

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Public Health
Date:	11 March 2015
Title:	Transfer of 0-5 children's public health commissioning to Local Authorities
Reference:	6557
Report From:	Director of Public Health

Contact name: Jill Corbett, Public Health Manager

Tel: 02380 383311

Email: Jill.corbett@hants.gov.uk

1. Executive Summary

1.1. The purpose of this paper is to seek a decision from the Executive Member for Adult Social Care and Public Health for Hampshire County Council to enter into the novation of the 0-5 children's public health commissioned service contracts (Health Visiting and Family Nurse Partnership) from NHS England to cover the period October 2015 – 31 March 2016.

1.2. The paper provides a brief overview of:

- the context for the transfer of 0-5 children's public health commissioning responsibilities to Local Authorities from NHS England;
- the Hampshire children's public health services relating to this transfer of commissioning responsibilities and
- the financial allocation to inform the decision.

2. Contextual information

2.1. The Government White Paper "Healthy Lives, Healthy People: Our strategy for public health in England"¹ set out the vision for a reformed public health system. As part of delivering this vision and contributing to achieving the best possible outcomes for children and young people the Government intended responsibility for commissioning 0-5 children's public health services to transfer from NHS England to Local Government on the 1 October 2015.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf

- 2.2. The Department of Health has worked in partnership with the LGA, SOLACE, ADPH, ADCS, NHS England and Public Health England through the 0-5 Public Health Commissioning Transfer Programme Board to oversee and coordinate the transition.
- 2.3. The commissioning responsibilities transferring to Local Authorities relate to delivery of the “Healthy Child Programme” (HCP)², a national public health programme, based on best knowledge and evidence to achieve good outcomes for children. Delivery of the HCP 0-5 years is professionally led by Health Visitors incorporating a range of universal and targeted programmes. The licenced “Family Nurse Partnership” programme provides a targeted, evidence based programme for teenage parents with children under 2 years of age.
- 2.4. The commissioning responsibility for health visiting services, and family nurse partnership programmes where these exist, will transfer to local authorities from 1 October 2015. The staff within these services will remain employed by their current employers.
- 2.5. The commissioning responsibility for the Child Health Information System and the 6-8 week Child Health Surveillance undertaken by a General Practitioner will remain with NHS England for the foreseeable future.
- 2.6. Local Authorities are well placed to identify health needs and commission services to meet those needs. They are already responsible for commissioning public health services for the 5-19 year old population and the transfer of commissioning responsibilities for the 0-5’s will enable a more joined up approach to the commissioning of public health services across the 0-19 year age range, improving continuity for children and their families.
- 2.7. Some elements of the HCP need to be provided in the context of a national, standard format, to ensure consistent delivery and universal coverage to improve population health and wellbeing overall. The intention to mandate elements of the HCP was set out in *Healthy Lives, Healthy People: update and the way forward*³. Subject to parliamentary approval the government intends to mandate through regulation (under section 6C of the NHS Act 2006) certain universal elements of the 0-5 HCP. These are the antenatal health promoting visit (after 28 weeks); new baby review (by 14 days); 6-8 week assessment; 1 year assessment and 2-21/2 year assessment.
- 2.8. Mandation is to ensure that the increase in health visiting services’ capacity achieved during the current Parliament continues as the basis for national provision of evidence based universal services, to support all our children to get the best start and enable impact to be measured. Local authorities will

² <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

³ *Healthy Lives, Healthy People: update and the way forward* (July 2011) <https://gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward>

be able to demonstrate progress on the Public Health Outcomes Framework through the early year's profiles⁴.

3. Hampshire 0-5 Childrens Public Health Services - contracts for transfer

- 3.1. The responsibility for commissioning the Health Visiting Service and Family Nurse Partnership from 1 October 2015 is intended to be transferred by novation of contracts from NHS England to Hampshire County Council. Both services are currently provided under the contracts by Southern Health NHS Foundation Trust.
- 3.2. The Health Visiting Service for Hampshire will be delivering the 2015/16 national specification⁵ supported by a locally developed service improvement plan which includes areas for focused development based on the priority health needs for the children of Hampshire.
- 3.3. Health visitors have a vital role to play in maximising and improving the health outcomes for children and young people in Hampshire. The scope of their work involves a wide range of interventions and activities at a population and community level as well as at family and individual level. The service works to a national model based on four levels of intervention which are applied according to the assessed needs of children and families.
- 3.4. Health Visitors lead the delivery of the HCP and focus delivery on six high impact areas shown to have the biggest impact on a child's life. These are:
 - Transition to parenthood and the early weeks
 - Maternal mental health (including post natal depression)
 - Breastfeeding (initiation and duration)
 - Healthy weight, healthy nutrition (including 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'.
- 3.5. The Family Nurse Partnership (FNP)^{6 7} is a targeted, evidence-based, preventive programme for vulnerable first time young parents. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. This programme has the potential to transform the life chances of the most disadvantaged children and families in our society, helping to improve social mobility and break the cycle of intergenerational disadvantage.
- 3.6. It is important to note that FNP is a licensed programme and therefore has a well-defined and detailed service model, which must be adhered to for real

