Medway COUNCIL
Serving You

CABINET

10 MARCH 2015

PUBLIC HEALTH – TRANSFER OF COMMISSIONING RESPONSIBILITIES FOR HEALTHY CHILD PROGRAMME 0-5 YEAR OLDS

Portfolio Holder:	Councillor David Brake, Adult Services
Report from:	Dr Alison Barnett, Director of Public Health Perry Holmes, Assistant Director, Legal and Corporate Services
Author:	Aeilish Geldenhuys, Head of Public Health Programmes Christine Wilson, Head of Legal Services

Summary

This report sets out the transfer of responsibilities for commissioning of the Healthy Child Programme for 0-5 year olds from NHS England to the Council and seeks authority to be delegated to the Monitoring Officer to deal with the legal formalities in relation to formal receipt of those functions under the Health and Social Care Act 2012 and subordinate legislation.

1. Budget and Policy Framework

1.1 The Health and Social Care Act 2012 sets out the statutory transfer of functions relating to Public Health to upper tier local authorities with effect from 1 April 2013. The transfer of responsibility for commissioning the Healthy Child Programme 0-5 will occur on 1 October 2015

1.2 Funding for this new responsibility will be received by the Council through the ring-fenced Public Health Grant.

1.3 The transfer of commissioning of the Healthy Child Programme 0-5 is included in the 2015/2016 Council Plan.

2. Background

2.1 A range of public health responsibilities transferred from the NHS to upper tier local authorities on 1 April 2013. The Healthy Child Programme (HCP) for 0-5 year olds remained with NHS England (NHSE) to enable the significant expansion of health visitor numbers and places on the Family Nurse Partnerships to be completed by April 2015.

2.2 The Healthy Child Programme (HCP) is the government's prevention and early intervention evidence based public health programme for children, young people and families. It lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. It focuses on providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

2.3 Achieving these aims requires a multi-agency and multi-professional team approach. There are two public health services that contribute to the Healthy Child Programme. Health visitors are seen as leaders of the 0-5 years HCP and undertake a significant proportion of the development reviews and advice given around health, wellbeing and parenting. Health visitors also signpost parents to other services and participate in multi-agency packages of care for families with identified needs. Family Nurse Partnership nurses specifically support young first time mothers under the age of 19, until the child is two years old.

2.4 A health visitor is a trained nurse or midwife with an additional diploma or degree in specialist community public health nursing that includes child health, health promotion and education. A health visitor is skilled at spotting problems that can affect a child's health and wellbeing, in order to provide or co-ordinate a plan of targeted and tailored support for those who need it. As public health practitioners, health visitors also contribute to health needs analysis and work with local communities to improve health and reduce inequalities.

2.5 A Health Visiting Service has four levels of provision.

Community: health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them
Universal: health visiting teams ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation
Universal Plus: a health visitor may provide, delegate or refer families for timely, expert advice and support when they need it on specific issues such as postnatal depressions, weaning, sleepless children or the development of a specific care package, intervening early to prevent problems developing or worsening.
Universal Partnership Plus: health visitors provide ongoing additional support to often vulnerable families, with a range of special needs or at social disadvantage, playing a key role in bring together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition, teenage mothers, parental mental health problems.

2.6 Safeguarding activities are also an essential component of the health visiting service. This ranges from early identification of issues to working with other agencies and attending case conferences when a safeguarding or child protection plan is in place.

2.7 Every family with a child aged 0-5 has a named health visitor (or family nurse). The increase in the health visiting workforce means that it will once again be possible to offer families the full range of universal development checks. The department of health has confirmed that five of these checks will be mandated for a minimum of 18 months from May 2015 as part of the universal service. They are:
Antenatal health promoting visit
New baby review
6-8 week assessment
12 months assessment
2-2 1/2 year assessment

2.8 Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions).

2.9 In January 2014 the Government confirmed that the HCP for 0-5 year olds, which includes the commissioning of health visitors and family nurses would transfer to local government on 1 October 2015. Unlike the previous public health transfer it is only the commissioning that will transfer and not the workforce. Health visitors and Family Nurses will continue to be employed by their provider organisations.

