Executive Summary

From 1 October 2015 the responsibility for commissioning of children's public health for the 0-5 years population will transfer from NHS England to local authorities. This marks the final part of the overall public health transfer that saw functions transfer successfully in 2013. The services this covers are health visiting and Family Nurse Partnership.

The purpose of the report is to inform Cabinet of the actions that have been taken, provide assurance that the handover has been smooth and services are robust and set out proposals for meeting national requirements and ensuring high quality services are delivered to children and families in Wiltshire and continue to improve public health outcomes for them.

These 0-5 year public health services are part of the national Healthy Child Programme, which is a public health programme to achieve good outcomes for all children from pregnancy to 19 years of age. Public Health already commissions the School Nursing Service and will now be responsible for commissioning the entire 0-19 Healthy Child Programme.

The first 1001 days from conception to age 2 is widely recognised as a crucial period in a child’s development, and a child’s brain development in this period is a determining factor of their ability to learn for the rest of their life course.

The Healthy Child Programme 0-5, led by health visitors and their teams, offers every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times.

The Government has mandated the following five key elements of the health visiting service:
- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
The transfer of 0-5 children’s public health for the six month period between 1 October 2015 and 31 March 2016 is being conducted in accordance with a ‘lift and shift’ approach, to ensure a safe mid-year transfer. Public Health and Protection has worked closely with NHS England to ensure a smooth transition.

The NHS contract with Great Western Hospitals NHS Foundation Trust has been novated in line with national guidance to the Council. The 0-5 service is one of the elements of children’s community services that is commissioned through a joint process by Wiltshire Council, Wiltshire Clinical Commissioning Group and NHS England. Public health services such as health visiting, Family Nurse Partnership, School Nursing and National Child Measurement programme make up half of the total budget for all children’s community services.

Proposal

Cabinet is asked to approve the approach to taking forward the public health commissioning and contract monitoring of this important service for families in Wiltshire, particularly delivery of the mandated visits and health checks.

Reason for Proposal

The Department of Health, Public Health England and NHS England have set out strict criteria for managing this transfer to ensure it does not affect delivery of these services to children and families. This includes the process of novation of existing NHS contracts, setting out the financial allocation and the requirements for national data reporting to ensure oversight of delivery of the mandated checks to maximise the health of children in England. The Public Health and Protection team has worked closely and positively with NHS England to ensure a smooth hand over and are satisfied that all national and local requirements have been met.

Maggie Rae
Corporate Director

Carolyn Godfrey
Corporate Director
Wiltshire Council

Cabinet

10 November 2015

Subject: Transfer of health visitor services (0-5s)

Cabinet member: Councillor Keith Humphries
              Adult Care, Public Health and Protection
              Councillor Laura Mayes
              Children's Services

Key Decision: No

Purpose of Report

1.1 From 1 October 2015 the responsibility for commissioning of children’s public health for the 0-5 years population will transfer from NHS England to local authorities. This marks the final part of the overall public health transfer that saw functions transfer successfully in 2013. The services this covers are health visiting and Family Nurse Partnership.

1.2 The purpose of the report is to inform Cabinet of the actions that have been taken, provide assurance that the handover has been smooth and services are robust and set out proposals for meeting national requirements and ensuring high quality services are delivered to children and families in Wiltshire and continue to improve public health outcomes for them.

Relevance to the Council’s Business Plan

2.1 This proposal fits with the Council’s vision of creating stronger and more resilient communities. It is also an essential element of the key priority to protect those who are most vulnerable and, in particular, enables the following key actions:
- Provide opportunities for every child and young person to improve their attainment and skills so they can achieve their full potential
- Continue to improve our safeguarding services to protect the most vulnerable in our communities
- Integrate public health at the heart of all public services

Main Considerations for the Council

3.1 The main considerations for the Council are confirming that the robust processes for ensuring a safe transfer have been followed and that the governance and contract monitoring arrangements provide assurance that there will be strong oversight of service delivery, development and performance in relation to the mandated public health visits and checks.
Background

4.1 These 0-5 year public health services are part of the national Healthy Child Programme, which is a public health programme to achieve good outcomes for all children from pregnancy to 19 years of age. Public Health already commissions the School Nursing Service and will now be responsible for commissioning the entire 0-19 Healthy Child Programme.

4.2 The first 1001 days from conception to age 2 is widely recognised as a crucial period in a child’s development, and a child’s brain development in this period is a determining factor of their ability to learn for the rest of their life course.

4.3 The Healthy Child Programme 0-5, led by health visitors and their teams, offers every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times. It sets out the service for all families and for those needing additional support through a delivery model termed progressive universalism.

