



Haringey Council

Report for:	Cabinet	Item Number:	
Title:	Transfer of 0-5 year old public health commissioning to Local Authorities		
Report Authorised by:	Jeanelle de Gruchy, Director of Public Health		
Lead Officer:	Sheena Carr, Senior Public Health Commissioner		
Ward(s) affected:	Report for Key Decision		
All			

1. Describe the issue under consideration

This report provides information relating to 0 – 5 year old public health commissioning. The transfer of funding and commissioning responsibilities from NHS England to local authorities will take place on 1st October 2015.

The transfer of 0 – 5 year old public health commissioning is the final part of the transfer of public health commissioning to Local Authorities, which saw wider responsibilities successfully transferred in 2013. Local Authorities will receive funding, as part of their ring-fenced public health grant, to commission public health services for 0-5 year olds.

2. Cabinet Member introduction

- 2.1 The transfer presents a crucial opportunity for the council and health partners to join up public health services across health, social care, education and other relevant services for all children and young people. The focus on pregnancy to the age of five is key to delivering Priority 1 of the Corporate Plan, to give every child the best start in life.



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- 2.2 The transfer of this commissioning responsibility provides the opportunity to fully embed health services into the council's Early Help offer and into the new children's centres service model.

3. Recommendations

That Cabinet notes the transfer to the council from the NHS of funding and commissioning responsibilities for 0-5 year olds, including the mandatory elements of the Healthy Child Programme.

That Cabinet accepts the incoming budget from the NHS as set out in sections 10.4 and 10.5

4. Alternative options considered

No alternative options have been considered as this is a statutory transfer in line with regulations implemented under the Health and Social Care Act 2012.

5. Background information

- 5.1 As part of the Government's ambition to achieve the best possible health outcomes for children and young people, responsibility for commissioning 0-5 year old public health services is transferring from NHS England to Local Government on 1 October 2015. This will join up the commissioning for children under 5 years of age with the commissioning for 5-19 year olds and wider public health functions which successfully transferred to local authorities in April 2013 under the Health and Social Care Act 2012.
- 5.2 The transfer of commissioning responsibility for 0-5 year old services provides an exciting opportunity to contribute towards Priority 1 of the Corporate Plan to 'Enable every child and young person to have the best start in life, with high quality education'. There are also links with the cross-cutting themes: 'Prevention and early intervention', 'A fair & equal borough', and 'Working with communities'.
- 5.3 The benefits of prevention and early intervention in the earliest years are well documented. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional– are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing– from obesity, heart disease and mental health, to educational achievement and economic status.¹
- 5.4 The following commissioning responsibilities will transfer to local authorities:

¹ Fair Society, Healthy Lives. The Marmot Review. February 2010.



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- The 0-5 year old Healthy Child Programme (HCP) – this includes the health visiting service and the Family Nurse Partnership (a targeted service for teenage parents where a family nurse will work with the family until the child is two years old).

The following commissioning responsibilities will be retained by NHS England:

- Child Health Information Systems (to be reviewed in 2020)
- The 6-8 week GP check

5.5 Health visitors have a crucial role in the early years of a child's development providing ongoing support for all children and families; they lead the multi-agency provision of the HCP during pregnancy and the early years of a child's life. They also have key roles in supporting communities, in providing early help to families and contributing to more complex care for those children who may need it.

5.6 See Appendix 1 for the current delivery model of the Healthy Child Programme in Haringey.

6. Mandation

6.1 The Department of Health has confirmed that some elements of the HCP will be mandatory as part of the transfer. This is referred to as the "mandate". This means that local authorities will be obliged to commission the following universal elements of the national evidence-based Healthy Child Programme:

- antenatal health promotion reviews
- new baby reviews, which is the first check by a health visitor after the birth
- 6-8 week assessment
- 1 year assessment
- 2 to 2 ½ year review

6.3 In Haringey we will embed delivery of the HCP in the developing model for children's centres and in the context of early help and early intervention. Haringey will utilise the expertise of the specialist service, the Parent Infant Psychology service (PIPS), to provide training to the early years workforce, including social care, around the importance of attachment (between parent and newborn) and its implications for all our work on prevention and early intervention. This regular training will focus on practice implications, and the importance of interagency working.

