

9 September 2015		ITEM: 14 01104412
Cabinet		
Transfer of Commissioning Responsibility for 0-5 Healthy Child Programme from NHS England to Local Authority, 1 October 2015		
Wards and communities affected: All	Key Decision: Key	
Report of: Councillor Barbara Rice, Portfolio Holder for Adult Social Care and Health and Councillor Bukky Okunade, Portfolio Holder for Children's Services		
Accountable Head of Service: N/A		
Accountable Director: Ian Wake, Director of Public Health and Carmel Littleton, Director of Children's services.		
This report is Public		

Executive Summary

As part of the reforms detailed within the Health and Social Care Act 2012, commissioning responsibility for most public health functions transferred to local authorities in April 2013. Commissioning responsibility for the Healthy Child Programme age 5-19 was included within this, whilst commissioning of the Healthy Child Programme ages 0 – 5 was retained by NHS England to deliver the new service vision set out in the Health Visitor Implementation Plan by April 2015. The transfer of commissioning responsibilities for the 0 – 5 Healthy Child Programme from NHS England to local authorities will be from 1 October 2015.

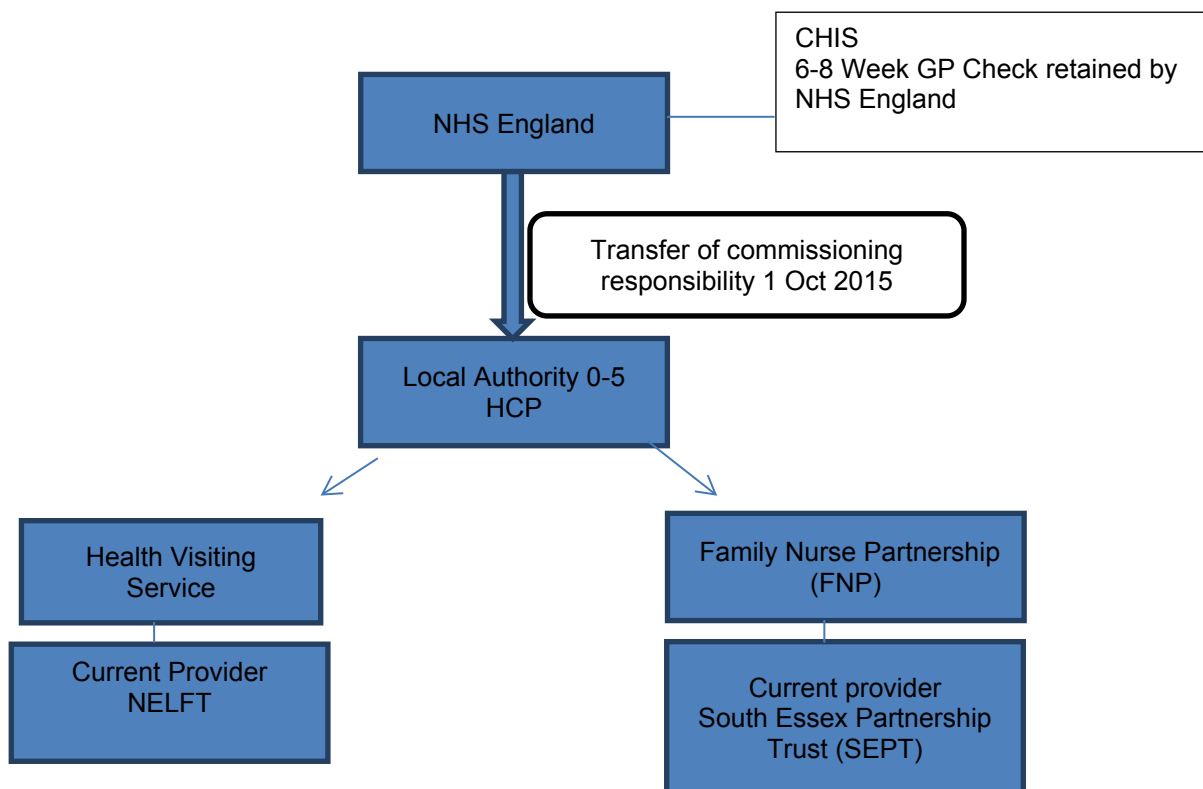
1. Recommendation(s)

1.1 That Cabinet approves the variation of the contract Thurrock CCG (clinical commissioning group) hold with NELFT (North East London Foundation Trust) for the provision of community services within Thurrock, including Public Health services, to include commissioning responsibility for the 0-5 HCP.

