

Transfer of commissioning responsibilities for 0-5s from NHS England to Derby City Council

SUMMARY

- 1.1 Commissioning responsibility for Health Visiting (HV – provided by NHS Derbyshire Healthcare Foundation Trust) and Family Nurse Partnership (FNP – provided by Ripplez CIC) is transferring from NHS England to Local Authorities on 1 October 2015. This resource allocation for Derby city has been published at £6.1 m per annum, and will be part of the Public Health Grant. The funding will cover an increased number of Health Visitors to the city as per the Health Visitor Implementation Plan. The expectation was that this increased number should have been reached by 31 March 2015; NHS England continue to monitor this increase up until the point of transfer.
- 1.2 We have governance processes in place to manage this process, where key issues and risks are discussed. We have a 0-5s transfer monthly group (membership Derby City Council Public Health, Derby City Council Children and Young People and NHS England). This group will be able to feed issues in through two main routes:
- Through Public Health Senior Management Team (SMT), through to Adults, Health and Housing Directorate Leadership Team (AHH DLT), or through the CYP Directorate Management team and then through to Chief Officer Group (COG)
 - Through the Integrated Commissioning Group (ICG) for Children and Young People (CYP) in the city then through to reach the attention of Children and Family Learners Board (CFLB), and the Health and Wellbeing Board (HWB).

The ICG group operates as the transition group as recommended by NHS England.

It is proposed that following the transition this monthly meeting is transformed into a contract management group to review the operation of this contract. The terms of reference for this group will be developed across CYP, SDCCG and PH. This contract has immediate impact on other children's services hence the importance of the integrated commissioning group. Contract management will be integrated across PH and CYP to ensure both CYP and PH are reflected in the relationship with the provider.

- 1.3 Derby City Council are developing good relationships with the providers of these

services in readiness for the transfer of commissioning responsibility, and are currently involved in specification development and contract management.

- 1.4 The following issues have been identified which are being managed through a risk register – access to estates and interpreter service costs currently held in Southern Derbyshire CCG, moving from a GP registered population to Local Authority (LA) resident population (a national initiative) and ensuring that we have sufficient capacity in the safeguarding service to provide supervision for safeguarding issues to our increased numbers of Health Visitors in the City. This new arrangement will enable these risks to be mitigated.

RECOMMENDATION

- 2.1 To approve the governance structure for 0-5s transfer.

REASONS FOR RECOMMENDATION

- 3.1 The resource associated with this transfer is significant, and the local health and social care economy must be assured that appropriate governance is in place

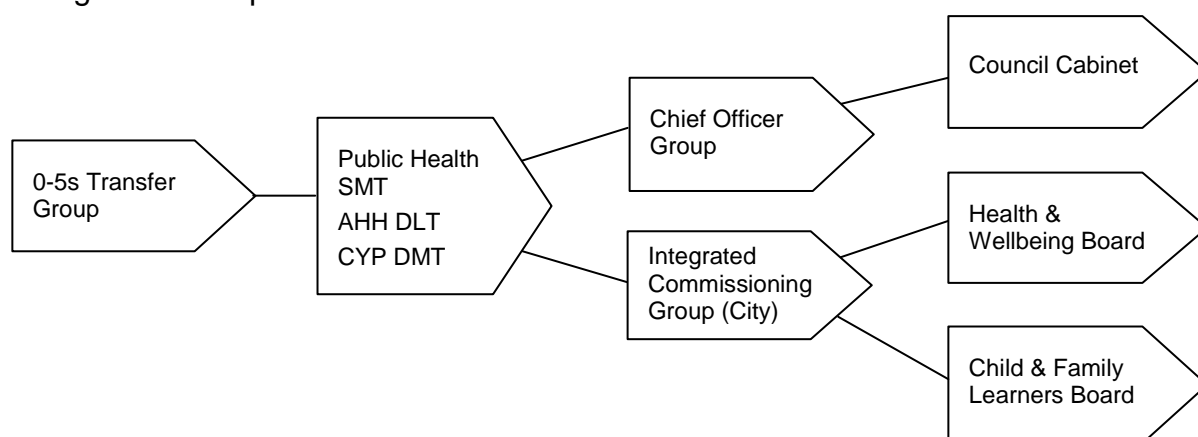
SUPPORTING INFORMATION

- 4.1 In April 2013 a range of public health functions relating to children and young people transferred from NHS to local authority responsibility and are currently commissioned by the Derby City Public Health team including vision screening, substance misuse treatment, National Child Measurement Programme and the Healthy Child Programme for 5-19 year olds.
- 4.2 From 1 October 2015 local authorities will also take over responsibility from NHS England for **commissioning** (not delivery) of Public Health services for children aged 0-5yrs. This includes Health Visiting (currently provided by NHS Derbyshire Health Care Foundation Trust) and the Family Nurse Partnership (FNP) (currently provided by Ripplez CIC). FNP is a targeted service for mothers pregnant (under 19s) for the first time. The associated resource will be included as part of the Public Health Grant.
- 4.3 Public Health has been working with NHS England and the current providers of 0-5s Public Health Services to develop the specification for 2015/16 and improved data flows to Public Health and wider partners. Monthly meetings are in place.