6.4 Implementation of the HCP will be phased over two years. Phase 1 (June – October 2015) will focus on the antenatal review for first time parents across the borough. These parents will also have a new birth assessment and 6-8 week review. Phase 2 will begin with the one year review for a new cohort of parents from October 2015. The whole HCP will be rolled out to all parents by October 2017.



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- 6.5 Building on the work with local parents as part of the children's centre remodelling, we will engage with local families to advise on the local branding of the HCP and to offer insight on how the programme is rolled out across the borough. We will also have ongoing engagement with parents to explore potential pathways into employment in the range of early year's services such as health visiting.

7. Contract

- 7.1 From 1st April to 30th September NHS England will issue a standard NHS contract to Whittington Health to smooth the transition to 1st October 2015 when a new local authority contract with Whittington Health will be in place. The specification for the new contract will contain no surprises as agreed through the transfer process and the Council has already been discussing requirements with Whittington Health. In line with the national regulations, there will be no intention to tender for a new service provider until 2017. The contract with Whittington Health will remain in place from 1st October 2015 until at least 31st March 2017 for the provision of a Health Visiting Service and the Family Nurse Partnership Programme.
- 7.2 Subject to Parliamentary approval, regulations are due to be in place by May 2015. The regulations will include a 'sunset clause'.² The sunset clause would remain active until 31st March 2017 – in effect, there will be no change before that point. Public Health England will undertake a review at 12 months to inform future arrangements. Nationally it has been agreed that unless there are pressing reasons, local authorities will not seek to re-commission services during the transition in order to provide as much stability as possible for the health visiting workforce.
- 7.3 Local Authorities will be expected to ensure the provision of the same level of service as the NHS at the point of transfer and act with a view to securing continuous improvement in the uptake of the mandatory elements. The regulations make it clear that there is no expectation of an uplift in performance against the mandated elements at the point of transfer, and that councils will only be expected to take a reasonably practicable approach to delivering the 5 elements and to continuous improvement over time.
- 7.4 Delivery of the mandated elements will be particularly challenging for Haringey in the first eighteen months as we are starting from a 'low base'. Currently Whittington Health is commissioned to deliver the new birth assessment to all families and thereafter the full Healthy Child Programme (including the other elements of the mandate) is only delivered to those families identified as vulnerable. This model of delivery was established following the death of Peter Connelly and was part of the Joint Area Review Action Plan. However there will be an opportunity for service redesign through a tender process in 2017 with the intention for the health visiting

² The planned use of a sunset clause in the mandate regulations will provide that the law shall cease to have effect after a specific date, in this case after 18 months, unless further legislative action is taken to extend the law. The clause will be effective from 1 October 2015 and remain active until 31 March 2017.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402447/Mandation_factsheet_1.pdf



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service to lead the implementation of the 0 – 5 year old Healthy Child Programme and thereby comply with the mandate.

7.5 In preparation for this service redesign, supported by the Haringey 54,000 Programme, a local Healthy Child Programme Steering Group has been established to oversee the phased roll out of the mandatory elements.

8. Mid year transfer

8.1 For 2015-16 the transfer is based on the principle of 'lift and shift' to support contracts which are already in place and to facilitate a safe mid-year transfer. The funding transferring should therefore be enough to support existing arrangements, performance levels and contracts at the point of transfer.

9. Workforce

9.1 In 2011 the coalition Government pledged to increase the health visiting workforce across the country. This workforce plan was set out in A Call to Action. The Department of Health set each service provider growth trajectories. Whittington Health was set a challenging trajectory in 2011/12. The timescale for growth was four years. The first two years were performance managed by Haringey Primary Care Trust and the last two years by NHS England London region. Whittington Health's baseline in 2011/12 was 35.2WTE health visitors plus 4.9 WTE management posts. The trajectory was to have an additional 34.5 WTE health visitors by 2014/15, ie a total of 69.7 WTE health visitors. Currently there are 28.3 WTE health visitors working in Haringey.

