

Division(s):

## **CABINET – 23 June 2015**

### **NOVATION OF HEALTH VISITOR CONTRACT**

#### **Report by Director of Public Health**

##### **Introduction**

1. The purpose of this report is to brief Cabinet on progress towards the transfer of commissioning responsibilities for Public health Services for the 0-5s from NHS England to the Local Authority and the approach being taken to achieve this and to seek approval for this approach.

##### **Background**

2. A ministerial announcement on 29 January 2014 confirmed that the responsibility for the commissioning of some elements of the 0-5 Healthy Child Programme (HCP), as defined under the Section 7A agreement and GP contract 2006 NHS Act, is transferring out of NHS England to Local Authorities on 01 October 2015.
3. The commissioning responsibilities moving from NHS England to Local Authorities are:-
  - Health visiting services (universal and targeted services)
  - Family Nurse Partnership (FNP) programme (targeted service for first time teenage mothers)
4. This nationally mandated service is currently commissioned by NHS England and Provided through Oxford Health NHS Foundation Trust. The current contract runs until 31 March 2017.
5. The public health grant for 2015/16 has been increased to take account of the transfer of these responsibilities. From 2016/17 onwards, the 0-5 baseline will be added to existing public health grant allocations to local government to form an overall public health grant allocation including 0-5 services. As with current public health grant allocations, areas will be brought towards their fair share allocations through the existing process.
6. In line with National guidance we are securing the safe transfer of these commissioning responsibilities, and maintenance of a transformed and expanded service, through contractual stability in 2015/16 and 2016/17. The preferred approach to deliver this is through contract novation.

## The Service and Alignment with Corporate Priorities

7. The Health Visiting service leads the delivery of the Healthy Child Programme for the 0-5s. The Healthy Child Programme is an evidence based programme which is the envy of other countries. It provides the essential framework to develop quality, consistent and effective services for all children and provides clear guidance on everything from ensuring children are immunised to managing vulnerable children. Commissioning the Healthy Child Programme for our population helps us in delivering our corporate priorities of Thriving People and Communities and providing a Safety Net, through both the universal and targeted nature of the service delivery.
8. The Health Visiting service is provided at different levels dependent on the need of the families supported. Safeguarding is integral to all levels of offer.
- Community offer** – signposting families to wider local community resources
  - Universal offer** – Health Visitors leading the delivery of the Healthy Child programme
  - Universal Plus offer** – identification of vulnerable families. Provides, delivers and co-ordinates evidence based packages of additional care involving different partnership agencies
  - Universal Partnership Plus offer** – Partnership with parents and agencies in the provision of intensive multi-agency targeted packages where there are identified complex health or safeguarding needs.
9. The Universal offer is described below. Some of the reviews will take place over a series of visits depending on the needs of the family.

Universal review	Description
Antenatal Health Promoting Visit Face to face review at 32 weeks plus	Preparation for parenthood, breastfeeding, identification of risk factors
New baby Review Face to face review by 14 days	Infant feeding and supporting breastfeeding Identifying any infant developmental issues Maternal mental health Ensuring support to mitigate any safeguarding risk
6-8 week assessment Face to face review at 6-8 weeks	Breastfeeding support Checking immunisations and screening Maternal mental health Assessment of attachment
By 1 year Face to face review at approximately 10 months	Assessment of baby's development Supporting parenting Health promotion (oral health, healthy eating, injury and accident prevention, etc...)
By 2-2.5 years Face to face review at 2 years	Review child's development Checking immunisations Advice on nutrition and physical activity Ongoing health promotion
By 4.5-5 years	Formal handover to School Nursing Service

10. The Family Nurse Partnership (FNP) is an internationally recognised, evidence-based preventative Public Health programme for young first time

mothers and their babies. It offers structured, regular home visiting by a specially trained family nurse from early pregnancy until the child's second birthday. At this stage support continues through the core health visiting service.

11. FNP provides the targeted component of the Healthy Child programme specifically for these young first time mothers and aims to:
  - (a) Improve pregnancy outcomes by helping women to engage in good preventative health practices;
  - (b) Improve child health and development by helping parents provide responsible and competent care for their children;
  - (c) Improve the economic self-sufficiency of the family by helping parents develop a vision of their own future, including planning future pregnancies, and continuing to develop their future education and employment opportunities.

### **Governance**

12. Thames Valley Area Team holds bi-monthly Transition Board meetings. Membership includes NHS England, Public Health England, local nominated Local Authority leads. The Deputy Director of Public Health represents Oxfordshire County Council at these meetings and regular updates are provided to the Thames Valley Directors of Public Health through their meetings with the Public Health England Centre.
13. In addition, an Oxfordshire Health Visitor Transition officer meeting with representatives from NHS England and Oxfordshire County Council took place bi-monthly through 2014/15 to discuss and address issues specific to Oxfordshire
14. In April 2015, the portfolio holder for Public Health together with the Director set up the Health Visiting Transition board in order to ensure safe transfer in the final months. To ensure visibility across the local authority this board has representation from Public Health, CEF, Finance and Legal teams, within the Council, together with representation from NHS England (the current commissioners) and Oxford Health (the provider).

### **Issues**

15. During the forensic analysis of the contract documentation, as part of assurance to the Health Visiting Transition Board, it became clear that the contract was not being delivered to specification due to the differences in boundary definitions between the NHS and the Local Authority. In essence the contract specification is for a service for Oxfordshire Local Authority residents, but the provision of the service under NHS England has been to a CCG footprint (i.e. patients registered with a practice within the CCG boundary whether they are resident of Oxfordshire or not).

