

Health and Wellbeing Board

5 November 2014

Transfer of 0 to 5 Commissioning Responsibilities for Health Visitors and Family Nurse Partnership



Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on the progress regarding the transfer of 0-5 commissioning responsibilities (health visitors and family nurse partnership) to local government.

Background

2. Since 1 April 2013, NHS England has been responsible for commissioning the Healthy Child Programme (HCP) for 0-5 year olds, which is delivered by health visitors and the family nurse partnership. As of 1 October 2015, the commissioning responsibility for these service areas will transfer to public health teams in local government. This transition marks the final part of the overall public health transfer to local authorities from the NHS following implementation of the Health and Social Care Act 2012.
3. Nationally the process is being led by a '0-5 Healthy Child Programme task and finish group'. The national group includes representation from NHS England, Public Health England, the Local Government Association (LGA), the Society of Local Authority Chief Executives (SOLACE), the Association of Directors of Public Health (ADPH), the Association of Directors of Children's Services (ADCS), and the central government department for Communities and Local Government.
4. The national group is supported by six work streams, these are: finance, mandation, local authority and NHS preparedness, communication, information and IT.
5. To aid in the transfer process, the 0-5 Healthy Child Programme task and finish group has issued a timetable with key dates for the transition process.

Date	Action	Update
June 2014	NHS England Area Teams were requested to share information on existing contracts and funding, and seek engagement from local authorities and providers to help establish funding baselines.	NHS England notified us that the overall contract value (2014/15) for County Durham and Darlington is £10.8m.
July 2014	Local authorities and area teams were asked to submit joint information on funding ahead of indicative funding baselines for 2015/16 being identified and shared with local authorities for a period of local authority engagement in the autumn.	Received request 1 August. Meeting with NHS England on 28 August to discuss return. Submission 12 September. DPH signed off contract allocation but wrote to national team to highlight areas of concern
September-October 2014	22 September: Regional preparation events.	Public Health Consultant and Head of Commissioning attended Nothing new shared at this stage
October 2014	Local authority consultation on funding allocations.	Awaiting national group analysis of joint financial returns and feedback on how to progress consultation
December 2014	Local government funding settlement published including 0 to 5 part year funding (i.e. from October 2015).	
January 2015	Light touch self-assessment to be completed by each area to highlight any remaining areas of concern and barriers which need to be resolved at national / local level to enable a safe transfer.	
March 2015	Target date for expansion of Health Visitor numbers and Family Nurse Partnership places.	
1 October 2015	Transfer of commissioning responsibility from NHS England to local authorities.	

Current position – National perspective

6. There has been communication from the national task and finish group regarding mandated functions and contract transfer.

Key points are:

- For 2015/16 the transfer of commissioning responsibilities is to be effectively a 'lift and shift'. Government has indicated that it prefers a novation of the contracts, with stability of service the main priority. Guidance is expected shortly on the government's preferred approach to contracting and novation.

- Government has issued guidance regarding its plans for mandation. It is proposing (subject to parliamentary approval) to mandate five 'universal touch points':
 - Antenatal health promoting visits;
 - New baby review;
 - 6-8 week assessments;
 - 1 year assessment;
 - 2-2½ year old review.
- Government is planning to undertake a review at 12 months of the impact of the mandation, and has a 'sunset clause' at 18 months to enable Parliament to discuss the impact of the changes. The government believes that mandation will help ensure that the recent increases in health visitor capacity will be secured and will continue, as well as ensuring the best outcomes for children and families. Government has indicated that it expects the regulations to be in place by May 2015. There is an understanding that the draft regulations will be made available for comment in advance of parliamentary approval.
- As Government intends a stable service for 2015/16, there is no change in its commitment to deliver 4,200 additional health visitors. There will also be limited changes to the section 7a agreement, which outlines the functions which are delivered by health visitors.
- From 2016/17 onwards the 0-5 baseline will be added to the existing public health grant allocation to local government.
- The Government has stated that it expects contracts to be broken down in line with how providers allocate their staff between Local Authority areas. Government believes that by splitting the contracts in this way it should ensure that Local Authorities get sufficient resources behind any contracts to meet their mandation obligations (which will be communicated when agreed). Guidance indicates that these splits are to be agreed locally between Local Authorities.

