

HEALTH AND WELLBEING BOARD

9 SEPTEMBER 2014

Title:	Update on the preparation for transfer of the 0-5 year Healthy Child Programme (Health Visiting) Service from NHS England to London Borough of Barking and Dagenham		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: NO	
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Sponsors: Helen Jenner, Corporate Director of Children's Services Matthew Cole, Director of Public Health			
Summary: The purpose of this report is to give an update on the work underway to plan for the transfer in October 2015 of Early Years Programme (Health Visiting) services to Barking and Dagenham Council. These services are currently commissioned by NHS England and provided by North East London NHS Foundation Trust (NELFT). A programme of regular updates to the Board was agreed in November 2013.			
Recommendation(s) The Health and Wellbeing Board is recommended: (i) To review the progress being made to deliver the national programme, which is intended to increase Barking and Dagenham's health visiting workforce in line with Call to Action numbers before the transfer in October 2015. (ii) To review the identified risks and address the necessary mitigation required to be ready for the full transition in October 2015. (iii) To note the London and local position.			

1. Background

- 1.1 On 28 January the Parliamentary under Secretary of State for Health, Dr Dan Poulter MP, confirmed the transfer of 0-5 public health commissioning. The transfer of commissioning responsibilities will now take place on 1 October 2015.
- 1.2 The scope of the transfer includes the 0 to 5 Healthy Child Programme (Universal/Universal Plus), specifically:
 - Health Visiting services (universal and targeted services)
 - Family Nurse Partnership services
- 1.3 The following commissioning responsibility will remain with NHS England:
 - Child Health Information System (CHIS)
 - The 6 – 8 week GP check (Child Health Surveillance (CHS))
- 1.4 Responsibility for commissioning the CHIS will remain with NHS England in order to improve system functionality nationally, although a commitment has been made by the Department of Health (DH) to review the responsibility for commissioning in 2020.
- 1.5 Responsibility for commissioning the 6-8 week GP check will remain with NHS England (NHSE) due to the nature and complexity of commissioning arrangements which suggest there is both risk and little or no return to be gained from transferring this responsibility.
- 1.6 The Government announced on 22nd August 2014 that certain universal elements of the Healthy Child Programme will be mandated in regulations in the same way it has for sexual health and some other public health services. The universal elements which will be mandated are:
 - antenatal health promotion review
 - new baby review, which is the first check after the birth
 - 6-8 week assessment
 - 1 year assessment
 - 2 to 2 and a half year review

The Department of Health have published a [factsheet](#) on mandation to explain what this means for local authorities and to set out next steps.

2. Planning and Milestones

- 2.1 The following are the key national transfer milestones:
 - **27 June 2014** - Area Teams submitted their first analysis of financial data to NHSE for discussion at dialogue meeting on 15 August (see below).
 - **July and August 2014** - Area Teams requested to undertake a second return, refining the financial data against the scope of the transfer and attempting to address issues raised by outliers.
 - **September/October 2014**– DH consultation on baseline budgets.
 - **1 December 2014**- local authority financial allocations announced

- **December 2014/January 2015** – DH to lay regulations on the mandatory aspects of the service (informal consultation on this expected between September and December)
- **1 October 2015** - mid-year transfer of commissioning responsibility.

2.2 The period between now and 1 December 2014 will involve a period of intense activity, both nationally and regionally. Pan-London activity and dialogue is planned to meet these milestones.

