Transfer of commissioning responsibility for early years (0-5 years) public health services from NHS England to the local authority

1. Background

1.1 The transfer of public health commissioning responsibilities for 0-5 year olds from NHS England to local authorities on 1st October 2015 marks the final part of the overall transfer of public health responsibilities to the local authority.

1.2 The Marmot Review (2010) highlighted the importance of early years as a critical period for virtually every aspect of human development with lifelong effects on health and wellbeing[1]. The 0-5 Healthy Child Programme (HCP) is central to ensuring that children and families have access to health promotion, preventive and early intervention services to support healthy physical, emotional, social and cognitive development.

1.3 The 0-5 HCP consists of:

- Health visiting services (HV services) - universal and targeted services;
- Family Nurse Partnership(FNP) – intensive targeted service for vulnerable teenage mothers
- Child Health Information Systems (CHIS)
- The 6-8 week GP check (also known as Child Health Surveillance).

1.4 Health visitors are qualified nurses with additional post graduate training to prepare them for a public health/preventative role focusing on improving child health and reducing inequalities.The HV visits the family in their home and undertakes a holistic assessment of the whole family's social, emotional and physical health and well-being at each visit that can identify a range of health and well-being issues including housing, relationships, emotional health, mental health, social inclusion, physical health or financial circumstances[2].

1.5 TheHV service plays a key role in helping to ensure that families have a positive start, working in partnership with GPs, maternity and other health services, Children's Centres, other early years services and wider services such as social care, housing and education. However, across the country and particularly in London, numbers of health visitors were in decline and in many areas there are not enough health visitors to offer all families the support they need[3]

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[1]Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010, 11 February 2010

[2]The role of the Health Visitor in a multi- agency team, Institute of Health Visiting (2014)

1.6 This lack of capacity has meantthat sometimes health visitors have beenunable to fully perform the wider public health role that they have trained for, working with communities to improve health outcomes, and that opportunities for early intervention can be missed. For example, to provide a clinically effective intervention to a depressed mother struggling with a new baby; to identify during a developmental check a child with speech and language problems who would benefit from early help or to help families access other local services, like parenting or relationship support through their local Children's Centre[3].

1.7 In recognition of the importance of the HV service and the overall lack of capacity, the government made acommitment to expand the national workforce by an extra 4,200 health visitors by 2015.This has been translated into a 'Call to Action trajectory' for each local area. In Tower Hamlets the 'Call to Action trajectory' will take the workforce to 95 WTE qualified health visitors (not including clinical leads and support staff), subject to successful recruitment and retention.

1.8 The FNP provides more intensive, targeted support for vulnerable teenage first time mothers and their families by a family nurse who is usually a health visitor or midwife. The family nurse receives additional specialist training to deliver the programme.

1.9 The FNP is an evidence-based, licensed programme that is still in pilot phase in this country. Findings from a randomised controlled trial of the impact of the programme in the English context (compared to existing universal services) are due to be reported in 2014/15.It has been estimated that the FNP could provide savings five times greater than the cost of the programme in the form of reduced welfare and criminal justice expenditures; higher tax revenues and improved physical and mental health[4].

1.10 The DH also made a commitment to expand the FNP, with particular priority to areas with a high level of need. Not all areas have a FNP established. Tower Hamlets was in the first wave of FNPs and established a service in April 2007 with local funding that was expanded by two additional family nurses in 2009 as part of the DH funded randomised controlled trial 'Building Blocks'. Funding for the two additional nurses was picked up by NHS England in April 2013. The local funding for the core service was transferred from the PCT to NHS England in 1st April 2013.

1.11 In order to ensure the expansion of the HV service and roll out of FNP, in April 2013 commissioning responsibility for these services was temporarily transferred to NHS England when the responsibility for the majority of local public health services transferred to the local authority.

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[3]The Health Visitor Implementation Plan 2011-15: A Call to Action (DH, February 2011)
[4]Department for Children, Schools and Families (2007) Cost–Benefit Analysis of Interventions with Parents. Research Report DCSF-RW008

2. Opportunities arising from the transfer of these responsibilities to the local authority

2.1 The transfer of 0-5 public health commissioning will enable join-up with the public health services for children and young people 5-19[5], notably School Health, that are already commissioned by the local authority, improving continuity for children and their families.

2.2 The transfer of commissioning responsibility to the local authority also provides important opportunities for closer integration with the wider early years workforce in Children's Centres, voluntary sector and children's social care and the development of a service that is more responsive to local priorities and needs. It will also be important to maintain and strengthen links with general practice, primary care and other NHS services.

2.3 In Tower Hamlets, due to the priority given to early years, we already commissioned a number of 0-5 public health services e.g. Baby Friendly Initiative, Breastfeeding Support service, Universal Healthy Start Vitamins, Healthy Eating and Active Play programme,Cook4Life courses, Brushing 4Life, Fluoride varnishing and Child and Family Weight Management (which includes an early intervention) . Responsibility for commissioning the HVservice and FNP will provide the opportunity to develop closer links across these services.