9.2 We have been assured by NHS England that should the trajectory not be reached, we will be able to use the funding to commission a skill mix to enable implementation of the mandate (e.g. instructing the provider to recruit paediatric nurses and nursery nurses). It is important that public health works with the provider, once we have responsibility, to ensure there is a rolling recruitment programme to attract new health visitors to the borough.

9.3 A skilled workforce will be key to delivering the mandate effectively and safely and will be an integral part of the Council's early help model. We will ensure that the future operating model for children's centres will have roles that will support delivery of an integrated HCP. A workforce plan will be developed that will inform and draw together priorities across early help and health visiting commissioning. Work is underway with early years to implement a model for the joint 2-2 ½ year assessment that will deliver on our ambitions to improve outcomes for children across the borough.

10. Comments of the Section 151 Officer and financial implications



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- 10.1 Due diligence work carried out with London Councils has shown that there is a high level of variation in funding levels compared with population size across London – the reasons for which are likely to be historical rather than linked to current need. As suggested above, Haringey appears to have a low level of funding (although it is by no means the worst in London.)
- 10.2 This has been partly recognised by the NHS who have agreed a small uplift to meet the overhead costs of running the service; however in practice we believe that the service remains somewhat underfunded in comparison with our neighbours, which will make it more challenging to deliver the full aspirations of the Healthy Child Programme. Moreover, it should be noted that the additional £75,675 has been top sliced from Haringey CCG budget so there is no funding increase for the local health economy.
- 10.3 In the short term, in practice there will however be no adverse financial implications for Haringey since the funding we will receive will be equal to the cost of the service as it is expected to be at the point of transfer. However in the longer term this underfunding will bring an increased level of risk and make it more difficult to deliver both the NHS mandate and the council's own aspirations under priority one. We should continue to lobby for a fairer distribution of resources for Public Health across London that is more reflective of the underlying need in an area.
- 10.4 The funding will be provided in the form of a specific grant, although Cabinet need to be aware that the new Government have signalled there will be reductions of £200m nationally that are to be made by the Department of Health and will be targeted at Public Health budgets that are devolved to local authorities.
- For 2015/16 (6 months), if no changes are made, the local authority will receive £2,422,000 plus an additional £75,675, following an agreement to increase overhead costs.
- In addition, we will receive an extra £30,000 half-year's cost of commissioning 0-5 year old children's public health services.
- 10.5 From April 2016, the full-year public health grant will include money for all public health responsibilities transferred to Local Authorities from 1 April 2013 including 0-5 year old public health services. The full year value will be part of the recurrent allocation to the local authority for future years. A full review of the grant calculation methodology for 2016-17 onwards has recently been announced by the Department of Health to address the disparities in funding between authorities. However the starting point will be a baseline allocation set in reference to the current funding. Current indications are that for 2016/17 (full year) the baseline allocation will be:

£4,844,000 plus £151, 350 (increased overhead costs).

11. Assistant Director for Governance and legal implications



The Assistant Director of Corporate Governance notes the contents of the report.

Under the Health and Social Care Act 2012 the majority of public health functions transferred from the National Health Service to local authorities in April 2013. The final stage of the transition involves transfer of commissioning responsibilities for 0-5 year olds to local authorities on 1 October 2015.

The health visiting and family nurse partnership services are currently commissioned by the NHS as part of a master NHS England Standard and NHS guidance confirms that this will continue until 30 September 2015.

From 1 October 2015, the Council will enter into a contract with the provider, Whittington Health, based on the standard NHS contract. The DH guidance advises that authorities should not seek to recommission services during the transition period.

In the current circumstances whereby services transfer under a statutory process, it is unlikely that this would be deemed to fall within the remit of the Public Contracts Regulations 2015 (the Regulations) so a procurement exercise would not be applicable. However, on recommissioning of the services, legal advice should be sought on the application of the Regulations..

12. Equalities and Community Cohesion Comments

A local equalities impact assessment, based on the national health visiting equalities assessment was undertaken. The Regulations are expected to have a neutral or positive impact on service users with relevant protected characteristics, such as pregnant women, mothers and disabled children. The phased introduction of the service will allow for more accurate assessment and evaluation of the equalities impact on a smaller scale, so any concerns can be addressed prior to the roll out of the entire HCP.