3. London Dialogue

3.1 In London, under the joint health and local government Health Visiting and Early Years Transformation Board a Finance and Workforce Task and Finish Group has been established to guide the task of mapping and refining finance and workforce allocations by borough. The Task and Finish Group met on 9 June and agreed the information which each borough would require in order to engage in dialogue. This information includes:

- Inherited PCT budget for years prior to 2013/14 (where possible)
- Costs for health visiting and Family Nurse Partnership for the year 2013/14
- Projected costs for 2014/15 (by borough)
- Budget projections for 2015/16 and 2016/17
- Health Visitor Call to Action trajectory by provider
- Health Visitor latest budgeted establishment and actual WTE by provider
- Workforce (health visitor and skill mix) split by borough for 2014/15
- The National Health Visiting Service Specification 2014/15 and Family Nurse Partnership specification
- Provider contract

3.2 Given the national milestones, the priority of the London transfer programme during the summer will be to facilitate the process of transfer planning dialogue. In London, this process is significantly more complicated by the fact that many providers of health visiting and Family Nurse Partnership services serve multiple boroughs.

3.3 Each borough (though the Director of Public Health and Director of Children's Services) has been invited to make two nominations to engage in the dialogue. All boroughs have now made their nominations. For London Borough of Barking and Dagenham the Director of Public Health and the Corporate Director for Children's Services are the designated officers.

3.4 The dialogue meeting for the London Borough of Barking and Dagenham took place on 15th August 2014. Matthew Cole and Helen Jenner attended. Also present were, Kenny Gibson, NHSE London; Clive Grimshaw, NHSE London/London Councils; Alex Morton, NHSE London

3.5 The process of dialogue between local government and the London Area Team aims to:

- Give greater clarity to issues around resources being transferred and issues for reconciliation.
 - Provide a strong foundation for determining commissioning intentions between sender (NHS England) and receiver (local government).
 - Establish an environment for multilateral dialogue later in the transfer process which can incorporate wider stakeholders.
- The first meeting was very positive with strong strategic leadership in the Borough recognised as ensuring transition in Barking and Dagenham is likely to be smooth and well planned.

3.6 The process of dialogue between NHS England (London) and the boroughs is an iterative one. There are a range of issues which local government will wish to understand, consider and respond to in advance of the local government financial allocations being announced in December. It is unlikely that all of these issues will be resolved through one meeting. Therefore, the expectation is that dialogue will be ongoing and will be tailored to borough needs where possible. Clive Grimshaw provided a brief overview of expected next steps

- Through Area Teams NHSE are conducting a second analysis of provider finance and workforce data expected completion early September.
- Second analysis data would, based on current planning, need to be signed off by local government before submission.
- Department of Health (DH) planned a national consultation exercise on baseline budgets in October.
- Final financial allocations would be announced on 1 December.
- DH would lay mandation regulations in January/February 2015.

3.7 While at this stage, dialogue between Area Team commissioners and local government is the priority, as the process closes in on the transfer deadline the focus will shift from dialogue between Area Teams and local government to dialogue between local government and providers. In Barking and Dagenham, as with the rest of London, this process is particularly complex since there is not a simple “lift and shift” of contracts, finance and workforce.

3.8 The Local Government Association, Public Health England, NHS England and the Department of Health are working in partnership to deliver a series of regional events to support local authorities and Area Teams prepare for the transfer. The London regional event is on 9 October at Local Government House, Smith Square, SW1P 3HZ

4 Emerging dialogue issues for comment/consideration

4.1 There appears at the early stage of dialogue meetings some high level issues for comment/consideration, although this list is not exclusive:

- July/August NHSE data return – this data will inform the DH consultation on baseline budgets. A view will need to be taken over the summer about the aspects where confidence is lowest in data accuracy and movement to a position where councils will be in a position to sign-off.

- Contract transfer – this is likely to be most challenging to resolve in those areas where the provider serves multiple boroughs. However, in all cases discussion over the summer will need to begin to consider:
 - Whether contract novation is suitable?
 - If contract novation is not suitable (particularly in a multi-borough provider patch), would a lead commissioner arrangement be workable?
 - What are borough commissioning intentions for 2015/16, 2016/17 and beyond?
 - Where commissioning intentions do not assume entering into new contracting arrangements for 2016/17, what contract arrangements would be needed to avoid needing to consider a waiver of Standing Orders in 2015/16?
 - Is there value added in regional coordination of provider level local dialogue?