2. Introduction and Background

2.1 The Healthy Child Programme (HCP) which was published in 2009 sets out the recommended framework of universal and targeted services for children and young people to promote optimal health and wellbeing.

- 2.2 The HCP aims to provide an opportunity to identify families in need of additional support and those children and young people who are at risk of poor health and wellbeing.
- 2.3 Local Authorities became responsible for commissioning the Healthy Child Programme 5 – 19 (School Nursing) from April 2013 with the transfer of public health under the Health and Social Care Act, 2012. Services have been funded through the ring-fenced public health grant allocation to the Council.
- 2.4 Responsibility for commissioning the 0 – 5 Healthy Child Programme, including Health Visiting and Family Nurse Partnership, will transfer to local authorities on 1 October 2015. This represents the final phase of the transfer of public health responsibilities from the NHS as set out in the Health and Social Care Act, 2012.
- 2.5 The transfer timescale corresponds with the completion of the Health Visitor Implementation Plan ‘A Call to Action’ which sets out a plan for families and health visitors within a local health visiting services which sets increased investment and numbers of health visitors.
- 2.6 The below diagram summarises the transfer of the 0 – 5 Healthy Child Programme;



3. Issues, Options and Analysis of Options

- 3.1 North East London Foundation Trust (NELFT) is currently contracted by NHS England to provide the 0 – 5 Healthy Child Programme. Thurrock Council will assume full commissioning responsibility on 1 October, 2015.
- 3.2 Current contracting arrangements for HCP 0-5 are between NELFT and NHS England, the contract end date is 31 March 2017. A contract variation will occur to the contract between the CCG and NELFT (to which Thurrock council are an associate) to allow 0-5 HCP to be commissioned by the council.
- 3.3 Funding has been allocated for the provision of the 0 – 5 Healthy Child Programme of £3,882,000 for 2015/2016 to Thurrock. The funding allocation from 1 October 2015 to 31 March 2016 is £1,956, 000.
- 3.4 The funding covers the following
- £3.7 million for the NELFT Contract value (0-5 Health Visiting)
 - £138,000 for the FNP contract
 - £ 30,000 provided for Commissioning resource
- 3.5 This will allow the local authority to deliver the full scope of NHS England existing commissioning obligation from 1 October 2015 for the population of Thurrock.
- 3.6 This funding will be ring-fenced and the service will be a mandated service until March 2017. **The mandated services will be reviewed on transfer from October-December 2015**

The services that will transfer to Thurrock Council are:

- 0-5 Healthy Child Programme - Health Visiting
- Family Nurse Partnership Programme

Responsibilities to remain with NHS England:

- Child Health Information Systems
- 6-8 week GP check (child health surveillance service)

- 3.7 The review will consider opportunities to link the whole 0 – 19 public health children’s services and the wider health and social care such as Early Offer of Help, Multi Agency Safeguarding Hub (MASH), Maternal Early Childhood Sustained Health Visiting (MESCH).
- 3.8 The Health Visitor Implementation Plan has set out targets around the number of health visitors providers have to recruit to ensure full and safe delivery of the 0 – 5 children’s public health service.
- 3.9 NHS England (Essex Team) has been monitoring the increase in Health Visitors within South West Essex of which Thurrock is a part. As of March

2015, NELFT was expected to achieve recruitment of 117 Health Visitors as part of the trajectory.

