



Buckinghamshire County Council Select Committee

Education, Skills and Children's Services Select Committee

Report to the Education, Skills and Children's services Select Committee

Title: Transfer of 0-5 year Children's Public Health Commissioning to Local Authorities

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Cabinet Member sign-off: Mrs Patricia Birchley

Purpose of Agenda Item

This paper is produced to inform the committee of the transfer of the 0-5years childrens public health commissioning to Local Authorities in October 2015. This transfer refers to the transfer of the commissioning function as the final part of the Public Health transition from the NHS to local authorities and covers the Health Visiting Service and the Family Nurse Partnership programme.

Background

In April 2013 Buckinghamshire County Council took back responsibility for promoting the health of its residents. As part of these changes the responsibility for commissioning some elements of the 0-5 years Healthy Child Programme (HCP), as defined under the Section 7A agreement and GP contract 2006 NHS Act, will be transferring from NHS England to Local Authorities on 01 October 2015. This offers the council further significant opportunities to improve the health and wellbeing of children at the most critical stage in life, support child development and school readiness, support families and intervene early to avoid problems escalating.

The transfer of the commissioning responsibility includes the transfer of finances which are meant to ensure no burden to the local authority. It is anticipated that the finances associated with these services is in the region of £6 million.



Local authorities are already responsible for commissioning public health services for children 5-19 yrs through the school nursing services. This responsibility transferred with the transition of public health services to the local authority.

Both the Health Visiting service and family nurse practitioners will continue to be employed by their current provider, Buckinghamshire Healthcare Trust.

Summary

The transfer of commissioning of these services will take place by October 2015 with the transfer of contracts. The finances associated with these contracts and commissioning will also transfer within the public health grant. This has meant that the public health team have been working closely with the area (NHSE) NHS England team on this process. The public health team have worked with local authority colleagues from finance, commercial services and with legal advice as an internal transition working group to take the process forward both in terms of contract transfer and in terms of financial allocation. A key activity to date has focused on financial returns from NHSE area team to inform the Department of Health indicative allocation. We scrutinised the contract finances and commented on concerns regarding CQUIN (Commissioning for Quality and Innovation Framework– enables commissioners to reward excellence, by linking a proportion of healthcare providers income to achievement of local quality improvement goals) commissioning costs and inflation which have been fed in to the national process. The public health team have a designated lead to work with the current commissioners in NHSE, co commissioning as the process goes forward to enable novation.

The Healthy Child programme (HCP) is a prevention and early intervention public health programme offered to all families that lies at the heart of the universal service for children and their families. It aims to support parents, promote child development, reduce inequalities, improve child outcomes and health and wellbeing, and ensure that families at risk are identified at the earliest possible opportunity. It also supports the Joint strategic needs assessment for children. It is an up to date evidence based programme.

The health visiting service provides the lead service to all families with crucial evidence based support, expert advice and intervention in the first years of life as well as referring and directing them to other support services when required. As public health practitioners they work alongside other health professionals and frontline service providers to ensure and enable a holistic integrated provision focused on improving health outcomes and reducing health inequalities at individual, family and community level.

Health visitors work in partnership with parents to promote child development, assess need and identify problems or issues at the earliest opportunity and offer support to reduce the risk of these problems escalating. Health visitors can recognise the risk factors, triggers of

concern and signs of abuse and neglect in children and refer or offer appropriate support to protect them. Often, they are the first to recognise whether the risk of harm to a child has increased to a point where actions need to be taken to protect them. They will maintain contact with families while formal safeguarding arrangements are in place; ensuring families receive the best possible support during this time. If safeguarding arrangements proceed to the child being placed in care i.e. LAC, then the health visiting service will still maintain contact with the child and support the family the child lives within Buckinghamshire. If a child is referred out of area the LAC nursing team will inform GPs and Health visiting teams in the new area. As health visitors are involved in every stage of the child protection process, including serious case reviews, they will be called upon, when appropriate, to appear in court to provide evidence from a health perspective.

Research has shown that health visitors can and do make a real difference to the lives of young children and their families. It has been shown that they can enable and support more relaxed mothering, improved mother-child interactions and early identification of postnatal depression. There are 6 high impact areas where health visitors make a critical difference to childrens and families health and wellbeing. These are:

- Transition to parenthood and parenting skills
- Maternal mental health
- Breastfeeding
- Healthy weight, healthy nutrition and physical activity
- Managing minor illness and reducing accidents
- Reviewing development of child at 2 years and support to be ready for school

Further detail on the 6 high impact areas is set out in the joint LGA/Department of Health and Public Health England produced guidance

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children> but some key benefits of relevance to other council services are highlighted below.

