

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Wellbeing Board      **DATE:** 12<sup>th</sup> November 2014

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**WARD(S):** ALL

### **PART I** **FOR INFORMATION**

#### **TRANSFER OF COMMISSIONING RESPONSIBILITIES FOR HEALTH VISITING AND FAMILY NURSES TO SLOUGH BOROUGH COUNCIL**

##### 1. **Purpose of Report**

This report updates the SWB on the progress and risks regarding transfer of commissioning responsibility to Slough Borough Council of the health visiting and Family Nurse Partnership services, which will take effect from 1st October 2015 following a period of co-commissioning with NHS England in the period April 1st 2015 – September 30<sup>th</sup> 2015.

The health visiting service and Family Nurse Partnership will become mandated services funded through the public health grant and the funding envelope will be announced in December 2014 for formal changes to baselines from 2016/17 onwards. No changes will occur to 2015-16 baselines but financial transfers will be made for effect on October 1<sup>st</sup> 2015 – March 31<sup>st</sup> 2016.

The report includes the health visiting service model agreed by the Berkshire Transition board with NHS England and covers the financial and other risks and mitigations identified from the latest national briefing.

Although there is an expectation that all local authorities will adopt the national service specification for health visiting, there is scope to enhance the transition and ensure an integrated early years plan based on:

- a local workshop with key early years stakeholders (May 2014)
- in depth analysis of the views of parents, maternity services and health visitors about improving communication and services - derived from a subset of the CCG co-commissioning programme (June - July 2014)
- a gap analysis against the six high impact changes in the early years briefings prepared by a collaboration between DH, NHS England, Public Health England and the LGA ( July 2014)

SWB is asked to note that the action plan derived from the above will be shared in a further paper when the full funding envelope is clear

## **2. Recommendation(s)/Proposed Action**

For the SWB to note the plan in place for the transfer of Health Visitors and Family Nurse services to Slough Borough Council.

## **3. Slough Wellbeing Strategy Priorities**

An integrated 0-5 early years service is a key service supporting the good physical and mental health outcomes required in the Health section of the Wellbeing Strategy and the Health Strategy as well as within the National Service Specification

## **4.. Other Implications**

### **(a) Financial**

The NHS envelope will be confirmed in December 2014 or the 2015-16 year and this is a risk being managed at the Berkshire Transition Board and Public Health Advisory Board levels. The proportion of workers who support the frontline health visitors, whether in staff nurse or nursery nurse or administrative roles and clarity about the numbers of staff working in management or in CCG funded roles on safeguarding or in family nurse roles has also been achieved.

Nationally it is acknowledged that the main risk is that the transfer is an 'as is' model and takes no account of changes in birth rates. The board has therefore had to accept the 'as is' model.

Finally there is no clarity about the costs of professionally developing staff once Health Education England complete their targets for HV development and hand over responsibility to local authorities.

### **(b) Risk Management**

Risk	Mitigating action	Opportunities
Legal	Novation of the HV contract required in first year	Regional briefing 3 will include details of novation and contracting requirements
Property	NONE	NONE
Human Rights	NONE	Meet the needs of specific groups in society.
Health and Safety	NONE	NONE
Employment Issues	NONE as staff will remain with their host organisation	Possible action if service redesign leads to re-commissioning. Unions have agreed to model
Equalities Issues	An equalities impact assessment informed the national service specification	The Cowley model takes into account the skill mix needed to tackle inequalities associated with higher rates of deprivation

Community Support	Stakeholder surveys were conducted in May and June 2014.	Local stakeholders identified the need and will shape any future provision.
Communications	Ongoing these are led by NHS England using national briefings	Berkshire is represented on the national board
Community Safety	NONE	NONE
Financial	NONE at this stage as awaiting the national allocations.	Financial modelling for 15-16 and 16-17 is being undertaken by NHS England for each local authority and will be finalised by December 2014
Timetable for delivery	For immediate decision and action.	See national briefing
Project Capacity	The consultant lead for children is supported by the PH operations manager at BFBC	Additional support from the central team in BFBC in relation to contract management
Other		

(c) Human Rights Act and Other Legal Implications  
*NONE*

(d) Equalities Impact.

An Equalities Impact Assessment for the procurement plan will be completed if any retendering is required.

**5. Legal basis of the transition and governance**

The transfer was agreed as part of the Health and Social Care Act 2012. It is the responsibility for commissioning, not service provision, which will transfer. It is not therefore a transfer of the health visiting workforce - who will remain in provider organisations.

The governance of the transfer is primarily a local one: from NHS England Area Teams as the “sender”, to the local authority as the “receiver”. It is being supported by; national, Thames Valley and Berkshire level transition boards.

The Berkshire transition board contains senior staff of all six UAs in Berkshire, NHS England and the provider organisation Berkshire Healthcare Foundation Trust.

A national health visiting service specification must be in place by April 2015 with NHS England. Due to the differences between the East and the West services NHS England is monitoring the delivery of the quality indicators set in that specification. Until a full staffing complement is

achieved - due to be in place by January - it is not possible for the current team to fully meet that specification.