2.4 During September – November 2013 we conducted a consultation and engagement process, The Healthy Child Review, to get stakeholder input into the process of re-designing and re-commissioning child public health services 0-19. The findings of this review will be of value to inform the process of 'localising' the service specification for the health visiting service[6].

2.5 We are currently developing a new parent and infant emotional health and wellbeing programme to strengthen and join up services provided across the NHS, local authority and voluntary sector. This programme will provide a useful framework to support the development of a more community focused HV service.

3. Governance of transfer process

3.1 The transfer is primarily a local one: from NHS England Area Teams as the "sender" to the local authority as the "receiver". A national task and finish group co-chaired by Mark Rogers, Chief Executive, Birmingham City Council and Viv Bennett, Director of Nursing, Department of Health has been set up

[5] and up to age 25 for young people with Special Educational Needs and Disability (SEND)

[6] Healthy Child Review: Progress report and recommendations for commissioning and wider service and partnership development. Paper for the Children and Families Partnership Board meeting on Monday 27th January 2014

under the leadership of Jon Rouse at the Department of Health (DH) to support the process.

3.2 The national task and finish group includes representatives from the Local Government Association (LGA), the Society of Local Authority Chief Executives (SOLACE), Association of the Directors of Public Health (ADPH), Association of the Directors of Children's Services (ADCS), NHS England, Public Health England and the Department for Communities and Local Government. Each partner will keep their members up to date on the progress of the transfer via their networks.

3.3 Local authorities have been provided with a data collection detailing workforce and finance for 2014/15 and 2015/16 for sign off to enable the DH to set baseline funding allocations (see section 6 below). To date Tower Hamlets, along with a number of other London Boroughs, have not been able to sign off the workforce and finance data as the funding presented did not cover accommodation and other infrastructure requirements.

4. Commissioning responsibilities to be transferred

4.1 Commissioning responsibilities for the following services will transfer to local authorities on 1st October 2015:
The 0-5 Healthy Child Programme (universal/universal plus) which includes:
- Health visiting services (universal and targeted services);
- Family Nurse Partnership (targeted service for teenage mothers)

4.2 It is responsibility for commissioning, not service provision, which will transfer. It is not therefore a transfer of the health visiting workforce who sit in provider organisations.

4.3 The following commissioning responsibilities will remain with NHS England:
- Child Health Information Systems (CHIS) in order to improve systems nationally. This will be reassessed in 2020
- The 6-8 week GP check (also known as the Child Health Surveillance).

5. **Proposed mandationof universal services**

5.1 Subject to parliamentary approval, the Department of Health is proposing to “mandate”the following aspects of the 0-5 Healthy Child Programme, in the same way as it has for the national child measurement programme, sexual health and health checks:
- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment

- 2-2½ review

5.2 This is to ensure that theseservices are provided in the context of a national, standard format, to ensure universal coverage, and hence that the nation's health and wellbeing overall is improved and protected.

5.3 This would mean there is less local flexibility and discretion regarding how these universal services are provided. Any mandated elements will be set out in regulations under section 6C of the NHS Act 2006 and will be fully funded.

5.4 Subject to Parliamentary approval, the aim is that regulations are in place by May 2015, with a 'sunset clause' at 18 months (ie March 2017). A review at 12 months, involving Public Health England, will inform future arrangements.

5.5 Mandation will ensure that the increase in HV services' capacity continues as the basis for national provision of evidence-based universal services - supporting the best start for all our children and enabling impact to be measured. Local authorities will be able to demonstrate progress on the relevant public health outcome indicators through early years profiles. Local authorities will have flexibility to ensure that these universal services support local community development, early intervention and complex care packages[7].

6. Process for agreeing funding allocations

6.1 Funding for the 0-5 Healthy Child Programme will sit within the overall 'ring-fenced' public health grant.

6.2 National guidance has stated that, as in the previous public health transfer, the baseline expenditure on 0-5 services by local authority will provide the basis for each local authority's individual allocations for 2015/16. This would be based on the cost of existing services (and contracts) to be transferred in each area. Over time funding allocations would be expected to move towards a needs-based funding formula, in the same way as anticipated for the wider public health grant[8].

6.3 In London concerns have been raised that health visiting staffing levels are significantly below the 'Call to Action' trajectories and, despite a major recruitment and retention drive, will remain so at the time of transfer,

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[7]Transfer of 0-5 children's public health commissioning to local authorities. Factsheet: Commissioning the national Healthy Child Programme - mandation to ensure universal prevention, protection and health promotion services, DH

[8]Transfer of public health commissioning responsibilities for 0-5 year olds from NHS England to local authorities. Letter from Carolyn Downs, Chief Executive Local Government Association to Local Authority Chief Executives cc Directors of Children's Services, Public Health and Human Resources, July 2014

1st October 2015. If funding allocations are based on the cost of existing services this would not be sufficient for the local authority to continue to expand the service up to the 'Call to Action' trajectory.