Good parenting is vital for the healthy development of the child with an impact on physical, mental and socioeconomic outcomes in later life and reduces the need for intervention by social services. Health visitors provide parenting advice and can promote and support delivery of targeted parenting programmes. It is also known that there is increased potential for domestic violence and abuse to start or escalate during pregnancy. Early identification of the risks by health visitors can help reduce the potential for this to escalate.

Maternal mental health can have a vital impact on parenting and poor maternal mental health can result in poorer mental health in the child through adolescence and into adulthood. This can result in poor emotional, social and educational outcomes and the resulting cost implications to the wider system include social care costs, child and adolescent mental health service costs, adult mental health costs, welfare and justice system costs. Health visitors are skilled in assessing maternal mental health and provide support or referral to specialist services depending on the severity of need.

Supporting children to develop well and be ready for school is a vital part of the Health Visitor remit. The developmental review at age 2- 2/12 years is to identify the child's progress, strength and needs to promote good outcomes in health and wellbeing, learning and behaviour and promote school readiness.

The family nurse partnership is a licensed programme for first time young parents. It is an intensive programme starting early in pregnancy through until the child reaches 2 years. This is a proportionate universal programme (i.e. targeted to a particular age group but universally applied) focused on young mothers (those who conceive under the age of 20yrs). It complements the health visiting service by providing the universal elements and more intensive support. The programme uses in depth methods to work with young parents in attachment, psychological preparation for parenthood and relationships. FNP has a strong body of evidence (30yrs) identifying it as the most effective preventive childhood programme. It is a licensed programme and is well defined with a detailed service model which must be adhered to ensure fidelity to the programme. Structured home visits by specially trained nurses are offered from early pregnancy through to the child aged 2yrs. The FNP plays an important role in safeguarding arrangements alongside statutory and other partners. An evaluation in the USA by the RAND Corporation estimated that the programme provided substantial savings to society and for high-risk families by the time children were 15. These savings were over five times greater than the cost of the programme and came in the form of reduced welfare and criminal justice expenditures and higher tax revenues. The costs of the programme were recovered by the time the child was aged 4, with positive benefits for children and mothers in the form of reduced emergency attendances at hospital, fewer subsequent pregnancies and longer gaps between births, improved parenting and fewer months on welfare and more months employed.

The HCP is a universal programme and health visitors have a lead role in delivering crucial parent visits at key times in the early stages of a child's life. These universal elements of the HCP (0-5yrs) are key times to ensure the best start in life and to identify early those families which require extra help. These universal services are to be legally mandated as part of the transition to local authorities:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2 1/2 yr review
- The Family Nurse Partnership programme is a proportionate universal programme. Both of these services deliver programmes which contribute to the council Prevention and Early Intervention programme strategy and also provide clear early help offers in relation to the Early Help Strategy.

Key issues

The Public Health Team have a designated officer who is shadow commissioning with NHSE for 2014/15 and is ensuring the management of the process (including the management of the internal transition group and the production of the transition plan). The key focus of this work is to ensure safe and secure transfer of the contract by novation and appropriate financial allocation.

The Public Health lead is also engaging with relevant Bucks groups and stakeholders (such as the Children's Joint Executive Group) and NHSE groups.

The public health lead is working closely with the current commissioners NHSE area team to ensure a safe and secure transfer of the commissioning responsibility and therefore the contract for 2015/16.

The transfer of commissioning to the local authority will enable a more joined up commissioning approach to the public health services delivering of the HCP from 0-5yrs through to 5-19yrs. It will facilitate better alignment of services which also support the HCP 0-5 years already commissioned by the local authority such as childrens centres, local authority early years teams and families first and will optimise performance to ensure that every child reaches its potential and is ready for school.

The commissioning responsibility transfers with the funding for the service contracts with the intention that there should be no burden to the local authority. The transfer is expected to be by deed of novation with contracts transferring 1st October 2015.

Resource implications

Finances related to the commissioning of these services will transfer from the Department of Health to the local authority through the Public Health grant. The indicative allocation is expected to be made known to the local authority in December with a four week period for the local authority to comment. The public health lead and internal transition group will review the indicative allocation and support the consultation process.

Next steps

The contractual processes by deed of novation will take place during the latter part of 2014 through into 2015. As it is a novation process there has to be agreement between the outgoing sending commissioners - NHSE, the receiving commissioners – the Local Authority and the provider- Buckinghamshire Healthcare Trust. The Local Authority needs to confirm novation by the end of January and sign the deed of Novation by February. The public health lead is supporting this process.

The financial allocation associated with this is from the Department of Health to the local authority. The indicative allocation is due in December with a 4 week period for consultation with publication of the final allocation early in the New Year. The public health lead is supporting this process.