2.10 NHS England has undertaken a baseline agreement exercise to establish the costs of the contracts which will novate to the Council. The baseline was published by the Department of Health in December 2014 and Councils were given the opportunity to request adjustments. Agreement has been reached with NHS England and Kent County Council that revisions to the baseline for Medway Council should be made to reflect the cost of the safeguarding function and that Medway will only be responsible for Medway residents and not Kent residents registered with a Medway GP. The Director of Public Health wrote to the Department of Health to request these adjustments.

2.11 The final allocations were published on 13 February 2015 and reflect the adjustments requested by Medway. The allocation for Medway for the six months from October 2015 is £2.522m

3. Advice and analysis

3.1 In December 2014 NHSE published guidance, clarifying the contractual approaches and options available to commissioners to ensure a stable transition process in relation to the impending transfer of commissioning responsibilities for the 0-5-year-old Healthy Child Programme.

3.2 The existing contract between NHSE and Medway Community Healthcare (MCH) for Healthy Child Programme 0-5 year olds is due to expire in March 2016. For those areas where a contract was in place beyond the transfer date the guidance recommends that NHS England pursue the approach of contract novation as their default option.

3.3 NHSE Area teams will need to update their existing contracts for 2015/16 by a process of variation and should aim to secure formal approval of both the variation agreement (by the provider) and the deed of novation (by the local

authority and the provider) by mid-March 2015 – with the deed of novation taking effect only from 1 October 2015.

3.4 The Council has been preparing for the transition of these functions through a project steering group with representation from the Director of Public Health, NHSE Director of Nursing and Contract Leads within MCH. Public Health have also attended performance management meetings and are working with NHSE on the development of the 2015/2016 service specification.

3.5 In addition, the Department of Health's guidance on the scope of this transfer is set out in Appendix 1.

4. Risk management

4.1 There are some financial, reputational, contractual and organisational risks to the Council with this transfer.

Risk	Description	Action to avoid or mitigate risk
Financial	The Council does not have sufficient financial resources to adequately commission the service after the transfer. Non NHS providers of local authority commissioned public health services are not eligible for cover through the Clinical Negligence Scheme for Trusts. This could present a cost pressure.	The Department of Health has used a 'lift and shift' principle as a basis for the transfer of commissioning responsibilities to support contracts which are in place. The request that the baseline funding is adjusted following agreement with NHS England to reflect the cost of the Medway contract has been reflected in the final allocation. In addition, there is a minimum floor for Local Authorities such that no local authority is funded to a level below an adjusted spend per head (0-5) of £160. Working with MCH to identify cost of insurance and will raise nationally if appropriate.
Contractual	The Council does not adequately prepare for the transfer of contractual obligations relating to public health functions	Preparations for the transfer of contractual obligations include input from the category management and legal teams.

Reputational	The council inherits an under-performing service and is held to account on performance . This is of particular concern to Medway as the current provider has poor performance in respect of delivery of the mandated checks.	The regulations make it clear that there is no expectation of an uplift in performance at the point of transfer, and that councils will only be expected to take a reasonably practicable approach to delivering the checks and to continuous improvement over time. Performance issues are being addressed with MCH by NHS England.

5. Financial and legal implications

5.1 The funding of £2.522m (6 month effect) will be included in the ring-fenced Public Health Grant to the Council for 2015/2016.

5.2 The Council has power to enter into the deed of novation pursuant to the Local Government (Contracts Act) 1997 and the general power of competence in the Localism Act 2011.The deed of novation may be entered into in advance of 1 October 2015 but will provide that the effective date for the novation to take place will be 1 October 2015.

5.3 The decision to enter into the deed of novation is an executive decision and is therefore a decision for Cabinet.

6. Recommendations

6.1 The Cabinet is asked to formally receive the transfer of commissioning function and novation of contracts in relation to the Healthy Child Programme 0-5 year olds taking place on 1 October 2015 under the Health and Social Care Act 2012.