- 3.10 The Family Nurse Partnership (FNP) programme has been commissioned collaboratively in preparation for transfer with Essex as lead commissioner and a robust collaborative commissioning agreement between Southend, Essex and Thurrock Councils. The FNP contract term is January 2014 to January 2017.
- 3.11 Family Nurse Partnership is a home visiting programme for first time young mums (and dads), who are aged 19 and below. The family is regularly visited by a trained specialist nurse from early in pregnancy until the child is two years old.
- 3.12 Family Nurse Partnership programme is underpinned by an internationally recognised strong evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term while also providing cost benefit.
- 3.13 The 0 – 5 Healthy Child Programme Transition work stream, which is a multi-disciplinary team, established to ensure that commissioning approach, transfer processes and integration are in line with Local Authority processes as well as ensure effective receipt of commissioning responsibilities and contracts from NHS England (Essex Team). It includes representation from the following;
 - Public Health
 - Legal
 - Corporate Finance
 - Procurement
 - Performance
 - Children’s Commissioning and Contracting
 - Communication
 - North East London Foundation Trust
- 3.14 A Project Initiation Document (PID) was developed to guide the activities of the work stream which was agreed and signed off by the Children and Young People’s Partnership Board. Through this the following key objectives have been agreed;
- 3.15 Following transfer a benchmarking group will be set up to guide and scrutinise the service review to link in areas within the council to ensure appropriate integration of 0 – 5 services. This group will report to the Children and Young People’s Partnership Board.

4. Reasons for Recommendation

- 4.1 The recommendation to agree transfer of 0 – 5 Healthy Child Programme to Local Authority achieves the plans set out by the government contained in the

Health and Care act 2012 and in line with the Healthy Lives, Healthy People, Our Strategy for Public Health in England, 2010.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Consultation has taken place with representatives of the following;

- NHS England – through the 0 – 5 HCP Transition Strategic Meetings for Greater Essex
- North East London Foundation Trust - through the 0 – 5 Transition Work stream
- Children and Young People’s DMT – a paper was previously presented to DMT in 2013
- Children’s Partnership Board –received an update paper October 2014, received and agreed the Project Initiation Document (PID) June 2015
- Directors Board received an update paper in October 2014.

5.2 There will be further ongoing consultation as required before and after transition.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Impact to the community should be minimal with a smooth transition and no disruption to service delivery.

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre**
Finance Manager – Children’s and Adult’s

The funding for the transfer of 0 – 5 Healthy Child Programme is provided the Department of Health through its financial allocation to the Local Authority. This is to be used in order to meet the statutory requirements relating to the 0 – 5 HCP services which will be under the remit of Thurrock Council. Detail of this is provided in Para 3.2 and 3.3. This should ensure that statutory duties are met.

7.2 Legal

Implications verified by: **Angela Willis**
Major Contracts Solicitor

- I. The law applicable to this matter, including a discussion of the implications of the Health and Social Care Act 2012, is referred to in the body of the report.
- II. The content of this report is consistent with the provisions of the Council's Constitution and Contract Procedure Rules.
- III. Legal Services is available to advise and assist with the contractual arrangements necessary on the part of the Council.

7.3 Diversity and Equality

Implications verified by: **Becky Price**
Community Development Officer

The transfer of Public Health commissioning responsibilities for 0 – 5 Healthy Child Programme from NHS England to the local authority represents a significant opportunity for local government to review opportunities for linking in with other services for children, young people and their families such as the 5 – 19 School Nursing service. Some of the most significant improvements in health and well-being and life expectancy came about because of initiatives led by local government, particularly in the area of public health.

The Joint Strategic Needs Assessment and the draft Health and Well-being Strategy highlight some of the significant health challenges facing Thurrock where there are wide variations in life expectancy and the quality of health outcomes. The PHG should be used to minimise these variations, challenge some of the inequalities in health outcomes that exist and work with Thurrock's communities to improve health outcomes.

Any future decommissioning proposals as a result of reduction in the Public Health Grant should be carefully considered. It is important that any diversity implications and community impact are fully assessed before they are finalised.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Health Visitor Implementation Plan; 2011 – 2015;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf
- Healthy Child Programme;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf
- 0 – 5 Public Health Funding Allocations 2015 – 2016;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420129/Final_allocations_doc_v0.15_FINAL.pdf
- FNP Information pack for local authorities
<http://fnp.nhs.uk/sites/default/files/files/FNP%20information%20pack%20-%20An%20overview.pdf>

9. Appendices to the report

- **Appendix 1** – List of Key abbreviations

Report Author:

Elozona Umeh

Public Health Manager

Adult, Health and Commissioning