⁴ Public Health Outcomes Framework (PHOF): <https://www.gov.uk/government/collections/public-health-outcomes-framework>

⁵ <http://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf>

⁶ <http://www.fnp.nhs.uk/about>

⁷ <http://fnp.nhs.uk/sites/default/files/files/FNP%20information%20pack%20%20An%20overview.pdf>

and measureable impact. This includes commissioning FNP so that any child who begins the programme completes it through to age two. When a mother joins the FNP programme, the HCP and the five mandated elements are delivered by the family nurse. The family nurse plays an important role in any necessary safeguarding arrangements alongside statutory and other partners to ensure children are protected.

- 3.7. The FNP programme was commissioned for Hampshire residents in 2014 and is provided by Southern Health Foundation Trust. It will only start recruiting families from April 2015 and will operate in geographical areas with higher rates and numbers of teenage parents.

4. Financial Allocation

- 4.1. Local Authorities will receive funding to cover the costs of the commissioned services whose contracts are transferring as part of the public health grant.
- 4.2. For 2015/16 “lift and shift” principles are being used as a basis for the transfer of commissioning responsibilities, to support contracts which are in place and to ensure a safe mid year transfer.
- 4.3. The process to determine the 2015/16 allocations ensured that there would be sufficient funds to meet the costs of the commissioned services that will be transferred on the 1 October. The allocations for 2015/16 were published in February 2015⁸ and for Hampshire this will be £8,843,000.
- 4.4. From 2016/17 we are advised that the allocations are expected to move towards a distribution based on population needs. The fair shares formula would be based on advice from the Advisory Committee on Resource Allocation (ACRA). The public health grant allocation formula would need to be revised from 2016-17 onwards to take account of the transfer of 0-5 responsibilities.

5. Consultation and Equalities

- 5.1. No consultations undertaken and no negative equality impacts identified (Appendix B).

6. Legal Considerations

- 6.1. The expectation is that NHS England will contract for the services under the terms of the standard NHS contract 2015/16. Prior to signature of the Deed of Novation to the Council of the contracts, it is proposed an analysis of the contracts take place to identify any issues and liabilities.

7. Future Direction

- 7.1. The current analysis to inform the priorities identified in the forthcoming Public Health Strategy in support of Hampshire County Council's ongoing transformation work will include a consideration as to how the impact of the Healthy Child Programme can be maximised.

8. Recommendation(s)

- 8.1. That the Executive Member for Adult Social Care and Public Health:
 - a) approve the novation of the contracts to Hampshire County Council from NHS England with effect from 1 October 2015 for the Health Visiting Service and Family Nurse Partnership for the children of Hampshire;
 - b) delegate authority to the Director of Public Health in consultation with the Executive Member to agree the terms and conditions of the Deed of Novation and relevant contracts;
 - c) ask for further consideration of the future contract and service specification to ensure maximal benefit to the 0-5 children of Hampshire and their families.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	no
Maximising well-being:	yes
Enhancing our quality of place:	no

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

EIA479821

<https://hampshire.firmstep.com/default.aspx/Stages/RenderProcess/?TaskID=69443&SecureID=XSUY5G9sUdN>

1.3. This proposal relates to the transfer of a commissioning responsibility from NHS England to Hampshire County Council on the 1 October 2015 and the novation of contracts for existing Health Visiting and Family Nurse Partnership services. Overall this proposal will have low or no impact on people who fall within the protected characteristics groups. The Health Visiting service is already be well established - it is a universal service provided to all families with children aged 0-5 years and resident in Hampshire. There will be a requirement (through regulation, section 6C NHS Act 2006) to provide and improve access to 5 universal evidence based assessments/reviews. The targeted Family Nurse Partnership Programme will be established in the areas of Hampshire known to have higher rates and numbers of teenage mothers. The services are required to comply with equality legislation, providing services which respect the diversity of local communities in safe environments free of discrimination, where individuals are treated fairly, with dignity and respect appropriate to their needs.

There will be a small positive impact for pregnant women as the health visiting service is required to increase uptake of the antenatal health promoting assessment within year.

There is likely to be a small positive impact on poverty over time through delivery of the targeted Family Nurse Partnership Programme - young families engaged with this programme are more likely to stay engaged with education and employment.

There will be no change in the impact (negative or positive) to people who fall within the other protected characteristics.

2. Impact on Crime and Disorder:

- 2.1. The FNP may have a positive effect on reducing crime and disorder through its focus on young mothers at high risk and associated links with the Supporting Troubled Families Programme.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

There will be no change in effect as the service is already in place across the county.

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

All services which rely on visiting people in their homes, will need to consider the impacts of travel and possible threats to access.