Caseloads reflect this and are still above the maximum required for a deprived area. A local appendix will set out the detailed service requirements for Slough and will be completed when the ring fenced funding is confirmed in 2016-17.

## **6. Synopsis of the Healthy Child programme**

The services transferring include the 0-5 Healthy Child Programme (Universal/universal plus) which includes:

- Health visiting services (universal and targeted services);
- Family Nurse Partnership services (targeted service for teenage mothers).

Details of the programme can be found at [www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life](http://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life)

All of the existing services supporting the four stages; community, universal, universal plus and universal targeted plus have been mapped locally and gaps identified at a stakeholder event held in May 2014.

NHS England are working with the existing service to ensure that the local universal offer is consistent with the national service specification available at <http://www.england.nhs.uk/ourwork/qual-clin-lead/hlth-vistg-prog/res/#serv-spec>

A further update to that specification is planned for 2015-2016 when the commissioning responsibility transfers to local authorities. Local variations can be added in appendices.

## **7. Commissioners of existing early years service**

Health visiting services are currently commissioned locally from Berkshire Healthcare Foundation Trust by NHS England and these interface with a wide range of services. The transfer of the services allows the opportunity to improve pathways, joint training and ultimately outcomes for children.

NHS England currently commissions

- Health visiting services – which will pass to local authorities in October 2015 – half way through the annual NHS contract for 2015-16. These include the core service – described in the national specification and specialist services for women living in temporary accommodation as well as family nurses who work closely with maternity services to ensure at risk families are given support
- The child health system. – which will remain under a section 7a agreement in 2015-16

Clinical commissioning groups (CCGs) such as Slough CCG commission services which interface with health visitors such as;

- Specialist safeguarding named nurses - who train and supervise frontline health visitors in their safeguarding role.
- Maternity services including the specialist Crystal team which refers the most vulnerable young mothers to health visiting services
- the Slough Introducing Access to Psychological Therapies service (IAPT) at Upton Hospital which provides perinatal mental health services - to which women who are suffering from depression are referred already by the health visiting service.
- Mental health services

Slough Borough Council

- commissions early years services from Mott McDonald
- provides Family Information Services
- provides a small specialist parental mental health service (from the early help team) and family intervention services from the DAAT commissioned services

## **8. The Cowley model and implications for Slough.**

The Berkshire transition board has agreed the numbers of frontline health visitors in table 1 below based on the Cowley model (a nationally accredited model agreed by the Health Visiting Association nationally) as shown below

Table 1 Cowley model of frontline health visitor establishment across Berkshire

LA name	Under 5s in 2014-15	Current allocated HV wte	Current WTE according to Cowley model (without alternative variants)	Diff model-actual	Model % HVS in 2014/15
Bracknell Forest	7763	18.1	18.5	0.4	11.7
Reading	12817	33.8	35.2	1.4	22.2
Slough	13003	36.1	37.7	1.6	23.8
West Berkshire	9232	21.7	22.1	0.4	13.9
Windsor and Maidenhead	9849	22.4	22.9	0.5	14.5
Wokingham	10106	21.8	22.2	0.4	14
	62770	153.9	158.6	4.7	100.1

\* NB this figure does not include the extra family nurse and management roles which have been removed and will be risk shared across Berkshire

## **9. What external stakeholder workshops have identified :**

- Co-location of health visitors in all children's centres, widely promoted and available not just Monday – Friday, 9 – 5pm but also adopting outreach to support working mothers and fathers
- Increased opportunities to access services (for example, a 24-hr parenting line for new parents/carers during the first year; extension of services at weekends and evenings to benefit working parents).
- Increased provision of perinatal mental health services and support for children and young people's emotional health and wellbeing at Tier 1s and 2 (preventative and targeted services) linking to improved parenting programmes and community level provision
- Training for early years staff to support them to recognise signs of emotional distress in children and families
- Increased provision of health visitors and school nurses to take on more public health, and particularly public mental health work with all children and young people.
- Explore opportunities for health visitors to refer to other programmes for families (other than the Family Nurse Partnership model) to benefit more young mums and babies who do not meet the criteria for FNP i.e the mother must be a first time mother and not older than 19 years

## **10. Gaps identified against the six early years high impact briefings which need to be addressed by partners to support the delivery of the national specification**

A detailed action plan is being developed – key gaps include lack of; integrated IT, evidence based parenting programmes to support attachment in the general population - as the Family Nurse Partnership is only for first time mothers, lack of an agreed common assessment tool across all agencies, lack of a maternity and HV presence in all children's centres (due to lack of space and shared IT facilities) and access to speech and language and other services. Lack of consistent information sharing regarding accidents and prevention, lack of specific pathways for underweight children, lack of consistency re advice for obesity, breastfeeding and weaning (though volunteers are being trained in the latter) and attainment of Baby Friendly status in children's centres.

