

HEALTH AND WELLBEING BOARD

Report Title	Progress Update: Early Intervention and Targeted Support and Transfer of 0-5 Children's Commissioning to Local Authorities	
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Class	Part 1	Date: 24 March 2015

1. Purpose of the report

- 1.1 The purpose of this paper is to update the Health and Wellbeing Board on the position of the transfer of commissioning of children's 0-5 public health services and developing further integration between Health Visiting and Children's Centres. It provides:
- an update on the position of the transfer
 - Lewisham's readiness for the transfer
 - an overview of the model for Health Visiting in Lewisham
 - next steps

2. Recommendation

- 2.1 The Board is asked to note the contents of the report.

3. Background

- 3.1 The Health Visiting Service leads on the delivery of the National Healthy Child Programme, delivering a home visiting service to all families from pregnancy up until the child is 5 years old. Through health assessments, the service delivers targeted interventions to families to ensure the continued development of the child physically and emotionally. Additional support is offered to more vulnerable families, though provision is based on overall need to ensure that all children are given the opportunity to be at the utmost level of school readiness by age 5. As leaders of the Healthy Child Programme, health visitors are vital to identifying needs and working with other services to ensure prompt preventative care is provided.
- 3.2 The Health Visiting programme defines the universal offer as including the following areas:
- Health & Development reviews (including mental health assessments, immunisation, screening and physical examinations)
 - Promotion of health and wellbeing (including stop smoking,

improved diet, increased physical activity, breastfeeding, keeping safe, prevention of sudden infant death, maintaining infant health, improved dental health)

- Promotion of sensitive parenting and child development
- Involvement of fathers
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

4. Transfer of commissioning of children's 0-5 public health services

4.1 Detail and Timescales for the Transfer

As part of the government's vision of 'improving the health outcomes of our children and young people so that they become amongst the best in the world', responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1 October 2015. For Lewisham this will be the commissioning of the Health Visiting service as well as the Family Nurse Partnership programme. This final transfer joins up the commissioning for children under 5 with the commissioning for 5-19 year olds and other public health functions.

It should however be noted that the commissioning responsibilities of the Child Health Information Systems and the 6-8 week GP check (also known as the Child Health Surveillance) will be retained by NHS England.

4.2 Health Visiting arrangement in Lewisham

Lewisham has had an integrated governance arrangement with NHSE since 2011 and have retained a large amount of influence of Health Visiting, such that whilst the contract has been issued by NHSE, the joint commissioning team maintained responsibility for joint commissioning, including development of specification and contract and performance monitoring.

This, together with our strong partnership with LGT, puts us in a strong stage of readiness for the transfer in October 2015. Lewisham Health Visitors will continue to be employed by LGT and we don't anticipate any change in level and standard of service for service users.

In line with the transfer, our Children’s Centres services will be re-commissioned in the summer of 2014, to become operational in October 2015. The development of service specifications and quality and contract monitoring arrangements for both Children’s Centres and Health Visiting are being aligned to promote partnership working and integrated service delivery.

4.3 Governance

A Lewisham Health Visitor Expansion Board has been in place since 2012. The board has representation from Joint Commissioning, Early Intervention, Lewisham & Greenwich NHS Trust, Public Health and Children’s Centres. The board has led on the expansion programme, service development, and ensuring integration with Children’s Centres. The board collectively monitors the Health Visitor Outcomes Framework as well as reviewing and inputting into relevant strategies, including the Children and Young People’s Plan and aligning to the Government’s Troubled Families programme.

4.4 Health Visiting Service Model

In Lewisham the Health Visitor service model is Area based, (having moved from a corporate caseload) and each team aligns with one of the borough’s 17 Children’s Centres and nearby GP practices. The Children’s Centres model will be changing to a designated Children’s Centre in each of the four Areas from October 2015, and re-commissioning of Children’s Centres, together with contract negotiations with LGT for 2015/16 will build on the quality and consistency of Health Visiting services in partnership with Children’s Centres. Good practice of integrated work with Children’s Centres includes staff going to health centres during Health Visitor Baby Clinics and engaging with parents and the running of Child Health Clinics from Children’s Centres. Further strengthening of this practice will enhance the understanding of Health Visiting as a core part of the Children Centre offer. There is also potential for Children Centres staff to aid in the required skills mix required in Health Visiting. Table 1 below describes the different level of Health Visitor service in Lewisham.

Table 1: Health Visiting Service Description

Levels of HV service	What families can expect	Commissioners / provider / professional
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responsibilities		
Community	<ul style="list-style-type: none"> ▪ Range of services including the Children's Centre service offer and the services families and communities provide for themselves. ▪ Health visitors work to develop these and make sure families know about them. 	<ul style="list-style-type: none"> ▪ Building capacity and using that capacity to improve health outcomes and lead the HCP for a population
Universal services	<ul style="list-style-type: none"> ▪ Health visitors provide the Healthy Child Programme to ensure a healthy start for children and families (e.g. immunisations, health and development checks), support for parents and access to a range of community services/resources. 	<ul style="list-style-type: none"> ▪ Working with midwives, building strong relationships in pregnancy and early weeks and increasing future contacts with families. ▪ Leading the HCP for families with children under 5
Universal plus	<ul style="list-style-type: none"> ▪ Rapid response from the HV team when specific expert help is needed, e.g. with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting. 	<ul style="list-style-type: none"> ▪ Additional services that any family may need some of the time – packages for maternal mental health, parenting support, sleep problems – where the HV may provide, delegate or refer. ▪ Intervening early to prevent escalation of need.
Universal partnership plus	<ul style="list-style-type: none"> ▪ Ongoing support from the HV team plus a range of local services working together and with families, to deal with more complex issues over a period of time. ▪ These include services from Children's Centres, other community services including charities and, where appropriate, the Family Nurse 	<ul style="list-style-type: none"> ▪ Additional services for vulnerable families requiring ongoing additional support for a range of special needs – e.g. families at social disadvantage, families with a disabled child, teenage mothers, adult mental health problems or substance misuse.

