

HEALTH AND WELLBEING BOARD – 29th October 2014

Title of paper:	Health Visitor Implementation Plan and Transfer of Commissioning Responsibilities to Nottingham City Council	
Director(s)/ Corporate Director(s):	Lyn Bacon, Chief Executive, Nottingham CityCare Partnership.	Wards affected: All
Report author(s) and contact details:	Stephanie Cook, NHS England; s.cook2@nhs.net Phyllis Brackenbury Nottingham CityCare; Phyllis.brackenbury@nottinghamcitycare.nhs.uk	
Other colleagues who have provided input:	Lynne McNiven, Consultant in Public Health.	
Date of consultation with Portfolio Holder(s) (if relevant)		
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities	X	<input type="checkbox"/>
Deliver effective, value for money services to our citizens	X	<input type="checkbox"/>
Relevant Health and Wellbeing Strategy Priority:		
Healthy Nottingham: Preventing alcohol misuse		<input type="checkbox"/>
Integrated care: Supporting older people		<input type="checkbox"/>
Early Intervention: Improving Mental Health	X	<input type="checkbox"/>
Changing culture and systems: Priority Families		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):		
<p>Increasing numbers of Health Visitors delivering universal health services which will underpin prevention & early intervention services</p> <p>Nottingham City Council will take on the responsibility for commissioning Childrens Public Health Services 0-5 years with effect from 1st October 2015. Services include Health Visitor Service & Family Nurse Partnership. Funding will be allocated within the Public Health ring-fenced allocation and work is currently underway to identify level of funding to transfer</p>		
Recommendation(s):		
1	To note the progress with the Health Visitor Implementation Programme through increased numbers of Health Visitors, service transformation & implementation of the Healthy Child Programme	

2	To note the transfer of commissioning responsibilities for Childrens Public Health Services 0-5 years with effect from 1 st October 2015 and the roles & responsibilities & implications to Nottingham City Council for future service provision in accordance with the mandation instructions
	<p>How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):</p> <p>Through the implementation of the Healthy Child Programme universal assessments including antenatal contacts Health Visitors will contribute to the early identification of vulnerabilities within families with children aged 0-5 years and ensure early intervention, signposting & referral into relevant services.</p>

1. REASONS FOR RECOMMENDATIONS

To ensure members of the Health & Well Being Board have a full understanding of the Health Visitor Implementation Programme & their future commissioning responsibilities

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

A health visitor (HV) is a qualified nurse or midwife with post-registration experience who has undertaken further training and education in child health, health promotion, public health and education. Health visitors work as part of a multidisciplinary primary healthcare team, assessing the health, educational and social needs of children, families and the wider community. They aim to promote good health, improve educational and social outcomes and prevent illness by offering practical help and advice; ultimately reducing health inequalities.

NHS England are charged under the Section 7a agreement of the National Health Service Act 2006 as amended under the Health and Social Care Bill 2012, an agreement between the Secretary of State and NHS England to commission Children's Public Health Services from 0-5 years. The Government has now stated an expectation for these responsibilities to transfer to local authorities from October 2015.

Through the 7a agreement NHS England has committed to improve health and wellbeing outcomes for children and families which included the Government's commitment to increase the number of health visitors (HVs) nationally by 4,200 against a May baseline of 8,092 to transform health visiting services through the implementation of the Healthy Child Programme and increase the number of Family Nurse places nationally by 16,000 by April 2015.

The 'Health Visitor Implementation Plan (HVIP) 2011-15 A call to Action (Department of Health 2011)' set out this shift in resources to increase the number of health visitors in order to enhance early identification and intervention by increasing contact and support to families, monitoring child development and health promotion.

HVIP where possible encourages communities to support themselves and use local services, for example children centres. Additional support, based on need should be delivered in partnership with other agencies.

The Healthy Child Programme (HCP)

'The Healthy Child Programme and the first 5 years of life' (Department of Health/Department of Children, Schools and Families 2009) sets out the universal service for the early intervention and prevention public health programme for children and families. It provides a progressive framework through maternity and health visiting (public health nursing) are delivered.