How health visitors make an impact

4.4 On 20 October 2015 Corporate Director Maggie Rae invited health visitors in for tea to County Hall to welcome them to the local authority and celebrate their work. At the event, recently qualified health visitor Ros Griffiths, who worked as a midwife for 16 years, highlighted the benefit that different nursing backgrounds bring to the health visiting service. She described the significant change that becoming a public health trained nurse has brought to her practice, particularly using every opportunity as a clinician to promote all aspects of health to the people she is working with. Ros described her enthusiasm for being part of the wider public health work led by the Council.

4.5 Health visitors Veronica Godbold and Lizzie Sexton talked about their work with military families and the challenges for many young army wives, who lack the family and support networks as a result of moving regularly, for some from different commonwealth countries. They described their work to address some of the issues that military families face such as managing returns from periods of active service and the impact on children and relationships. Veronica and Lizzie also described close working with military support services, including the Army Welfare service.

4.6 Trowbridge health visitor Pippa Sparks spoke passionately about working in the town and demonstrated her depth of knowledge and understanding about the local population and geography. She is very focused on addressing health inequalities and working with others, such as children’s services, to ensure services are targeted in the right way for different people. She particularly highlighted the work health visitors are doing to support victims of domestic abuse working with closely with the MARAC pathway and with SPLITZ.
4.7 The theme of addressing health inequalities was continued by health visitor Jan Hounsell who talked about her team’s work to provide services to the Gypsy and Traveller community, particularly working with the Council’s Liaison Manager for Travellers. She highlighted the way that health visitors work to understand different culture and build trust and the particular challenges families face such as high rates of unintentional injuries when not living in established sites.

4.8 Health visiting staff are a real asset to the Council’s work on preventing ill-health and promoting attachment and child development. They already work closely with midwives, children’s centre staff and GPs to prevent ill-health and intervene early to address problems if they emerge. It is important to remember that they provide both universal services (services for everyone) as well as targeted services for those in greatest need.

4.9 There are six high impact areas for health visiting and information about how these protect and promote the health of young children and families is as follows:

- **Maternal mental health** – health visitors play a key role in promoting emotional attachment between parents and their babies and identifying perinatal and infant mental health issues that may arise. All our health visitors are currently being trained in the Soihull approach, which is an evidenced based early intervention that assists the mother in being emotionally available to her infant and for intervening in attachment difficulties. It is a model that focuses on the psychosocial aspects of pregnancy, promoting good early parent-child interactions, maternal attachment, and supports problem-solving skills of the parents. When problems do occur, health visitors ensure swift access to psychological therapies through the Wiltshire perinatal mental health pathway.

- **Transition to parenthood** - Baby Steps is an NSPCC ante-natal programme run by health visitors, midwives and children’s centre staff to help vulnerable parents cope with the pressures of having a baby through more intensive education and support about becoming a parent provided through groups and home visits. Health visitors are reporting evidence of increased confidence in the transition to parenthood; the strengthening of attachment between parents and their babies and attachment at early stage of pregnancy as well as increased motivation for parents to address their own mental health needs. They are also developing networks in their local communities both through peer support and attendance at Childrens Centre activities.

- **Breastfeeding** - the health visiting service in Wiltshire has achieved UNICEF Baby Friendly Initiative level 3 accreditation, which recognises the skills of. Health Visitors and Nursery Nurses in ensuring parents make informed feeding choices and support them to establish and maintain breastfeeding. This is key to promoting good health outcomes because babies who are breastfed are at a lower risk of
  - Gastroenteritis
  - Respiratory infections
  - Sudden infant death syndrome
• Obesity
• Type 1 & 2 diabetes
• Allergies (e.g. asthma, lactose intolerance)

- The longer mothers breastfeed, the greater their protection against breast and ovarian cancer, and hip fractures in later life. Recent evidence has demonstrated an association between prolonged breastfeeding and postmenopausal risk factors for cardiovascular (CV) disease.

- **Healthy weight** - health visitors contribute to promoting healthy weight in adults and children through promotion of breastfeeding, providing appropriate weaning advice in line with Department of Health guidance. This is delivered individually at all appropriate contacts and through weaning groups. Family nutrition education includes promoting positive food choices, home cooking and portion sizes. A range of child health clinics are available across the county where parents can monitor their child’s growth and have the opportunity to seek advice and support from Health Visitors and Nursery Nurses. All contacts and clinics also promote the importance of physical activity for young children and their parents and signpost to appropriate support services.

