set up by the LGA in partnership with NHS England and PHE. However there is also an expectation nationally that Health and Well-being Boards will 'oversee' and assure the transfer. The Council is currently co-commissioning these services with NHS England in preparation for the transfer and has jointly developed key messages for GPs and for families for onward dissemination.

Healthy Child Programme

4. The HCP is a universal preventive and early intervention public health service for improving the health and wellbeing of children. The HCP provides a progressively targeted schedule of evidence based assessments, screening, immunisations and contacts for all children, with more targeted and tailored support for those who need it. The HCP for 0-5s is built on a strong evidence base originally identified in 2009 and more recently reviewed and updated in March 2015.

Health Visiting Services

5. Health Visitors (HV) are trained specialist community public health nurses who lead and deliver the HCP for all children aged 0–5. The Worcestershire HV service is provided by the Health & Care Trust (WHCT). Nationally a "call to action" commenced in 2011 with additional investment for more HV numbers and transformation through a revised HV model. The local service has achieved 20% growth to 122.8 wte fully qualified HVs by March 2015.
6. A national specification for Health Visiting sets out a model of evidence based delivery based on progressive universalism:
 - Community Offer – tailored to meet needs of local

Family Nurse Partnership

Mandation of service provision

- communities
 - Universal – delivery of HCP to all families
 - Universal Plus – targeted support to address additional needs
 - Partnership Plus – multi-agency working where there is identified need
7. In preparation for transfer the Council and NHS England have co-commissioned and localised the specification to include alignment to Early Help providers, improved information sharing, development & inclusion of various local integrated pathways, implementation of integrated 2.5 year checks and strengthened communications with GP practices in light of the move from a registered to a resident population.
8. The Family Nurse Partnership (FNP) is an evidence based prevention programme that was developed in the US. Trained family nurses provide intensive structured home visiting for young teenagers in their first pregnancy. The programme is licensed and highly structured, with fidelity measures to ensure replication of the original research. There are three main goals:
- To improve antenatal health;
 - To improve child health; and
 - To promote economic self- sufficiency.
9. Trials to date have demonstrated positive outcomes including improved prenatal health, fewer childhood accidents, reduction in attendance and admittance to hospital, fewer subsequent pregnancies, increased maternal employment and improved school readiness. NHS England have recently procured the first FNP service for Worcestershire to provide 100 places. The Provider is a social enterprise, Ripplez CIC, who commenced a 3 year contract in April 2015.
10. The Government has arranged to mandate certain universal elements of the 0-5 HCP following transfer namely:
- Antenatal health promoting visits;
 - New baby review;
 - 6-8 week assessment.
 - 1 year assessment
 - 2-2½ review.
11. These elements are delivered by HVs or through FNP. Mandation will ensure that the increase in health visiting services' capacity achieved continues as the basis for provision of evidence-based universal services and local authorities will need to ensure service levels are sufficient to achieve universal coverage for these

Funding, contracts & transfer

mandated checks. However LAs will have flexibility to ensure that these universal services support local community development, early intervention and complex care packages.

12. Final allocations for Local Authorities in respect of funding for commissioning 0-5 public health services for 2015/16 were published February 2015. Total funding for the six month period from 1 October 2015 to 31 March 2016 for Worcestershire is £3.342m. The final allocation in respect of the HV contract was less than full contract value due to an historical non-recurrent element of NHS England funding. Following negotiations with WHCT, contract values and HV staffing levels have been agreed for the 6 month period of a 2 wte reduction in HV numbers. All 2015/16 contracts and deeds of novation have been executed and signed.
13. A national self-assessment for the transfer has been undertaken, overseen by the regional oversight groups. NHS England are currently developing a number of legacy and handover documents in preparation for October. NHS England are addressing issues that have arisen regarding current national and local NHS data collection systems that contribute to service monitoring and performance. It is anticipated that current HV KPIs will start to be collected on a local authority resident basis prior to transfer.
14. The Treasury announced on 11 June 2015 that it intended to reduce the national PHRFG by £200m in 2015/16. We are expecting that Worcestershire's PHRFG will be reduced, with a planning assumption of a £3.3m reduction in year. This will affect services funded by the PHRFG, including 0-5 public health services. Initial proposals for savings have been developed and will be put to Cabinet on 16 July. These are that funding for 0-5 public health services would be reduced by 10% from October 2016 and that the services would be recommissioned along with children's Early Help as a single 0-5 service, with the mandated elements of the services preserved.
15. Nationally, the new HV model and the local authority allocations for 0-5 Public Health services are based on a resident population. WHCT have historically provided HV services in Worcestershire on a GP registered population, these numbers are greater than the resident population. In addition WHCT have historically provided a service for children resident in Frankley, Birmingham. It has been estimated that this requires approximately 300 Frankley children to be repatriated to Birmingham HVs

Registered to resident basis

and a further 300 children resident in other LAs currently registered with Worcestershire GPs across the county will require repatriation to other local authority HV providers.

16. The repatriation of Frankley children is being undertaken via a phased approach and will be complete by October. The process to do this and any lessons learnt are being used as a pilot for all West Midlands local authorities, led by NHS England and WHCT and overseen by the Regional Oversight Group. It is intended the Frankley pilot will inform the move of all other registered to resident children out of county on a phased approach during the period October 15 to April 16 in Worcestershire and all other neighbouring local authorities at the same time.
17. Concern has been expressed by a number of local GPs regarding the move from a registered to resident basis. In a small proportion of cases, where families are registered with a Worcestershire GP but do not reside in the county, they will no longer receive health visiting services from a Worcestershire Health Visitor. To mitigate the impact of this change each Practice will retain a named HV; HVs will have regular communication and safeguarding meetings with practices; NHS England have developed a strategy to communicate changes clearly to parents, GPs and other stakeholders and robust pathways are being put in place to ensure a safe and managed handover of children between providers. To achieve the new HV model, WHCT have re-organised some HV services in parts of the county. HV checks and health assessments will continue to take place in GP premises where they do currently, however HVs serving Redditch & Bromsgrove moved to Trust premises in January 2015 and Evesham HVs will be based in Evesham Community Hospital.
18. A slide deck outlining the HV service model, the transfer of commissioning responsibility in October and the implications of the move from a registered to resident basis has been prepared for CCGs and GPs by NHS England. In addition, FAQs for both GPs and families are available. CCGs are invited to take the presentation and communication materials and disseminate to their practice members.