	Partnership.	<ul style="list-style-type: none"> ▪ Making sure HV services form part of the high intensity multi agency services for families where there are SG and CP concerns
Targeted	<ul style="list-style-type: none"> ▪ More frequent visits, depending on the identified need of the individual. ▪ Assessments are carried out to not only determine whether families should receive a targeted service, but also specifically which areas families are in need of support. 	<ul style="list-style-type: none"> ▪ Assessment and subsequent interventions are based around the Vulnerability Assessment Criteria of: <i>Parenting Capacity; Family & Environmental Factors and Child Development Needs</i>
MESCH	<ul style="list-style-type: none"> ▪ The Maternal Early Childhood Sustained Home-visiting (MECSH) program is a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. 	<ul style="list-style-type: none"> ▪ To ensure the programme's intended outcomes for children are achieved, better health, being breastfeed for longer, improved cognitive development and improved engagement

4.5 Family Nurse Partnership

In addition Lewisham has a well established, high performing Family Nurse Partnership Service. The service consists of seven Family Nurses who work with teenage, vulnerable first time mothers until their child turns two. Upon graduation from the service, clients are automatically transferred to the Targeted HV caseload.

5. Health Visitor Expansion

5.1 The Health Visitor Implementation Plan 2011-2015: A Call to Action was published by the Department of Health in February 2011. The Plan

set out a new health visiting service that all families could expect to access and mandatory requirements on providers to deliver to local targets. Lewisham was set the ambitious target of having 72.4 WTE (Band 6/7) Health Visitors by March 2015. As of December 2014 there were 52.4 WTE in the service, with further Health Visitor students currently in training due to complete before the end of March 2015. Providers across London are experiencing difficulty meeting their expansion and retention targets.

- 5.2 Lewisham's strategy to reach the target number of WTE has included recruiting the maximum number of student health visitors, who could, upon qualification can become permanent members of staff and introducing compressed/flexible working hours and flexible retirement. The service is currently in the process of recruiting to specialist Band 7 posts in order to aid retention. As the only London Borough to be rolling out the MESCH training programme, it is hoped that this will have a positive impact on both recruitment and retention in Lewisham.

6. Future Commissioning Intentions

- 6.1 The current Health Visiting Service Specification is being agreed for 2015/16. The specification sets out the emphasis and requirement for stronger partnership working between Health Visiting and Children's Centres as well a focus on the 2 year developmental checks. With the roll-out of MESCH occurring with this financial year the service will also work towards embedding this programme. The specification will also include the mandated elements of the universal elements of the 0-5 Healthy Child Programme as required by the Department of Health:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2½ review

- 6.2 Specific intentions that the Lewisham service will strive to achieve are summarised below:

- Improved positive parenting skills in the communities to raise children that are healthy, safe, have the ability to enjoy, achieve, make positive contributions and achieve economic wellbeing.

- Increased access to evidence-based interventions through the Healthy Child Programme to children and families, tailored to specific need.
- Reduced numbers of children requiring formal safeguarding arrangements – achieved through early identification and intervention.
- Achieve herd immunity through the increased uptake of immunisations.
- Reduced incidences of obesity through increased breastfeeding, appropriate infant nutrition and lifestyle changes.
- Increased public health work to promote healthy lifestyles and social cohesion.
- Families report a high level of satisfaction with health visiting service provided.
- Improved maternal mental health and wellbeing.

7. Next Steps

7.1 Service development

The joint commissioning team is currently finalising the service specification and contract monitoring arrangements with LGT, for sign off by April 2015.

The outcomes framework for Health Visiting is extensive with some data currently not available to be reported. The ultimate aim is to move towards a common under-5s outcomes framework in which Health Visiting will play a major role. Along with the service specification this framework is currently under review to ensure it remains valuable and effective in monitoring performance and impact of the service in a timely manner. The framework is built upon and complements the Children and Young People's Plan outcomes; Early Intervention and Children's Centres outcomes; and the Healthy Child Programme.

8. Financial implications

8.1 Funding

In 2014/15 the Lewisham Health Visiting Service cost £5,904k; this was the budget established in March 2014 for 49.27 WTE. This includes both employee and non-employee costs. Expected funding for 2015/16 will be £5,904,000, plus £1748k to cover the expansion to 72.4 FTE. In addition, there is a further £395k for the FNP.

9. Legal implications

9.1 Contract arrangements for 2015/16

NHSE have given two options regarding contracting from April 2015/16, the first option would put in place a single contract for 2015/16 with a deed of novation being approved by the local authority at the same time as the contract is signed to confirm the contract will transfer to the council on 1 October 2015. The second option consists of a 6 month NHS England contract for the period between April and September 2015 and helps the local authority put in place a similar, but separate, contract with the provider for the period between October 2015 and March 2016. Joint Commissioning is currently taking legal advice on what should be its preferred option.

10. Environmental implications

10.1 There are no direct environmental implications associated with this report.

11. Crime and disorder implications

11.1 There are no direct crime and disorder implications associated with this report.

If there are any queries on this report please contact:

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