6.4 At a meeting on 8th August 2014 between representatives from NHS England (London Area team), London Councils and LBTH Public Health it wasconfirmed that the funding allocation will be sufficient to cover the full 'Call to Action' trajectory and that the funding for the health visiting service will be based on the cost of the existing service (including 'on costs' estates, IT etc.) plus funding for additional posts up to the 'Call to Action' trajectory of 95 WTE funded at mid-point Grade 6 (NHS Agenda for Change pay scales). Funding for the FNP will be based on the cost of the existing service.

6.5 We were informed that a data return with a detailed analysis of workforce and finance would be submitted by NHS England to the local authority by the end of August 2014 for checking and sign off by 12th September. There was a delay in submission of the data return which did not reach us until 8th September 2014.

6.6 The data return submitted by NHS London on 8th September detailed the following current (2014/15) establishment for the health visiting service:

Management / Clinical Leadership	1.0 WTE (Grade 8C)
Qualified Health Visitors	58.38 WTE (5.2 WTE Grade 8A[9], 41.27 Grade 7, 11.91 Grade 6)
Registered Nurses	12.48 WTE (Grade 5)
Nursery Nurses	7.0 WTE (Grade 4)
Healthcare Assistants	21.77 WTE (Grade 3)
Other	1.5 WTE (Grade 5)

6.7 The current (2014/15) funding for this service was given as £4,582,000 which includes £4,524,000 for employee costs (including agency costs) and £58,000 for non-employee costs. However it was noted that the 2014/15 contract value does not cover overheads including accommodation, IT and other running costs.

6.8 The data return indicated that for 2015/16 the contract value would include additional growth funding of £2,111,000 (£1,961,000 employee costs and £150,000 non-employee costs) to fund 45.0 WTE additional Health Visitors (costed at mid-point Grade 6), making a total of £6,693,000.

6.9 The data return detailed the following current (2014/15) establishment for the FNP:

Management / supervision	1.5 WTE (Grade 8A)
Family Nurses	5.6 WTE (Grade 7)
Quality Support Officer	1.0 WTE (Grade 4)

[9] Note: the Grade 8A Clinical Leads do not count towards the 95 WTE target

6.10 The data return indicated that the current (2014/15) funding for FNP is £540,000 (including £450,000 employee costs and £90,000 non-employee costs). The same value was given for 2015/16.

6.12 It has also been noted that no funding has been identified to cover the additional commissioning resource that will be required to manage these contracts. NHS England have indicated that it would be difficult to identify resources for commissioning as it is currently managed by one post working across the 31 London Boroughs.

7. **Process of transfer**

7.1 At the meeting on 8th August we were informed that NHSEngland would send the local authority a data collection by the end of August which they would ask us to sign off by 12th September to confirm that we are confident that the workforce and funding are adequate. This needs to be agreed by our Section 151 Officer (Director of Finance/Resources).

7.2 Following sign off, DH intends to consult (for 4-6 weeks) with local government on budgets for health visiting and FNP. By 1st December the part year effect budget for 2015/16 should be announced.

7.3 At the meeting on 8th August we were informed that we should expect a 1.17% salary uplift for subsequent years.

7.4 The NHSEngland contracts for both services will run up to March 2016 and can be novated to the local authority. We will need to decide at what time we might want to start the process of re-procurement or to explore other options. The NHSE England (London Area Team) representative has advised that if we decide to start a re-procurement process prior to 1st October 2015 it would be advisable to agree an Integrated Governance Framework with NHS England.

7.4 In light of the late submission of the workforce and finance data collection, NHS England informed us that the deadline for sign off could be extended to 30th September 2014, although a request was made to meet the original deadline if possible.

7.5 After checking the data collection it was concluded that we could not sign it off as it did not include funding for accommodation, IT and other resources necessary for the running of the services. We estimate that these costs could be in excess of £1,000,000.

7.6 We informed Clive Grimshaw (Programme Manager, Early Years Commissioning Transfer, London Councils/NHS England) and on

24th September Joanne Murfitt, Head of Public Health, Health in the Justice System and Military Health, NHS England (London) wrote to Mark Ogden, Barts Health with a request for an urgent response by 26th September but no reply has been received to date.

7.7 At a regional briefing on 9th October we were informed that 25 London Boroughs had not signed off the workforce and finance data. NHSE reported that in 16 cases the issues to be resolved were relatively minor but for 9 cases (including Tower Hamlets) the issues were more serious and more difficult to resolve.