4.2 Those issues relating to commissioning intentions and potential need for contract waiver will potentially be determined, in part, by the service aspects which are to be mandated by the DH.

5. Update in Barking and Dagenham

- 5.1 Barking and Dagenham has established a Transition Steering Group between the Council and NELFT that meets monthly. A transition manager has been appointed.
- 5.2 NHS England currently commission NELFT to provide the 0 to 5 Healthy Child Programme under a single contract and specification to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest.
- 5.3 London Borough of Barking and Dagenham, NHS England and NHS Barking and Dagenham Clinical Commissioning Group jointly commission NELFT to provide the Family Nurse Partnership programme. The Council's Childrens Services is the lead commissioner under a memorandum of understanding. There is currently concern about the number of recruits to the programme.
- 5.4 The Council's current thinking is to develop a borough specific integrated early years model after October 2015.
- 5.5 Through 'Call to Action' growth allocations, the 2012/13 established health visitor posts within Barking and Dagenham increased by 13WTE from 40 to 53.84WTE. The growth allocation for 2013/14 is 17.5 WTE and for 2014/15 is 11WTE. The figures are subject to confirmation with NHS England (London)
- 5.6 The current number of health visitors in post is 43.52 WTE due to some leavers and some reducing hours. This is worrying and is being addressed by NELFT through a detailed recruitment implementation plan. Their response includes ongoing recruitment campaigns outside of the applications for training Health Visitors to encourage more experienced staff to take up the existing vacancies. Council Officers have been invited to sit on recruitment panels and Senior Managers from NELFT and the Council have agreed to meet with students to encourage them to take up the Barking and Dagenham positions.

- 5.7 Although the transfer dialogue meeting discussed the funding for the full complement of health visitors and the role and funding of the MASH and Family Nurse Partnership Health visitors, this has not been included in the note of visit. Helen Jenner has responded asking for the position to be put in writing.
- 5.8 Due to the national shortage of qualified health visitors, the NELFT recruitment implementation plan predominantly focuses on the organisation growing its health visiting workforce by supporting the training of student health visitors. Currently there are two cohorts totalling 76 students in training, who are due to qualify in September 2014 and January 2015 across all NELFT boroughs. A further 22 students are due to commence their training in March 2014, qualifying in March 2015. While this approach is a good one, there is a risk that newly qualified health visitors will choose to work in other boroughs where NELFT operates rather than Barking and Dagenham. Much effort is being made to reinforce London Borough of Barking and Dagenham as a good employer. Whilst a number of students have stated they will come after qualification, some wish to work in inner London boroughs due to London weighting.
- 5.9 Health visiting teams are currently being reconfigured across the six geographical localities within Barking and Dagenham to help with delivering an integrated early years service linked with Children's Centres and GP surgeries.
- 5.10 There are now named health visitors for each Children's Centre. They work closely with the Children's Centres on development of services, and are members of the Children's Centre Advisory Board. This should ensure that services are joined up and that when children and families are identified as requiring additional support, they receive the right evidence based interventions which are delivered as part of an integrated package of public services. This approach reflects the National Health Visiting Service Specification to provide:
- 'On-going support from the health visiting team, plus a range of local services working together and with families, to deal with more complex issues over a period of time. These include services provided by Sure Start Children's Centres, other community providers including charities and, where appropriate, the Family Nurse Partnership (FNP).'* 2014 p8
- 5.11 NELFT have agreed to share information about live births with Children's Centres. This issue was raised by Ofsted in a recent Children's Centre Inspection and was felt by the Inspectors to be critical to engaging families early. The transition steering group agreed for this to be in place from the start of July 2014.

6 Transformation Funding for 2014/15

- 6.1 In June, NHS England invited expressions of interest from Area Teams for funding support a programme of transformation activity in 2014/15. The letter inviting expressions of interest was sent to Directors of Public Health. We have agreed with the London Boroughs of Havering, Redbridge and Waltham Forest to put in a joint submission.
- 6.2 The London Area Team has worked with the Office for London clinical commissioning groups and London borough representatives to develop a London

proposal, which was circulated to Directors of Public Health and Childrens Services the week commencing 30 June. The London proposal is broad and will require significant development if approved by NHS England as an initial expression of interest.