13. Head of Procurement Comments

There is no intention to tender for a new service before 2017 to ensure stability during the period of transfer, and in keeping with the sunset clause set by the Department of Health. A tender process for a new service provider can be implemented with a new start date of 1st April 2017.

14. Policy Implications

This final transfer of public health commissioning responsibility will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families. Discussions have already taken place in the Haringey 54000 Board on how the introduction of the evidence based Healthy Child Programme (pregnancy to 5 years and 5 – 19 year olds) will enable delivery of prevention, early intervention and the early help offer.



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There will be an opportunity to fully integrate the health visiting service and the Family Nurse Partnership programme into the future children's centre offer.

There will be further opportunity to ensure all processes relating to safeguarding are seamless between different professionals.

15. Reasons for Decision

This is a statutory transfer in line with regulations implemented under the Health and Social Care Act 2012.

16. Use of Appendices

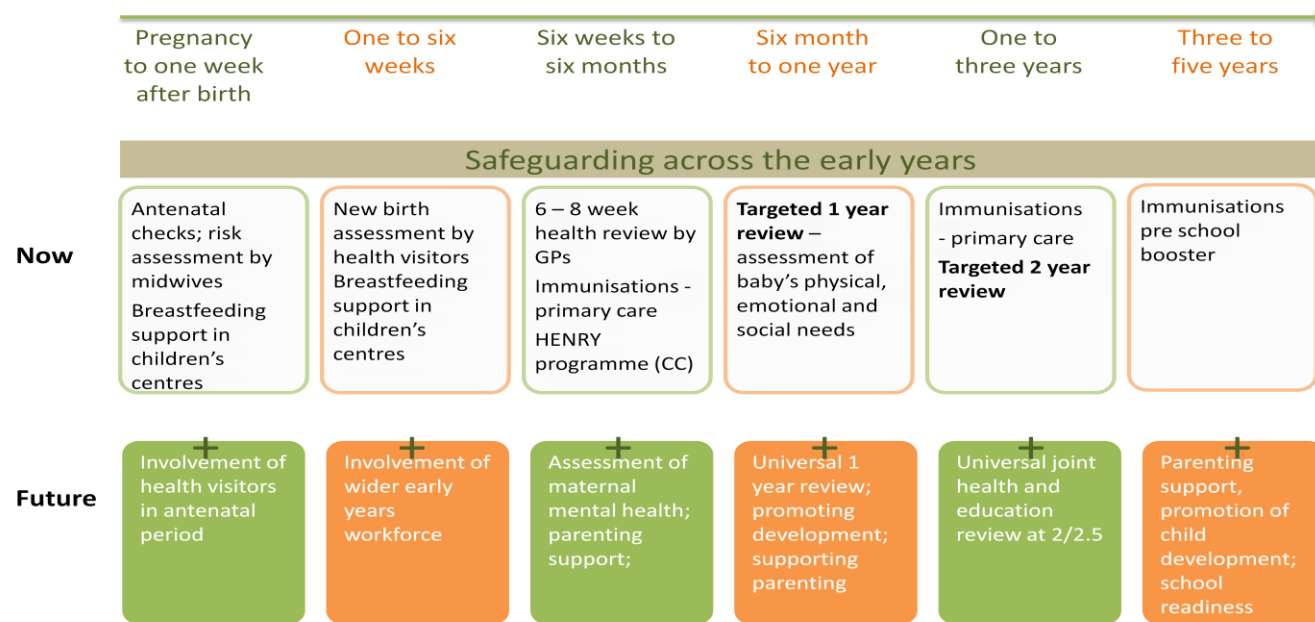
Appendix 1 Healthy Child Programme delivery

17. Local Government (Access to Information) Act 1985



Appendix 1 Healthy Child Programme delivery

HCP schedule in Haringey



+Wider early years workforce crucial to successful delivery e.g. early help teams; children's centres; foster carers; childminders; family support workers etc