7.8 At a local authority chief executives meeting held on 24th October it was confirmed that 19 London Boroughs have not been able to sign off the workforce and finance data. Cheryl Coppell, Chief Executive for London Borough of Havering and Chair of the group is submitting a paper to NHSE stating that they will not accept the transfer unless additional funding is found for the 19 of London boroughs.

8. Local preparations to date

8.1 A meeting was held on 8th August 2014 between representatives from NHS England (London Area team), London Councils and LBTH Public Health to confirm the process for transfer of the commissioning responsibilities.

8.2 A memorandum of understanding (MOU) has been signed between NHS England and Tower Hamlets CCG which allows for joint performance management of the Tower Hamlets health visiting service by NHS England, Tower Hamlets CCG and LBTH Public Health. Maintaining links with the NHS, particularly primary care, is important.

8.3 Following an initial meeting on 21st July 2014 to agree terms of reference, process etc. the first joint quarterly performance meeting was held on 23rd October 2014. At this meeting it was confirmed that the service is meeting the coverage targets for the new birth visit but is below target for the other universal visits. The service manager confirmed that the full range of mandated services will be achievable once the full workforce has been recruited.

8.4 Concerns about difficulties in recruiting and retaining student health visitors have been raised and discussed a number of times at the Children and Families Partnership Board and support has been offered to Bart Health including confirming eligibility for health visitors on the Key Worker scheme that affords additional priority on the Council's Housing List.

8.5 After a difficult start the service is doing better in recruiting and retaining student health visitors. At the performance meeting on 23rd October it was

confirmed that there are currently 13 students in post, 8 students just due to start and an additional 12 students due to start in January 2015. However it is projected that we will not have fully achieved the target of 95 WTE by 1st October 2015.

8.4 Dame Elizabeth Fradd, Chair of the Health Visitor Taskforce, arranged a visit to Barts Health on 25th September 2014 to review progress on the 'Call to Action' including what is being done on recruitment and retention. Dame Elizabeth Fradd commended the service on the innovative work that they have developed and noted local concerns to feed back to the National Health Visiting taskforce.

8.5 LBTH Public Health was invited to present at the above event and also to the Health Visitors Forum on 6th October 2014 on the implications of the transfer of commissioning responsibility to the local authority and on the proposed local consultation process.

8.6 LBTH Public Health chairs the Strategic Advisory Board for the FNP and supports the service in developing partnerships (e.g. with Housing), needs assessment, planning and monitoring outcomes. Two family nurses and a client attended the Children and Families Partnership Board on 14th July 2014 to raise awareness of the service and the opportunities associated with the forthcoming transfer of commissioning responsibilities.

9. **Issues for action and decision**

9.1 Ensure that the budget transferring to the local authority is sufficient to cover the full costs of delivering these services, including accommodation and IT.

9.2 Review and localise the national service specification for health visiting. The new national service specification provides a good starting point but it will be important to review and localise the service specification to ensure that the service is responsive to local needs and priorities, to optimise the benefits from the larger workforce and ensure closer integration with other local services.

The work of the Healthy Child Review and our new service specification for the School Health service will helpto inform this process but it is proposed that we run an additional stakeholder engagement process during early 2015. This would involve workshops with parents and carers, the service providers, Children's Centre staff, GPs and other primary care staff, Children's Social Care, other local authority and NHS commissioners and providers and community and voluntary sector organisations.

9.3 Decide the timescales and approach for any future re-procurement of these services

NHS England have confirmed that we can novate the NHS contracts that will be transferred to us and postpone any re-procurement or on the other hand start the process prior to 1st October so that new contacts would be issued during 2015/16. An options paper is being prepared to inform a decision about the timescales and approach for re-procurement. Broadly the options are as follows:

1. Rapid re-procurement commencing prior to 1st October 2015 to have new contracts in place by early 2016
2. Rapid decision to bring one or both services into local authority management
3. Postpone decision regarding re-procurement or bringing the services in house until the stakeholder engagement process to inform a new localised service specification has been completed (January - April 2015)

Some key considerations that will need to be taken into account include:

- The impact on staff recruitment and retention. In view of the difficulty in recruiting and retaining health visitors and the currently highly competitive recruitment situation across London, it is important to ensure that the service is seen as an attractive, innovative and secure place to work. It will be important to ensure that NHS terms and conditions are maintained to enable opportunities for career progression.
- Clinical governance arrangements for the services
- The synergies and fit with the proposed new model and organisational arrangements being developed for the Education, Social Care and Wellbeing Directorate of LBTH
- Adequate time to develop a new service model and specification to encourage innovative thinking and set the foundations for effective, holistic, child and family centred services that are responsive to local needs and priorities.
- Relationships with other services, including School Health as well as other local authority, NHS and voluntary sector early years and children's servicesto ensure integrated, efficient, accessible and responsive services.