- 4.4 Public Health has started chairing the FNP Advisory Board from May 2015 onwards to help with transition to the Local Authority. Through the links that Public Health also has with maternity services, we have been able to influence the revised maternity specification for Royal Derby Hospital (April 2015 onwards) to ensure that referrals to FNP, and universal public health services takes place at the latest by 28 weeks of pregnancy so that antenatal visiting by public health nursing takes place.
- 4.5 As of 31 March 2015, the number of whole time equivalent (wte) health visitors in post was 89.6 wte which is a combination of Derbyshire Healthcare Foundation Trust (DHCFT) & Ripplez CIC. NHSE have an on-going commitment for recruitment until the point of transfer. NHS England has agreed with the current provider DHCFT that they will continue to proactively recruit to meet their required target of 85.6 by 30 September 2015. This is being monitored by NHS England and the contract management process with the provider.
- 4.6 The following issues have been identified which are being managed through a risk register – access to estates and interpreter service costs currently held in Southern Derbyshire CCG, moving from a GP registered population to LA resident population (a national initiative) and ensuring that we have sufficient capacity in the safeguarding service to provide supervision for safeguarding issues to our increased numbers of Health Visitors in the City. NHS England, Derby City Council Public Health and Derby City Council Children and Young People's Strategic Directorate are working closely together to address these.
- 4.7 The transfer of commissioning responsibilities to local authorities presents an opportunity to reshape organisation and provision to form an Integrated 0-19yrs Public Health service that focuses on universal services, early help and risky behaviours prevention and treatment. The service will be led by Public Health Nurses, which will include Health Visitors, Family Nurses and School Nurses. The transfer of commissioning responsibly and plans to develop an integrated service have previously been approved by Cabinet in November 2014. See Appendix 2.
- 4.8 Over the last two years the Council has been working closely with SDCCG to develop an integrated commissioning approach across CYP and SDCCG. This new governance arrangement will further strengthen the links between CYP, SDCCG and Public Health. Our aim is to maximise the impact of resource by using it within a co-ordinated approach.
- 4.9 Integration of public health nursing and specialist health services across the Southern Derbyshire unit of planning (SDCCG and Erewash CCG) is currently being developed. Derbyshire County Public Health have commissioned an integrated 0-19s Public Health Nursing Service; this will be provided by Derbyshire Community Health Services. In order to ensure a consistent offer for children and young people living across the Southern Derbyshire Unit of Planning, both Public health teams across Derby City and Derbyshire County have worked closely together to ensure service

specifications are aligned.

The governance processes for this transfer are described below:



OTHER OPTIONS CONSIDERED

- 5.1 Do nothing – not acceptable as the Health and Social Care act stipulates the need for the commissioning of 0-5s services to improve health and wellbeing outcomes for children.

This report has been approved by the following officers:

Legal officer	Janie Berry, Director of Legal & Democratic Services
Financial officer	N/A
Human Resources officer	Liz Moore, Acting Head of Service HR
Estates/Property officer	N/A
Service Director(s)	Dr Robyn Dewis, Acting Director of Public Health
Other(s)	N/A

For more information contact: Background papers: List of appendices:	Hamira Sultan 01332 643 091 hamira.sultan@derby.gov.uk None Appendix 1: Implications Appendix 2: Cabinet Approval
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IMPLICATIONS

Financial and Value for Money

- 1.1 Finance is sighted on the incoming funds which will form part of the Public Health Grant.

Legal

- 2.1 Legal services are aware of the transfer of commissioning responsibility, and will be signing a deed of novation contract with Ripplez. A contract variation will be issued for Health Visiting, which Derby City Council Public Health will become an associate commissioner of.

Personnel

- 3.1 No changes

IT

- 4.1 No changes

Equalities Impact

- 5.1 Interpreter access is being negotiated with Southern Derbyshire CCG, who currently commission interpreting services for healthcare professionals. In addition, Derby City Council are already working on a draft interpretation and translation framework for the Council and this will be taken into account.
- 5.2 The specification for the commissioning of health visiting within an integrated 0-19s Public Health Nursing System has had an equality impact assessment so that equality is integral to the commissioning documents.

Health and Safety

- 6.1 No impact

Environmental Sustainability

- 7.1 No impact

Property and Asset Management

- 8.1 A number of staff within transferring services are located within Council accommodation. We will be working with relevant colleagues to ensure that these staff are properly accounted for as part of this transfer process and that this is accounted for and appropriate agreements are in place.