The HCP provides good practical guidance for all organisations responsible for commissioning services for pregnancy and 0-19 year olds' health and wellbeing as well as front line professionals delivering those services.

The Healthy Child Programme:

- Helps parents develop a strong bond with children
- Encourages care that keeps children healthy and safe
- Protects children from serious diseases, through screening and immunisation
- Contributes to a reduced childhood obesity by promoting healthy eating and physical activity
- Encourages mothers to breastfeed
- Identifies problems in children's health and development (for example learning difficulties) and safety (for example parental neglect), so that they can help with their problems as early as possible
- Makes sure children are prepared for school
- Identifies and helps children with problems that might affect their chances later in life.

Local Context

Nottingham City has one provider of Children's Health Services for 0-5 years: Nottingham CityCare Partnership who provides the health visiting service and Family Nurse Partnership (FNP) across the city.

As part of the HVIP Nottingham City has adopted the approach of increasing the number of health visitors across the city to ensure improved coverage for the most vulnerable young people. Nottingham City did not receive any additional places as part of the National expansion of FNP but has maintained its commissioned 225 FNP places and due to the reduction in teenage pregnancy rates a greater proportion of young mothers are able to access the programme.

Increasing Health Visitor Numbers in Nottingham City.

The May 2010 baseline for Nottingham City was 69.4 whole time equivalent (WTE) health visitors against a final target set at 154.7 WTE to be reached by March 2015 equating to an increase of 123% in the workforce the third highest increase nationally behind London & Luton.

This significant increase in Health Visitor numbers has raised a number of challenges to both NHS England and Nottingham CityCare Partnership:

- Increasing the numbers of qualified health visitors through direct recruitment to training places from limited numbers of suitably experienced and qualified nurses and midwives to complete further degree level training has been challenging.

- NHS England have had to ensure there were sufficient planned numbers of commissioned health visitor student places (12 month duration), to ensure achievement of the required local trajectory by April 2015
- The need to revise training methodologies in order to support the increased number of students and the need to train the existing staff to take on this mentoring role has been central to the success of the expansion project
- Plans to ensure the retention of students within the city post qualification have been essential to meet the target
- Successfully supporting health visitor students through study to qualification has been pivotal to increasing capacity
- Loss of existing, experienced health visitors to other disciplines, retirement, etc. will always impact on the final numbers of health visitors

Current position

In May 2010 Nottingham City had 69.4 WTE visitors in post, the position at the end of July 2014 was: 92.9 WTE with a proposed trajectory of 154.7 WTE by March 2015 (a gap of 61.8 WTE). There are currently 43 student health visitors in training within Nottingham City however; there are plans in place to meet the 2015 target. Across the Nottinghamshire and Derbyshire Area Team additional health visitor students have been recruited within the county areas, the rationale being that they will work within the city post qualification. It should be noted that nationally it has been difficult to recruit in city areas due to the more challenging nature of the work involved.

It should be noted that the final trajectory target of 154.7 WTE includes, through legacy commissioning, all staff that hold health visitor qualification as defined in the national MDS definition and contribute to the delivery of the Healthy Child Programme either through direct work, through supervision or through safeguarding. It should be recognised that some of these staff are commissioned within other funded services e.g. safeguarding. These funding streams originate within Clinical Commissioning Groups contracts and therefore are not included within the current Health Visitor contract. Final ratification of actual health visitor numbers will be confirmed by 2015.

Transition of Health Visitors and Family Nurse Partnership into the local Authority

The expectation is that the commissioning responsibilities for health visiting and Family Nurse Partnership will transfer to local authorities from October 2015. Throughout the transition period NHS England are working with Public Health within Nottingham City Council and the Early Intervention Directorate to develop a robust transition plan that will ensure the safe transfer of those commissioning responsibilities which includes the achievement of the increased Department of Health target for health visitor numbers and a transformed Health Visiting Service. Commissioning for Family Nurse Partnership services are also included within the transfer of commissioning responsibilities and contribute to the achievement of the HV trajectory through health visitor qualified Family Nurses.