Current position – Local perspective

Governance

7. A regional core group is to be established as of 20th October 2014. The purpose of this group is:
 - To take an overview of how transfer plans are progressing;
 - To feedback to a national 'preparations' group made up of PHE, LGA and NHS colleagues;
 - To disseminate key messages in connection with the transfer
 - To identify sector-led support where appropriate.
8. A 0-5 implementation / transition group is in place for the County Durham and Darlington area, with representation from the two local authorities as well as

NHS England who are the current commissioner and County Durham and Darlington Foundation Trust (CDDFT), the provider.

9. Alongside the external partnership group, a DCC project receiver board, chaired by the Director of Public Health County Durham, has been convened to manage the transfer. This group includes representation from public health, commissioning, finance, performance, contracting, human resources, and audit. The group is receiving legal support as required.
10. The Family Nurse Partnership (FNP) is a nationally licenced programme and is held to account by a local advisory board. All data for FNP is collated nationally and fed into the advisory board. The DCC public health lead is a member of the advisory board currently and will move into a co-commissioning role as of 1st April 2015. The FNP programme is currently operating at 80% capacity. Further information is available upon request.
11. The local health visitor trajectory is on an amber alert. The local trajectory indicates 171.9 whole time equivalent (wte) health visitors across County Durham and Darlington. As of August 2014 there were 163.39 wte in post. This is 8.51 wte away from target. There are newly qualified post holders in the process of recruitment so numbers are expected to increase in October 2014.

Communications work stream

12. In addition to papers being written for stakeholders/boards, DCC as the new commissioner and NHS England as the current commissioner, have made a commitment to meet all front line health visitor/FNP teams to talk about the transfer of commissioning and to listen to concerns and answer questions. These meetings will take place at three time points: December 2014, April 2015 and August 2015. There will also be briefings written for parents/ families to reassure the population that the universal health visitor service will be maintained across County Durham.

Information / Data work stream

13. A regional event was held in September to discuss the information needs for local authorities. The following points were made at the event:
 - There are no direct IT requirements arising from this transition
 - Child Health Information Systems (CHIS) and Child Health Record Departments (CHRD) will remain within the NHS, CHIS until at least 2020.
 - Commissioners will not require direct access to CHIS systems or CHRD
 - The FNP Information System exists and is fit for purpose, no changes are needed. Data is reported quarterly via the FNP Advisory Board which DCC sits on.

Further guidance documents are expected in November 2014 regarding a self-assessment tool to measure local authority's readiness for the transfer and an indicator guide containing Key Performance Indicators which can be used as an appendix in new contracts.

Financial Return

14. The joint finance return, completed on 12th September 2014, included a financial summary as well as a narrative commentary. This document will be used to establish the local authority allocations which will then be consulted upon in October 2014 through to December 2014.
15. The national task and finish group directed that the returns should be completed and approved by both the NHS England Area Team and the local authority. The return template:
 - Included costs for the healthy child programme, health visitors and family nurse partnership in 2014/15 and 2015/16;
 - highlighted any other contracts which may transfer as part of the process;
 - identified the split of contract between local authorities (County Durham and Darlington)
 - highlighted risks and contract assumptions associated with our transfer;
 - Identified where local areas needed additional support.

Local financial risks

16. A number of local financial risks have been highlighted in the commentary narrative:
 - Financial allocations: The national financial allocation to be announced in December 2014 will not necessarily be the final amount the Council receives. The Government is indicating that if there are any changes in the assumptions made regarding the allocations or if the contracts differ post December 2014, then further local negotiations will be required. It will be part of the Council's due diligence process to ensure that any assumptions made in the returns or in negotiations are as accurate as possible, to ensure minimisation of the possibility of any late amendments to the final contract value which may impact on the ability of the authority delivering the contract.
 - The NHS England Area team is applying a 1.6% tariff deflator into the 2015/16 budget as per national agreements. This therefore means that the 15/16 budget is reduced compared to the 14/15 allocation. The risk to front line delivery is that the budget does not meet the demand for the service.
 - The NHS England Area team has been operating a CQUIN payment method to enhance the current contract at a value of 2.5% of the contract. This has been used historically to boost delivery. Within local

government there is no CQUIN payment option. The budget for the CQUIN value is not currently earmarked to transfer across to the council to prevent the contract value being reduced by 2.5% and therefore creating a risk for front line delivery.