Risk Management

- 9.1 Risk register has been developed by Derby City Council Public Health and is re-visited monthly at 0-5s Transfer Group meetings.

Corporate objectives and priorities for change

- 10.1 The health and wellbeing of children and young people is a priority within the Derby City Children and Young People's Plan 2013-2015.

Cabinet Approval

Excerpt from Council Cabinet minutes 14 November 2014.

94/14 Children's Public Health Services 2015/17

The Council Cabinet considered a report on Children's Public Health Services 2015/17, in April 2013 a range of public health functions relating to children and young people transferred from NHS to local authority responsibility including:

- Oral Health Promotion
- The Healthy Child Programme for children and young people aged 5 -19 years
- Vision Screening
- The National Child Measurement Programme
- Monitoring and assurance of NHS delivered childhood immunisation and screening programmes.

These functions were currently commissioned by the Council through the Public Health team. The primary providers of these functions were Derbyshire Healthcare NHS Foundation Trust, Derby Hospitals NHS Foundation Trust and Derbyshire Community Health Services. The contract value of these services in the city for 2014/15 was £1.5m.

From 1 October 2015 (date yet to be confirmed) local authorities would also take over responsibility from NHS England for commissioning public health services for children aged 0-5yrs. This included health visiting and Family Nurse Partnership ((FNP) which was targeted services for teenage mothers). As part of the transfer, local authorities would be obliged to provide certain universal elements of the Healthy Child Programme including:

- Antenatal health promotion review
- New baby review, which was the first check after the birth
- 6-8 week assessment
- 1 year assessment
- 2 to 2 and a half year review.

Locally these functions (and associated budget) would transfer from NHS England Area Team – Derbyshire and Nottinghamshire to Derby City Council. The estimated value of these functions for 2015/16 was currently estimated to be £6.1m albeit this figure was yet to be agreed through Local Government Association and Department of Health negotiations.

Currently, existing services were commissioned separately but with the incoming 0-5yrs services there was an opportunity to develop an Integrated Child Public Health model for universal services and early intervention. It was anticipated that moving to

such a model would offer notable benefits (for example, improved health and wellbeing outcomes; improved service user experience; constraining expenditure) over the current delivery model. The Integrated Child Public Health model would be developed to maximise these benefits.

A wider integrated (Derby City Council and Southern Derbyshire Clinical Commissioning Group) commissioning model for children, young people and family health services was currently in progress. The development of the proposed Integrated Child Public Health model would be aligned within this model to achieve greatest benefit.

To continue to meet the Council's current public health responsibilities in relation to children and young people for 2015/16 we would continue to provide services as per the existing model of delivery and cost (following DH baseline adjustments in relation to: HPV immunisation; vision screening; and oral health promotion) for 2014/15 as per current commissioning arrangements whilst developing and commissioning the Integrated Child Public Health model aiming to begin delivery at the earliest 1 January 2016 and latest by 1 April 2016.

The timing of delivery would be dependent on the date of transfer of funding from NHS England to local authorities and other factors such as potential delays in the procurement process which were very possible due to the inherent complexities.

Should implementation of the model by January become undeliverable, there would be a number of risks arising e.g. management of providers and continued delivery between January and April with associated contractual arrangements ending on 31 March 2016.

Children's Commissioners in Derby City were committed to a new integrated approach, the aim of which was to maximise our combined resource to improve outcomes in the City. An Integrated Commissioning Board oversees this work and had developed a re-commissioning programme which Public Health supports.

Options Considered

1. Do nothing – not an option as the Council would not be able to continue to meet the public health responsibilities in relation to children and young people.
2. Implement the integrated model from 1 October 2015 on the transfer of 0-5yr public health responsibilities to the Council. This was unlikely to be achievable within the timeframes as there was still significant clarity still required in relation to the details of the transfer.

Decision

1. To note the planned transfer of commissioning responsibilities (and potential associated budget) for public health services for children aged 0-5 from NHS England Area Team – Derbyshire and Nottinghamshire to Derby City Council from 1 October 2015, and that clarification would be sought regarding the nature of the budget associated with the transfer.

2. To approve the development of an Integrated Child Public Health model for 0-19 yrs, which focused on universal services and early help.
3. To delegate authority to the Director of Public Health; Strategic Director of Adults Health and Housing and Strategic Director of Children and Young People following consultation with the relevant Cabinet Members, to approve the model developed and authorise and oversee the undertaking of a procurement exercise as required up to a value of the combined costs of current service delivery and value received of incoming services (currently estimated up to £7.6m)

Reasons

1. Effective provision of public health services for children and young people was a responsibility of the Council and essential in achieving positive health and wellbeing outcomes both in children and young people and into adulthood. These recommendations supported the continued provision of effective services.
2. To utilise an integrated model to explore opportunities to maximise efficiency and effectiveness to achieve best value to the Council and outcomes for the local population.