- **Child development** – health visitors provide key developmental assessment contacts at 9 to 11 months and 2 years 3 months. Health Visitors in Wiltshire use evidenced based Ages and Stages questionnaires (including social and emotional questionnaires) at both these key points on which to base their assessment of developmental progress. Health Visitors work with local pre-school settings to deliver an integrated approach to children’s development between ages 2 and 3. The 2 year 3 month contact is key to the ‘improving school readiness’ agenda, allowing any identified concerns to be fully explored and interventions put in place in a timely manner. Health Visitors note that these opportunities enable early identification of any issues thus resulting in early intervention either through inputs provided within our own services eg Nursery Nurse intervention or review or referral to appropriate services.

- **Managing minor illness/accident prevention** - health visitors have the skills and ability to identify common childhood illnesses. These skills are used to support parents by offering advice and self-help measures, increasing parents confidence and alleviating concern. Most Health Visitors are registered nurse prescribers who can prescribe from an appropriate set formulary alongside their expertise in supporting parents to manage conditions such as eczema.

**The delivery of services**

4.10 The four-tier health visiting service includes the following:

- **Community Services** - linking families and resources (for example Children’s Centres, self-help groups etc) and building community capacity.

- **Universal Services** - primary prevention services and early intervention provided for all families with children aged 0-5 as per the
HCP universal schedule of visits, assessments and development reviews.

- **Universal Plus Services** - time limited support on specific issues offered to families with children aged 0-5 where there has been an assessed or expressed need for more targeted support.
- **Universal Partnership Plus Services** - offered to families with children aged 0-5 where there is a need for ongoing support and interagency partnership working

4.11 The Government has mandated the following five key elements of the health visiting service:
- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2\(\frac{1}{2}\) year review

4.12 From September 2015, local authorities, health visiting services and early years providers will be expected to bring together health and early education reviews for young children at the age of two to two-and-a-half and arrangements are in place for doing this.

4.13 The **Family Nurse Partnership** is a targeted, evidence-based, preventive programme for vulnerable first time young parents under 18 years. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. The FNP is a licensed programme and therefore has a well-defined and detailed service model, which must be adhered to.

**Outcomes and performance**

4.14 Health visitors contribute to improving health outcomes in a number of ways and their work relates to the following indicators in the Public Health Outcomes Framework:
- Children in poverty (better than the national average at 10.6%)
- % of children achieving good level of development at end of reception (better than the national average at 58.7%)
- Breast feeding initiation (better than national average at 81.3%)
- Breastfeeding prevalence at 6-8 weeks after birth (better than national average at 49.3)
- Excess weight in 4-5 year olds (similar to national average at 22.1%)
- Hospital admissions causes by unintentional and deliberate injury in children aged 0-4 (similar to national average at 137.1 per 10,000 resident population)
- Newborn screening hearing coverage (above national average at 99.4%)
- Vaccination uptake and coverage for diphtheria, tetanus, whooping cough, polio, haemophilus influenza B, meningitis C, pneumococcal meningitis, measles, mumps and rubella (better than national average)
- Infant mortality (similar to national average)
- Tooth decay in children aged 5 (better than national average)
4.15 The current performance of the services commissioned by NHS England against the five mandated visits is as follows:
- Antenatal health promoting visits (number 77, working with health visiting and midwifery to get total cohort data to provide percentage)
- New baby review (89%)
- 6-8 week assessment (83.8%)
- 1 year assessment (80.3%)
- 2-21/2 year review (62.6%)

**Contract transfer and monitoring**
4.16 The transfer of 0-5 children’s public health for the six month period between 1 October 2015 and 31 March 2016 is being conducted in accordance with a ‘lift and shift’ approach, to ensure a safe mid-year transfer.

4.17 The NHS contract with Great Western Hospitals NHS Foundation Trust has been novated in line with national guidance to the Council. The 0-5 service is one of the elements of children’s community services that is being commissioned through a joint process by Wiltshire Council, Wiltshire Clinical Commissioning Group and NHS England moving forward. Public health services such as health visiting, Family Nurse Partnership, School Nursing and National Child Measurement programme make up half of the total budget for all children’s community services.

4.18 Public Health 0-5 services remain under the governance of the Director of Public Health, who is also the Corporate Director, and oversight of the Cabinet member for Health and Wellbeing.

4.19 Current public health development and contract monitoring for health visiting services by NHS England is currently undertaken through the Public Health Specialist Nursing meeting. Contract issues are escalated to the wider GWH children’s community services contract meeting. FNP contract monitoring is managed within the FNP Advisory Board, which is a requirement of the licence.

4.20 From October 2015, quarterly contract monitoring and development meetings for health visiting and Family Nurse Partnership services will be held by Public Health and Protection chaired by the Public Health Consultant. The Family Nurse Partnership Advisory Board will remain in place. The format of the Public Health Specialist Nursing meeting is being upgraded to provide a more structured development, outcomes and contract monitoring agenda and to look at the 0-5 and 5-19 age groups separately. These will be called Public Health Nursing Development and Outcomes meetings. These groups will escalate issues to the new Children’s Community Services contract monitoring meeting once established.