- The NHS England area team has undertaken an exercise to determine the percentage of time spent on commissioning health visitors and the family nurse partnership. The methodology used demonstrates 10% (0.5 days a week) of their time, across six local authority areas and three foundation trusts. Financially this equates to £18,000 between the six councils which, through a fair shares process, gives each local authority £3,000. This £3,000 will not cover the commissioning cycle support time to manage the 0 – 5 commission effectively.

17. The Director of Public Health County Durham has written a letter jointly with the Chief Executive of DCC to Public Health England (PHE) and the Local Government Association (LGA) to highlight the above financial risks and seek a solution.
18. The projected total contract value for County Durham, predicted by CDDFT provider and NHS England is £9,371,000.00 for 2015/16. This is made up of £8,713,000.00 for the health visitor service and £658,000.00 for the Family Nurse Partnership programme.

Wider Risks associated with transfer

19. A full risk assessment has been produced as part of the project plan.
20. There are a number of key issues to highlight at this stage.

These are:

- Mandation: At this point in time, although we have received general information on mandation, we have limited clarity over the specific detail. Without the detail of the mandation, it limits our ability to plan effectively. Over the longer term it could impact on our ability to integrate and align services.
- Contracting split: The current contract held by NHS England covers County Durham and Darlington. Guidance has indicated that the split of the contract is to be determined on the staffing levels currently working in each locality. The current staffing levels on the ground do not reflect the population need and leave County Durham in a slightly disadvantaged position financially.
- Timescale: Although a high-level timetable for the transfer of commissioning responsibilities has been provided by the national task and finish group, already the timetable is slipping. The project team is working locally with partners to ensure that progress and preparation takes place for the transfer of commissioning responsibilities on 1 October 2015.

- Specialist health visitors: As part of the current contract, a small number (estimated at 7 across County Durham and Darlington) of health visitors are working to the Clinical Commissioning Groups (CCG) to deliver a specialist role delivering continuing care across Durham and Darlington. These health visitors are included in the health visitor trajectory. Going forward there will need to be discussion regarding the commissioning responsibility for these staff and their delivery specification.

Next steps

21. DCC is currently awaiting feedback regarding its challenge to the financial allocation currently being proposed. If no national directive is received on some of these issues, there will be local discussions to try and resolve them. Information from the national team regarding the financial consultation period and the self-assessment is also awaited.
22. In the interim, the council continues to make progress on the transfer with the current commissioner and provider to ensure a seamless transition and that services are protected. A key focus will be progressing the local communications plan to reassure staff and key stakeholders.

Recommendations

23. The Health and Wellbeing Board is requested to:
 - Note the updated position in relation to the transfer of 0-5 commissioning responsibilities.

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Appendix 1: Implications

Finance

The proposed allocation for County Durham and Darlington in 2015/16 is £11,674,000. It is anticipated that Durham County Council will receive £9,371,000 (80%) of this budget allocation, however discussions are ongoing nationally and locally regarding the financial allocation.

Staffing -

Current staff will not be affected by the transfer of the commissioning responsibilities, however there are more general concerns regarding the recruitment and retention of health visitors in the county.

Risk

The transfer is being managed by a Durham County Council project board.

Equality and Diversity / Public Sector Equality Duty

Not applicable

Accommodation

It is anticipated that there will be no accommodation implications from the transfer and that staff will continue to be based within their existing locations.

Crime and Disorder

Not applicable

Human Rights

Not applicable

Consultation

There is a project board in place to enable consultation across the key partner organisations.

Procurement

The commissioning responsibilities will be transferring to the authority. It is anticipated that this will be a process of novation.

Disability Issues

Not applicable

Legal Implications

The project board is receiving legal advice as required.