7 Conclusion

7.1 The coming 5-6 months are important to transfer planning and supporting local government, NHSE and providers to be in a secure position ahead of the October 2015 transfer. There are likely to be a number of points at which we are invited to engage in formal regional and national transfer process activities. At this stage there is scope to add to and alter the London transfer planning arrangements, and in particular to shape thinking and preparation.

7.2 As the process nears the DH consultation in September/October, it will be increasingly difficult to achieve substantial shift in transfer planning and data analysis. Furthermore, as the process closes in on the autumn, the debate and discussion locally with the London Boroughs of Havering, Redbridge and Waltham Forest is likely to intensify.

8. Recommendations

8.1 The Health and Wellbeing Board is recommended:

- To review the progress being made to deliver the national programme, which is intended to increase Barking and Dagenham's health visiting workforce in line with Call to Action numbers before the transfer in October 2015.
- To review the identified risks and address the necessary mitigation required to be ready for the full transition in October 2015.
- To note the London and local position.

9. Mandatory Implications

9.1 Joint Strategic Needs Assessment (JSNA)

The outlines the recent increases and changes in the 0 – 5 population which highlights the need for provision for this group. The complexity of provision of this age group is a reflection of several factors including ethnicity, poverty and parental life-style factors such as obesity, smoking and substance misuse. The current services plays a vital role in supporting our increasing and changing 0 – 5 population to become and remain healthy and preparing for a healthy adulthood.

9.2 Health and Wellbeing Strategy

If agreed and taken forward, the recommendations from the report will be integral to the delivery of a key Health and Wellbeing Strategy outcome –

- Children having the best possible start in life from conception, so breaking the link between early disadvantage and poor outcomes throughout life.

9.3 Integration

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The report's recommendations are underpinned for the need for effective integration of services and partnership working.

9.4 Financial Implications

Completed by Patricia Harvey, Interim Group Manager, Children's Finance

The London Borough of Barking and Dagenham has been allocated from the Department of Health a Public Health Grant of £14.213m for 2014/15 and included within this allocation is £1.593m that is currently attributable directly to Children's Services directorate and an additional £3.680m that is attributable to services to children.

The Transition Steering group have met and the latest reporting on the current number of health visitors is now 48.16 WTE, so the growth allocations are not on target and unconfirmed clarification of whether the Multi-Agency Safeguarding Hub post and Family Nurse Partnership Health Visitor posts are counted in the final growth target. The transition steering group is also awaiting clarification on the infrastructure costs from NELFT prior to October 2015.

9.5 Legal Implications

Completed by Lindsey Marks, Principal Solicitor Children's Safeguarding.

None at present. However legal and HR implications will be significant and must be included in programme planning.

9.6 Risk Management

From 1 October 2015 the responsibility for commissioning public health services for 0-5 year olds will transfer from NHS England to local authorities. The transfer marks the final part of the overall public health transfer. The Department of Health intend to lay regulations on the mandatory aspects of the service (informal consultation on this expected between September and December). The Council will wish to undertake detailed risk assessment once the statutory responsibilities are confirmed.

10. Supporting Documentation

- Joint Strategic Needs assessment
<http://www.barkinganddagenhamjsna.org.uk/Pages/jsnashome.aspx>
- Joint Health and Wellbeing Strategy
<http://www.lbbd.gov.uk/AboutBarkingandDagenham/PlansandStrategies/Documents/HealthandWellbeingStrategy.pdf>
- Public Health Commissioning Priorities 2014/15 (Health and Wellbeing Board papers 5 November 2013 and 11 February 2014)

- The 0-5 year Healthy Child Programme (Health Visiting) Service (Health and Wellbeing Board paper 5 November 2013)