Early discussions are underway locally between NHS England and Nottingham City Council and nationally between the Local Government Association & the Department of Health to ensure a smooth, robust transition of responsibilities and funding.

Initial funding levels within current contracts have been shared with Nottingham City Council Public Health and submitted to Department of Health in order to inform the

future Local Authority allocations. It is expected that the final allocation will be announced in December 2014

A draft health visitor contract specification for 2015/16 has recently been out for consultation. Elements of this specification are likely to be mandated for up to 18 months post transfer. Public Health has submitted a response on behalf of the Early Intervention Directorate.

Integration of 0-5 Services

A strategic review of all children 0-19 services is currently taking place. The 'Right Support Right Time' review is identifying how Nottingham City Council, NHS Nottingham City Clinical Commissioning Group and NHS England currently utilise resources and jointly develop Nottingham's core standard offer for children and young people growing up in the city. This strategic review will define and promote outcomes at key life stages including; pregnancy and a better start for babies, school readiness, secondary school readiness and readiness for independence. This will be supported through the refresh of the Children and Young People's Plan and integration of key services across the partnership.

Public Health has recently been involved in the creation of a new East Midlands personal child health record which is also known as the 'red book.' Every single child which is born in the UK received a 'red book,' which contains key information on the child (for example birth weight and child and family details), screening and immunisation reviews as well as essential public health advice for example breast feeding advice, the importance of communicating with your baby, oral health promotion, avoiding baby and child injuries.

Nottingham has had recent success in securing £45 million of funding through the Big Lottery to support the 'Small Steps, Big Changes' (SSBC) project in the city. This project will support the improvement of health and social outcomes for 0 to 3 year olds across 4 ward areas over the next 10 years. Health Visiting and Family Nurse Partnership are fundamental to the development of SSBC and will be central to its success.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None prior to transfer of commissioning responsibilities

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

None prior to transfer of commissioning responsibilities

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) X

No

Yes – Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Children's Public Health Services

Presented by:

Stephanie Cook - Senior Commissioning Manager - Public Health Commissioning

Phyllis Brackenbury - Acting Director of Operations & Transformation - CityCare

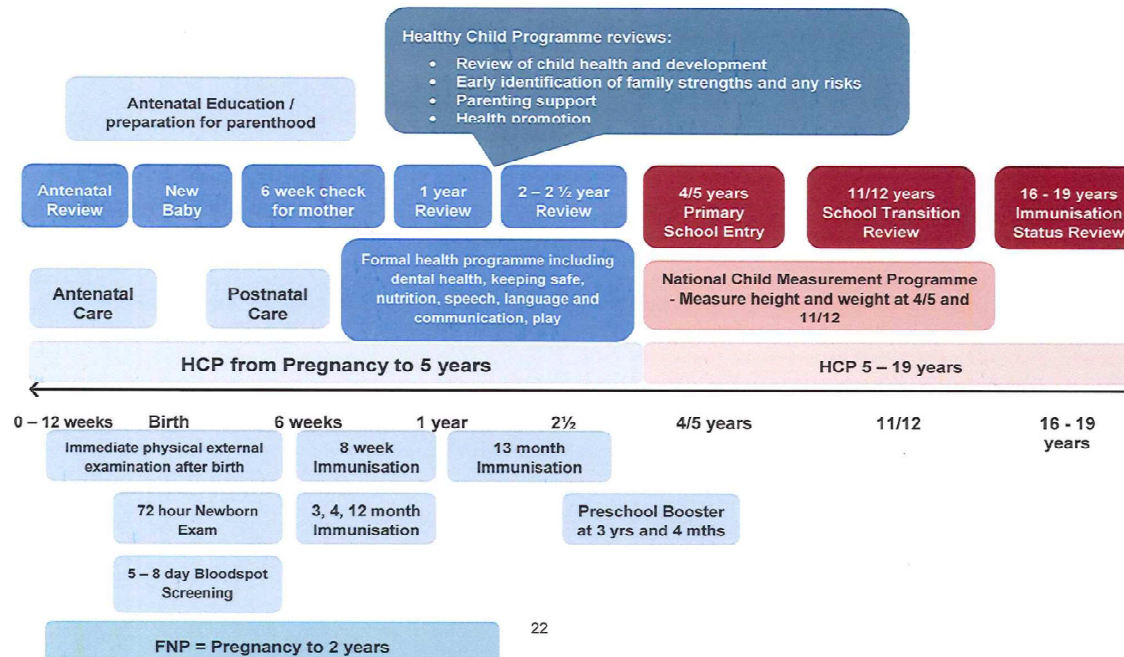


Background and Content

- Call to Action- February 2011
- Sets out Governments commitment to a larger re-energised Health Visiting Service
- Prime Ministers commitment to increase the workforce nationally from 8092 WTE Health Visitors by 4200 WTE effective March 2015 plus increase number of Family Nurse places by 16000 nationally
- Deliver a new service model through the implementation of the Health Child Programme (HCP)

Healthy Child Programme Timeline

Figure 1: The Universal Elements of the Healthy Child Programme



Local Context

- Provider of Health Visiting & Family Nurse Partnership (FNP):
- Nottingham CityCare CIC
- Investment in increased numbers of Health Visitors as part of the Health Visitor Implementation Programme (HVIP)
- No further investment in FNP as part of the national increase
- Need to increase from 69.4 to 154.7 WTE which poses significant challenges

Local Context cont.

- Limited capacity of provider to train students with such a low WTE start point
- The need to revise training methodologies in order to support the increased number of students and the need to train the existing staff to take on this mentoring role has been central to the success of the expansion project
- Ensure there were sufficient planned numbers of commissioned health visitor student places (12 month duration), to ensure achievement of the required local trajectory by April 2015
- Ensure the retention of students within the city post qualification
- Limited numbers of suitably experienced and qualified nurses and midwives to complete further degree level training
- Loss of existing, experienced health visitors to other disciplines, retirement

Progress to date

- As at 31st August there were 92.9 WTE Health Visitors in post against the 31st March 2015 target of 154.7 WTE
- September 2014 students plus external recruitment will see an increase of 9.36WTE
- 2 students were lost to other areas following completing the HV course in Nottingham to their home localities
- A further 3 WTE recruits into the workforce in October 2014
- Further recruitment from the January 2015 students plus oversupply from neighbouring providers are anticipated to join the workforce

Implementation of Healthy Child

- 4 Levels of Service Provision
- Emphasis on Universal Provision of visits and assessments throughout early years and close partnership working with all other agencies where vulnerabilities are identified
- Working together with early Years on combined 2- 2 ½ year assessment

Key Achievements

- Systematic programme of workforce and service user engagement to “localise” national strategy
- Transformation of service offer to incorporate emerging evidence base programmes, tools and interventions
- Local innovations receiving regional and national attention
- Increased the number of contacts universally offered to families and maintained population level coverage along with a progressive universalism approach
- Developed needs based specialist roles and pathways
- Supporting workforce development as well as growth – innovative education and supervision approaches
- Working with the system, ensuring population health needs met – vulnerable group immunisations, priority families
- Increased Health Visiting resource targeted in priority areas

Transition of commissioning responsibilities to Local Authority Public Health

- Confirmed as 1st October 2015
- Early discussions underway locally between NHS England and Nottingham City Council and nationally between the Local Government Association & the Department of Health to ensure a smooth, robust transition of responsibilities and funding.
- Financial submissions related to existing contracts have been made by NHS E and agreed with caveats by NCC
- A draft health visitor contract specification for 2015/16 has been consulted upon. Elements of this specification will be mandated for up to 18 months post transfer