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| HEALTH AND WELLBEING BOARD | | AGENDA ITEM No. 11 |
| 10 SEPTEMBER 2015 | | PUBLIC REPORT |
| Contact Officer(s): | Wendi Ogle-Welbourn Corporate Director People and Communities | Tel. 863749 |

HEALTHY CHILD PROGRAMME

| RECOMMENDATIONS | |
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| FROM : Wendi Ogle-Welbourn, Corporate Director People and Communities | Deadline date : n/a |
| <p>The board is asked to:</p> <ul style="list-style-type: none"> Note that from the 1st October 2015 responsibility for the commissioning of Health Visiting (HV) and family nurse partnership (FNP) transfers from NHS England to the LA. Note the proposed changes in boundary's and how this will be managed. Comment on how the LA proposes to address the effect the reduction in public health funding will have in these areas. | |

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the HWBB through the joint child health and wellbeing commissioning unit.

2. PURPOSE AND REASON FOR REPORT

- 2.1 To update the health and wellbeing board on the issues arising from the transfer of commissioning responsibilities for health visiting (HV) and family nurse partnership (FNP) from NHS England to PCC on the 1st October 2015.
- 2.2 Advise and receive comment on the action plan to address the changes in boundary issue.
- 2.3 Advise and receive comment on the process to address the reduction in the public health budget.

3. BACKGROUND

In January 2014 the Government confirmed that the commissioning of health visitors and family nurse partnerships would transfer to local government on the 1 October 2015. Health Visitors and Family Nurses will continue to be employed by their provider organisations.

The transfer marks the final part of the overall public health transfer. It will join up commissioning for 0 to 19 (and up to 25 years for young people with Special Educational Needs and Disabilities) and will improve continuity for children and their families. It presents a unique opportunity for local authorities to transform and integrate health, education, social care and wider council led services and to focus on improving outcomes for children, young people, families and communities.

For 2015/16, the transfer of commissioning responsibilities is in effect a 'lift and shift' arrangement. From 2016/17 onwards, the health visiting and family nurse partnership budget will be added to the public health grant allocations to local government to form an overall public health grant allocation.

3.1 **NHS England**

The following commissioning responsibilities will be retained by NHS England:

- Child Health Information Systems (CHIS) in order to improve systems nationally. This will be reassessed in 2020
- The six to eight week GP check (also known as the Child Health Surveillance) because of its complex commissioning arrangements.

The Department of Health plans to mandate local authorities for 18 months to provide the following five universal checks:

- Antenatal health promoting visits new baby review
- six to eight week assessment of the baby
- one year assessment
- two to two and a half year review

A review involving Public Health England will take place after 12 months and will inform arrangements going forward. The rationale for this is to make sure a national, standard format for universal coverage of the checks is delivered.

3.2 **HV specification**

The 15/16 national service specification for health visiting and family nurse partnership was developed in conjunction with key stakeholders. At a local level the specification has been tailored to shape needs and partner arrangements. It is designed to be used during the transition of commissioning responsibility to the local authority, in joint commissioning arrangements. The specification is outcomes focussed and encourages the health visiting service to work in partnership to deliver the healthy child programme.

NHS England and Peterborough City Council have been working very closely to facilitate the transfer and have had joint contracting and performance meetings with Cambridgeshire and Peterborough Foundation Trust, the provider. A number of issues have been identified that will need addressing these are highlighted below with plans on how they will be addressed.

4. **ISSUES**

4.1 **Change in Boundaries**

Health Visiting and Family Nurse Partnership services have been asked to align their current service provision to the local authority boundaries during 15/16.

This work is intrinsically linked with the Child Health Information Service (CHIS) as the system that tasks Health Visiting services. CHIS services were asked to analyse and compare their current allocation based on GP registered data to allocating based on LA boundary postcodes and report on potential differences for a snapshot in time. This information was collated by NHS England to enable an understanding of the numbers coming in and out for each provider.

Cambridgeshire and Peterborough Foundation Trust (CPFT) who are the provider of services for Peterborough faces a particular challenge looking to receive a net gain of around 650 children. There are no additional resources allocated for this

This will require some discussions and negotiations between CPFT and Cambridge Community Services, (CCS) the provider in Cambridgeshire. By far the most significant concern is the risk to *safeguarding provision*. CPFT and CCS have been asked to adopt a phased approach to transfer that ensures children who are on the Universal Partnership Plus and Universal Partnership pathways, Children in Need, Children in need of Protection, Children Looked After and children with an Early Help Assessment or Family Support Plan are prioritised.

While NHS England expected the transition to have occurred prior to transfer of commissioning responsibility in October 2015, in recognition of the challenge this will be to manage the risk and plan appropriately, this will not be feasible. Following a discussion with both CPFT and CCS it has been agreed that the current boundaries will remain the same for these 2 area with a plan that the full transition will have occurred by the end of the March 2016.

4.2 **Reduction in public health grant funding allocation**

The original baseline funding agreement for HV's was for 54 WTE this was later revised to 57 to reflect the increase in population for Peterborough. However in the final calculation, the offer of the funding was revised to reflect the original trajectory of 54 WTE's which meant a loss of 3 WTE H/V posts this year. In addition NHS England funded 0.5 Multi – Agency Safeguarding Hub (MASH) post and up lift from band 6-7 for a breast feeding co-ordinator. The breakdown of funding is highlighted below.

| HV £m | 13/14 | 14/15 | 15/16 | 16/17 |
|----------|-------|-------|-------|-------|
| 54 WTE's | 2,639 | 2,530 | 2,697 | 2,697 |

NB: Figures include 0.5 agreed for Band 7 HV for MASH and uplift from a band 6 to band 7 for a breast feeding co-ordinator

| FNP £000 | 13/14 | 14/15 | 15/16 | 16/17 |
|--|-------|-------|-------|-------|
| Funded for 125 places. 1 Supervisor, 5 Family Nurses and p/t admin | 341 | 398 | 398 | 398 |

Also 15k has been allocated for the additional commissioning responsibilities total of £3,111,000.

The effect this will have on HV this year is the reduction of 3.5 WTE HV posts to reflect the revised trajectory plus 0.5 MASH post and the upgrade post for the breast feeding co-ordinator.

In addition there is a reduction in the public health grant for 16/17 and a need to identify savings this year. Therefore saving from the Health Visiting and Family Nurse Partnership will need to be identified.

This has been formally raised at a contractual meeting with providers and agreement to start working on the impact of any reduction. This will be monitored by the Joint Child Health and Wellbeing Commissioning Unit.

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