6.2 The Cabinet is asked to agree to delegate authority to the Monitoring Officer, in consultation with the Portfolio Holder for Adult Services, to enter into all documentation necessary to effect the legal receipt through transfer of this function including resources, information and contracts related to them including the deed of novation and to fulfil any statutory instrument transferring the functions to the Council.

7. Suggested reasons for decision(s)

7.1 To comply with legislative requirements under the Health and Social Care Act 2012 and subordinate legislation issued under that Act.

Lead officer contact

Aeilish Geldenhuys, Head of Public Health Programmes, T:01634 333147, E:
aeilish.geldenhuys@medway.gov.uk

Background papers

None

Department of Health

Scope of 0-5 public health services transfer

1. Background

Children's public health commissioning responsibilities for 0-5 year olds will transfer from NHS England to local authorities on 1 October 2015. Local authorities are well placed to identify health needs and commission services for local people to improve health, this transfer will join up that already done by local authorities for children and young people aged 5–19.

The Children's Health and Wellbeing Partnership (CHWP) has established the 0-5 Public Health Commissioning Transfer Programme Board to coordinate and have oversight of the transition.

This paper sets out the scope of 0-5 children's public health commissioning in greater detail, providing background information and further detail that capture existing commissioned services, where they belong currently and where their future destinations are planned.

2. Transition and the different elements of service

- The following **commissioning responsibilities will transfer** to local authorities on 1 October 2015:
    - The 0-5 Healthy Child Programme (HCP) - this includes the Health Visiting service incorporating universal to targeted programmes and the Family Nurse Partnership (targeted services for teenage mothers, where a family nurse will take on this role until the child is two years old).
- The following commissioning responsibilities **will be retained** by NHS England:
    - Child Health Information Systems, to be reviewed in 2020
    - The 6 – 8 week GP check, (also known as the Child Health Surveillance).
- Only the commissioning responsibility is being transferred. Health visitors will continue to be employed by their current employer – in most cases this is the NHS.

3. Scope of the Health Visiting Service

Evidence shows that what happens in pregnancy and the early years of life impacts throughout the life course. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society.

Health visitors have a vital role to play and the scope of work involves a wide range of interventions and activities at a population and community level as well as at family and individual level. These are best described through the Health Visiting Service Model, the Healthy Child Programme (HCP) and 6 High Impact Areas.

These three components are inextricably linked. They describe the what, how and why of the scope of Public Health work and focus on specific opportunities within the universal and targeted services to focus on interventions and advice that will have the greatest impact on child health and wellbeing outcomes. The interventions are informed by NICE guidance and other evidence based approaches.

Examples of interventions at population, community and individual level can be seen in Annex B

4. The Health Visitor Service Model

The Health Visitor Improvement Plan 2011-2015 outlines the four level (sometimes known as tiers) model as the basis to develop and expand health visiting services in England. The four levels, which are based on assessment of children's/families' needs, are:

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. Particularly for families with more complex needs.

5. The Healthy Child Programme (HCP)

Health visitors lead delivery of the HCP, this is a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. It is underpinned by an up-to-date evidence base such as set out in Health for All Children (Hall and Elliman, 2006) and is aimed at children up to the age of 19 and their families.

The programme is offered to all families and core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting, and effective promotion of health and behaviour change. It provides significant opportunities for highly skilled professionals to identify and deliver appropriate interventions to those with specific needs (including in some families, safeguarding needs).

Delivery of the universal elements of the HCP will see a team led by health visitors working in ways most appropriate to local public health needs and across a range of settings and organisations including; general practice, maternity services and children's centres. Where families are accessing FNP a family nurse will take on this role until the child is two years old.

In addition to the core universal programme, the HCP schedule includes a number of evidence-based preventive interventions, programmes and services. Commissioning public health services includes joining up with other services supporting children and families, other local authority commissioning services, local safeguarding and children's boards, Health and Wellbeing Boards, Clinical Commissioning Groups, etc. to determine which services are offered locally and by whom.