## **11. Specific Transfer Actions**

NHS England's agreed service model (August 2014) and financial envelope which has to be signed off by SBC in readiness for the

September 12<sup>th</sup> deadline. The full costs of ancillary staff has been calculated in advance of this deadline

Ministerial clearance will then be sought and by December allocations for 2016-17 will be part of the local government finance settlement

The final growth announcement for 2016-17 is not expected until December 2014

The model of service approved by the Berkshire transition board is taken from the existing nationally approved Cowley model which provides Slough with 37.7 WTE front line health visitors. Additional staff such as support workers, management and family nurses will be apportioned across all six UAs. The costs for the FNP will be shared based on the postcode of registration as women register antenatally onto the programme and the availability of staff.

Health visiting services are to be mandated within the ring-fenced public health grant from 2016-17 onwards. The universal areas of service that are mandated are as follows;

- antenatal health promotion review – which occurs at childrens centres (CCs)
- new baby review which is the first check after the birth (at home)
- 6-8 week assessment (at CCs)
- one year assessment (at CCs)
- two to two and a half year review (at CCs)

This will ensure ongoing provision of a universal health visiting service that is essential to supporting the health and well-being of families and children at a crucial stage of development.

These universal services will be legally mandated for 18 months as part of the transition to local authority commissioning and will be reviewed after a year. The Department of Health have started the process of drawing up regulations.

This is a lift and shift model of transfer of commissioning responsibility although scope exists to improve pathways, staff competencies and adoption of improved parenting support locally

In Berkshire, additional in year funding has been obtained to improve the coverage and the quality of the one and two year developmental assessments by the use of appropriate equipment, (physical and web based), and enhancing practitioner skills in interpersonal relationships (using the Solihull approach) and the management of change with families

There are opportunities for partnership working around delivery of 2 year assessments, building on existing awareness raising workshops about the service, its transformation and transition, a common approach to working with families, e.g Solihull, work around the three pathways of maternal mental health, early attachment and healthy weight, which will result in improved service quality and coverage of the HCP.

We need to ensure that the 'responsible commissioner' rights to shared data required for OFSTED are obtained asap as part of the contract changes for 2015-16. A local data sharing agreement will be needed which builds on the data sharing agreement between the provider and NHS England during the transition year. For example the provision of perinatal mental health information to ensure joined up support with Introducing Access to Psychological Therapies

Parenting programmes other than the Family Nurse Partnership need to be in place to support improvements to the attachment pathway. There is a gap for the age range 0-3yrs whereas for 3 and over Slough Children's Centres (CCS) have identified free funding from Save the Children to introduce the FAST parenting programme. which DfE rate as a four star programme (see the parenting database at <http://www.education.gov.uk/commissioning-toolkit/Programme/CommissionersSearch>)

The Children and Young Peoples partnership board will need to agree which models of parenting programmes are required in Slough as soon as possible and ensure multiagency training to improve access.

The NHS England funding for joint training of health visitors and early years staff needs to be used to ensure that robust pathways of support are agreed from the results of the Ages and Stages assessment at 2-2.5 years (which the health visitors use). This assessment should support the early years foundation stage assessments outlined at <https://www.gov.uk/progress-check-at-age-2-and-eyfs-profile> and signpost further support services for families.

The perinatal mental health pathway should make explicit local voluntary sector links to perinatal mental health services; such as the support provided by Home Start for women identified with antenatal or postnatal depression. This work will be reviewed prior to the transition. The risk mitigation is that health visitors will refer to Improving Access to Psychological Therapies (IAPT) but this has a long waiting list. As Slough CCG commission maternity and mental health services the earlier referral of families to this group should be considered for 2016-17 as a co-commissioned service with the CCG as well as pathway improvements to ensure improved communication between maternity services and health visitors

Ensure the provisional model of increased numbers is actually achieved prior to acceptance through regular performance reports from NHS England

Identify opportunities to increase access to out of hours health visiting and early years services for working women and fathers should be sought



## **12. Comments of Other Committees / Priority Delivery Groups (PDGs)**

This paper has also been presented to the Slough Children's and Young People's Partnership Board .

## **13. Conclusion**

SWB can be assured that there are good governance processes in place at all levels whether national or local. The collaboration between NHS England and the six UAs in Berkshire is a very positive example which is helping to shape the transition decisions nationally too. The work underway at regional level is fulfilling many of the recommendations in local stakeholder sessions

There is a strong willingness of all agencies to improve pathways and redesign services tempered by the need from the LGA about assurance that no new burdens will be placed on local authorities.

However the risks identified in the national briefing show that SBC will need to be assured that the service model and trajectories are affordable and that full cost recovery is available in the national allocations in December 2014.

There is scope for the Slough Improvement board and CYPP board to agree on a high level joint action plan arising from the six national briefings on early years best practice that would support the service when integrated in October 2015.

## **14. Background reading**

Six high impact briefings for early years available at <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>

The national (NHS England) service specification for health visiting services in England 2014-15 available at <http://www.england.nhs.uk/wp-content/uploads/2014/03/hv-serv-spec.pdf>

NB the 2015-16 specification is expected in December 2014.