**Data reporting**
4.21 Wiltshire Council has been asked to provide Public Health England with information on delivery of the mandated checks for its resident population on a quarterly basis in order to provide a national overview on health visiting services. Arrangements have been put in place to deliver this.
Risks
4.22 The most significant risk facing all health visiting services in England is the impact of moving from a registered to a resident population. Wiltshire Council and the local provider have robust plans in place for managing this and have written to all neighbouring authorities to confirm the principles and processes for managing the shift from a registered to resident population including mechanism and timescales for professionals handing over cases, arrangements for data collection, safeguarding procedures and oversight and escalation of issues that need resolution.

Overview & Scrutiny Engagement
5.1 No overview and scrutiny engagement has been established.

Safeguarding Implications
6.1 The service specifications set out clearly the responsibilities of the new provider in relation to safeguarding, particularly partnership working with the Council and other agencies.

Public Health Implications
7.1 The service will deliver the key elements of the 0 – 19 Healthy Child Programme including mandatory Health Visitor checks. This is a national public health programme to achieve good outcomes for all children from pregnancy to 19 years of age. It offers every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times. It sets out the service for all families and for those needing additional support - termed progressive universalism. The Government is mandating the following five key elements of the Health Visiting service:
- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2\(\frac{1}{2}\) year review

Corporate Procurement Implications
8.1 Not applicable

Equalities Impact of the Proposal (detailed conclusions identified from Equality Analysis, sections 4 and 5)
9.1 A full equalities analysis has been undertaken of mandating elements of the Healthy Child Programme through regulations, which sets out how the programme will address equality issues. It is available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410685/Equalities_analysis.pdf
9.2 The four-tier health visiting service reflects the different needs of some groups of the population and the additional levels of service they need, particularly:

- **Universal Plus Services** - time limited support on specific issues offered to families with children aged 0-5 where there has been an assessed or expressed need for more targeted support.
- **Universal Partnership Plus Services** - offered to families with children aged 0-5 where there is a need for ongoing support and interagency partnership working

Environmental and Climate Change Considerations

10.1 There will be positive benefits to environmental protection and impact on climate change from improved ways of working, such as shared bases, better use of IT, and mobile working, reducing staff travel and reliance on paper records.

Risk Assessment

11.1 A risk log has been completed and reviewed throughout the project and all risks have been accounted for through the transfer process with NHS England. The most critical risks related to the transition from registered to resident population with nine bordering authorities. A risk log will be maintained and reviewed at quarterly Public Health Nursing Development and Outcomes Group and will inform service development and contract monitoring.

Risks that may arise if the proposed decision and related work is not taken

12.1 The risk of not continuing with the work as set out is maintaining delivery of a key public health service and the mandated outcomes.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

13.1 This transition of this service to a new provider also provides a level of risk and every effort is being made to ensure this is smooth and staff remain valued and engaged, for example a celebration event, led by the Corporate Director, is being held on 20 October.

Financial Implications

14.1 The Department of Health published proposed funding allocations as part of the Baseline Agreement Exercise on 11 December 2014, followed by a five week period in which Local Authorities had the opportunity to comment on the allocations. The total 2015-16 allocation for Wiltshire published by the Department of Health on 12 December 2014 is £5,137,000. The allocation is broken down into a first six month allocation to NHS England of half the total figure (£2,569,000) and a proposed six month allocation for Wiltshire Council in the baseline agreement from 1 October 2015 of the other £2,569,000. In addition, there is a £15,000 commissioning cost payment for the Council bringing its six month total to
£2,584,000. The financial allocation covers both health visiting and Family Nurse Partnership. The forecast allocation by NHS England for 2015/16 was £4,635.1k for health visiting and £281.9k for Family Nurse Partnership, totalling £4,917k.

14.2 From April 2016, funding will be included within the public health grant. Wiltshire. The Council fed back on the importance of military basing and rurality being addressed in the funding formula moving forward. It also responded to Advisory Committee on Resource Allocation consultation on funding formula for 0-5s

Legal Implications

15.1 The novation of the existing NHS Contract has been considered by the Principle Solicitor and appropriate deed of novation drawn up in line with national guidance.

Options Considered

16.1 The transfer is in line with the all national requirements of transferring this important public health service.

Conclusions

17.1 The process for managing the transfer of public health services for 0-5 year olds has been managed robustly by working closely with NHS England and ensuring all national guidance has been followed. Risks are being managed appropriately and considerable effort being put into maintaining staff morale during a period of transition with the recommissioning of children’s community services.

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12 October 2015