6. The 6 High Impact Areas

Six early years High Impact areas have been developed that focus on the universal service areas having the biggest impact on a child's life. They also align with a number of the public health priority areas and have been identified to support the transition of commissioning to local authorities - helping inform decisions around the commissioning of the health visiting service and integrated children's early years services. They aim to;

- articulate the contribution of health visitors to the 0-5 agenda and improving outcomes for children, families and communities;
- describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities. The universal contacts provide the opportunity to engage families on these issues at the time when they are most receptive to advice and support.

The 6 areas are:

- transition to parenthood and the early week
- maternal mental health (includes post natal depression)
- breastfeeding (initiation and duration)
- healthy weight, healthy nutrition (includes physical activity)
- managing minor illness and reducing accidents (reducing hospital
- attendance/admissions)
- health, wellbeing and development of the child age 2 – two year old review (integrated review) and support to be 'ready for school'.

Examples of rational for inclusion can be seen in Annex C

7. Commissioning responsibilities – summary table

The table below captures what commissioning responsibilities currently exist and where they will be on 1 October 2015.

Commissioning Responsibility	Current Commissioner	Current Provider	Future Commissioner
Healthy Child Programme (most but not all elements – see Annex A) and Health Visiting	NHS England	Various, mainly NHS	LA
Family Nurse Partnership Programme	NHS England	Various, mainly NHS	LA
Health promotion and prevention interventions from the multi-professional team	NHS England	Various, mainly NHS	LA
Child Health Information Systems	NHS England		NHS England, to be reviewed in 2020
Child Health Surveillance (6-8 week check)	NHS England	GPs	NHS England

Annex A

Schedule of universal elements of the Healthy Child Programme outlined in the 2014/15 Service Specification No. 27 (Public health functions to be exercised by NHS England – Children's public health services (from pregnancy to age 5)).

Review	Description	Delivered by	Commissioned by
Antenatal Review	A full health and social care assessment of needs, risks and choices by 12 weeks of pregnancy Identifying and sharing information about women eligible for the FNP	Midwives or maternity healthcare professionals	CCGs
	Antenatal screening for fetal conditions	Midwives or maternity healthcare professionals Screening services	**NHS England**
Antenatal health promoting visits	Includes preparation for parenthood	**Health visitors** **Family nurse** (where the family is accessing FNP)	**NHS England** (expected to move to LAs from October 2015)
By 72 hours	Physical examination – heart, hips, eyes, testes (boys), general examination and matters of concern	Midwives or maternity healthcare professionals	CCGs
At 5 – 8 days (ideally 5 days)	Bloodspot screening	Midwives or maternity healthcare professionals Screening services	**NHS England**
New Baby Review	Face-to-face review by **14 days** with mother and father to include: - Infant feeding - Promoting sensitive parenting - Promoting development - Assessing maternal mental	**Health visitors** **Family nurse** (where the family is accessing FNP)	**NHS England** (expected to move to LAs from October 2015)

Review	Description	Delivered by	Commissioned by
	health - SIDS - Keeping safe - If parents wish or there are professional concerns: o An assessment of baby's growth o On-going review and monitoring of the baby's health o Safeguarding		
6 – 8 Week Assessment	Includes: - On-going support with breastfeeding involving both parents - Assessing maternal mental health	**Health visitors** **Family nurse** (where the family is accessing FNP)	**NHS England** (expected to move to LAs from October 2015)
	- Health review and comprehensive physical examination of the baby with emphasis on eyes, heart and hips (and testes for boys)	**GPs** (physical examination of the baby)	**NHS England** – through primary care commissioning
By 1 Year	Includes: - Assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors - Supporting parenting, provide parents with information about attachment and the type of developmental issues that they may now encounter - Monitoring growth - Health promotion, raise awareness of dental health and prevention, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention	**Health visitors** **Family nurse** (where the family is accessing FNP)	**NHS England** (expected to move to LAs from October 2015)
By 2 – 2½ Years	Includes: - Review with parents the child's social, emotional, behavioural and language development - Respond to any parental concerns about physical health, growth, development, hearing and vision	**Health visitors** **Family nurse** (where the family is accessing FNP) Clients on the	**NHS England** (expected to move to LAs from October 2015)