16. This has implications with regard to safeguarding and for contract monitoring. Our principal concern is to ensure that safeguarding responsibilities for our residents who are registered with a practice outside Oxfordshire CCG are absolutely clear prior to transfer and can be reported on. This is a National issue which we have flagged to the NHS and Public Health England. It is imperative that transfers of responsibility for patients are managed safely with the needs and safeguarding of children coming first.
17. We are tackling this issue through putting the onus on NHS England to move all services provided for Oxfordshire residents to Oxford Health by 01 October 2015.
18. Where this is not feasible by 01 October 2015 we have agreed that Oxford Health can make arrangements with other providers of services, which allow Oxfordshire County Council to monitor the quality of the service including safeguarding through Oxford Health. The County Council is currently working with all parties to ensure that these plans are delivered.

### **Financial and Staff Implications**

19. The annual cost of the contract in 2015/16 is £8,583,581.85. The finance schedule within the contract shows the Contract Value for the periods 01 April 2015 to 30 September 2015 and 01 October 2015 to 31 March 2016 separately. The value of the latter period for which the County Council would be responsible is £4,318,000.00.
20. Due to a successful negotiation during 2014/15 we secured an increase to the public health grant allocation in 2015/16 of £4.333M, which includes a £15,000 contribution to commissioning costs. This allocation was approximately £150,000 greater than originally proposed and is sufficient to cover this liability.
21. No staff will transfer to Oxfordshire County Council employment, however the service commissioned equates to 119 whole time equivalent (WTE) Health Visitors and supporting staff providing the core Health Visiting Service and 8 family nurses and one supervisor providing the Family Nurse Partnership (FNP) Service.

### **Legal Implications**

22. The Council has a statutory duty to undertake the commissioning function for the health Child Programme for 0-5 year olds, which includes the commissioning of health visitors and family nurses pursuant to section 6C of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.
23. The Council has already undertaken a commissioning role under standard NHS contracts when certain NHS public health contracts transferred to the

Council under the statutory transfer order which was put in place to deal with the transfer of public health functions to local authorities in April 2013.

24. The proposed novation of the health visitor contract would mirror the statutory transfer of public health contracts which occurred in April 2013. The provisions of the proposed health visiting contract are based on standard NHS provisions used by health commissioners at a national level and adequately address contractual risk. The Public Health team are satisfied with the finance provisions and the service specification which reflects the National mandated specification.
25. For assurance, the Council has ensured that the National specification is explicit about the Health Visitor whole time equivalent staff and FNP places required to deliver the services for Oxfordshire County Council.
26. In order to manage the risk around the boundary issue, we have required NHS England to add a service development plan to the contract which contains clear milestones against which NHS England will hold Oxford Health to account with regard to implementing a local authority resident service by October 2015. Where residency is not achievable to this timescale, Oxford Health are required to have arrangements with boundary providers to ensure clear and agreed safeguarding arrangements which can be monitored through Oxford Health.
27. If deemed necessary a side letter signed by Oxford Health and the Council will sit alongside the Deed of Novation to describe the arrangements.
28. The Deed of Novation (which will have a copy of the Health Visitor contract appended) will be entered into by the Council, NHS England and Oxford Health NHS Foundation Trust. Under the Deed of Novation the Council will effectively step into the shoes of NHS England under the Health Visitor contract. However NHS England will be responsible for all contractual liabilities as commissioner up to the date of novation.
29. The process for novation is that the Director of Public Health and the Section 151 officer will complete and sign a sealing document and the legal team will seal the Deed of Novation provided that there is agreement across Public Health, Legal and Finance teams the terms of the above plan are sufficiently met.

### **Equalities Implications**

30. There are no equality and inclusion implications to the approach being taken as the service will transfer to the local authority in line with National guidance. A review of the service will take place prior to re-commissioning in April 2017 and an equalities assessment will take place at that time.

## **Risk Management**

31. All risks have oversight through the Health Visiting Service Transition Board and are reviewed monthly.
32. As part of the developmental work leading up to the transfer opportunities as well as risks have been identified. This service is a powerful piece in the jigsaw towards giving children a better start in life. It covers the time from late pregnancy through to handover to School Health nurses just before age 5, so giving us coverage for the whole of childhood. Safeguarding is integral to the services and as an evidenced based universal Service with 5 mandated checkpoints it provides an invaluable way to ensure that all children achieve the best start in life.
33. Alongside the opportunities there are some risks which are being managed and mitigated. The principal of these risks is moving the service from a CCG footprint to residency model of delivery and the associated safeguarding responsibilities. The mitigation actions for this have been discussed in detail in this paper, and novation will not proceed until these risks are satisfactorily met as described above. In addition, we are managing supplementary risks around data sharing and information provision especially as the provider moves to a new information system. The latter risks are unlikely to impact on safety or service delivery as the service moves to the council.

## **RECOMMENDATION**

34. **The Cabinet is RECOMMENDED to** ratify the approach being taken to novate the Health Visiting contract in line with the transfer of commissioning responsibility for 0-5 public health services to local authorities from the 1st October 2015.

JONATHAN MCWILLIAM  
Director of Public Health

Contact Officer:  
Clare Dodwell, Health Improvement Principal – Public Health (01865) 815162  
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