Review	Description	Delivered by	Commissioned by
	- Offer parents guidance on behaviour management and opportunity to share concerns - Offer parent information on what to do if worried about their child - Promote language development - Encourage and support to take up early years education - Give health information and guidance - Review immunisation status - Offer advice on nutrition and physical activity for the family - Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information - This review should be integrated with the Early Years Foundation Stage two year old summary from 2015 as appropriate to the needs of the children and families.	FNP programme will leave the programme when the child is two and receive usual universal health visiting services.	

Annex B

Examples of community/population activity:

- Search for health needs, using population data, demographics
- Provision of antenatal and new-born screening programmes
- Achieving population wide “herd” immunity through increased uptake of immunisations
- Stimulation of awareness of health needs, linking to housing, poverty issues
- Influencing policies affecting health
- Influencing Joint Strategic Needs assessments and commissioning intentions
- Raising awareness, reducing stigma e.g. to mental health issues
- Supporting health campaigns/promoting safety messaging
- Facilitating health enhancing behaviours
- Aligning work with other services to improve health and well-being outcomes and building community capacity.
- Linking people to community resources, signposting to information e.g. Parenting support, benefits, housing, relationship advice
- Signposting to or delivery of targeted Parenting Programmes
- Reducing social isolation, links to community groups e.g. cookery classes, outdoor activities
- Developing peer support groups e.g. breast feeding cafés, signposting to support services

Examples of interventions at family/individual level = Universal, Universal Plus and Universal Partnership Plus elements of the Health Visitor Model

- Leading and delivering the Healthy Child Programme
- Early Identification of need/risk factors and early intervention
- Supporting healthy attachment and supporting sensitive attuned parenting
- Supporting mothers to breastfeed (Technical knowledge and emotional support)
- Advice on breastfeeding and medication
- Support to parents on managing minor illness and building parental confidence
- Home safety advice/bottle hygiene awareness
- Encouraging healthy weight pre conception
- Nutrition advice and weaning advice cooking nutritious meals on a budget
- Advice on use of vitamin supplements
- Immunisation advice, linking with hard to reach families
- Supporting Healthy lifestyle choices (behaviour change)
- Referrals to other services where need is identified

Annex C

Why the focus on the first 1001 days and 6 High Impact Areas

Transition to Parenthood and the first 1001 days from Conception to age 2 is widely recognised as a crucial period that will have an impact and influence on the rest of the life course.

Pregnancy and the first years of life is a time when parents are particularly receptive to learning and making changes.

There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life.

A healthy pregnancy is important to the health of the baby. Health messages on the need to stop smoking and drinking during pregnancy are key, as is the importance of emphasising uptake of immunisations.

New information about neurological development and the impact of stress in pregnancy, and further recognition of the importance of bonding and attachment, all make early intervention and prevention an imperative.

Secure attachment and bonding will have an impact on resilience and physical, mental and socioeconomic outcomes in later life.

Transition to Parenthood

- Pregnancy to age 2 is the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing; Strong positive attachment is essential for healthy brain development and social and emotional resilience in later life;

Maternal Mental Health

- Around 1 in 10 mothers will experience mild to moderate postnatal depression and it can have a significant impact not only on the mother and baby, but also on her partner and the rest of the family.

Breastfeeding

- Breastfeeding is a priority for improving children's health. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.

Obesity

- Healthy eating habits are established in the early years. Over a fifth of 4-5 year olds are overweight or obese.

Hospital Admissions

- Illness such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendances at Accident & Emergency departments and hospitalisation amongst the under 5s.

Development of child

- Age 2 is an important time for identifying developmental concerns and for providing advice to support and enhance readiness to learn and grow. Many children start school with poor communication skills, still wearing nappies and not emotionally ready to learn.