

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

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To: Children's Social Care and Health Cabinet Committee

20 January 2015

Subject: Briefing – Health Visiting and Family Nurse Partnership

Classification: Unrestricted

Past pathway: This is the first committee by which this issue will be considered.

Future pathway: This committee will be asked to consider a Key Decision in June 2015 to enter into the contracts discussed at section 4.1

Electoral Division: All

Summary:

The transfer of responsibility of the commissioning of Health Visiting in October 2015 offers huge opportunity for the County Council to lead a whole system approach to provision for families with children aged 0-5, along with its partners across the Health and Wellbeing Board. The commissioning of health visiting and the Family Nurse Partnership will transfer from NHS England to local authorities in October 2015. This paper highlights background and performance data of the health visiting service and family nurse partnership in Kent.

Recommendation(s):

The Children's Social Care and Health Cabinet Committee is asked to comment on the report and endorse option 2, which is outlined in the paper.

1.0 Introduction

1.1 Our vision is for Kent to be a county which promotes independence and maximises opportunity for all residents, businesses and communities. The services we commission and provide must focus on promoting personal and family responsibility. Our aim is for individuals and families to be resilient and support themselves without the need for support from the Council. Where support is needed, our services should be focused on pro-active interventions that allow individuals and families to become independent quickly, and not require long-term support from the Council. For the most vulnerable in our

communities, where long-term support is required, then our services should always enable people to live as independently as possible.

The Healthy Child Programme provides an outcome based framework for services and support, outlining key actions and interventions that can be made in particular by Health visiting, GPs and the wider early help workforce. It recognises the receptiveness of families is unusual at this time and there is therefore a window of opportunity to intervene. The review of the programme will ensure that opportunities for integration and of provision are maximised and children, young people and their families receive integrated services.

- 1.2 In October 2015 the commissioning of the Health Visiting service (including the Family Nurse Partnerships service) will transfer from NHS England to Public health. The current provider of both services is Kent Community Health Trust (KCHT). The Public Health team is negotiating with the NHS England Area Team to ensure the smooth transition of the service into the council. This includes joint performance management and the joint negotiation of contracts for 2015 onwards. The annual contract value for both services is £20.5 (£20m is Health Visiting). There is work taking place currently between KCC public health, finance and NHS England on the exact amount at point of transfer.
- 1.3 The responsibility to commission these programmes brings further opportunity for an integrated approach for both commissioning and delivery moving forward in services for 0-5's.

2. Health visiting

- 2.1 Health visitors have a crucial role in the early years of a child's development providing ongoing support for all children and families. They lead the delivery of the Healthy Child Programme (HCP) during pregnancy and the early years of life. They also have key roles in developing communities, in early help and contributing to more complex care.
- 2.2 The Department of Health has set out five mandated areas of the Health Visiting service that councils must carry on providing for at least 18 months after they take on the new responsibility in October 2015. Under the new legal obligation, councils will have to make sure parents receive five visits from health visitors;
 - Antenatal health promoting visits
 - New baby review
 - When the child is aged six to eight weeks
 - One year assessment
 - Two to two-and-a-half year review
- 2.3 Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions). These elements are delivered by health visitors or (less often) through FNP as part of an ongoing relationship with families and communities.

2.4 The Health Visiting service's current universal offer includes;

- Antenatal visit
- New birth visit
- Three to four month maternal mood assessment uptake
- One year assessment
- Two to two and half year development and family reviews.

The Universal Plus offer focuses on breast feeding, immunisation, healthy weight, sexual health and smoking cessation all key performance indicators within the Public Health Outcomes Framework.

2.5 The Health Visitor Implementation Plan 2011- 15 has a major focus on growing the workforce at scale and pace. Latest data from KCHT show the current trajectory of WTE posts by March 2015 is 329.6 against the original target of 342.2.

3. Family Nurse Partnership

3.1 The Family Nurse Partnership (FNP) is an evidence based, preventative programme offered to vulnerable young mothers having their first baby. It is a nurse led intensive home-visiting programme from early pregnancy to the age of two. It has four aims:

- Improved maternal health
- Improve pregnancy outcomes;
- Improve child health and development;
- Improve parents' economic self-sufficiency.

The criteria for women to be offered FNP are:

- First time mothers aged 20 and under at conception
- Eligible if previous pregnancy ended in miscarriage, termination, still birth;
- Enrolment should be as early as possible in pregnancy and no later than the 28th week of pregnancy.

3.2 International evidence has demonstrated that the programme can cost-effectively improve health, social and educational outcomes in the short, medium and long term.

3.3 The FNP was introduced in Kent in 2011. Two programmes were initially established in Swale and Thanet. The programme was expanded to Maidstone and Tonbridge & Malling in 2012 and further development is currently underway to deliver programmes in Gravesham, Dover and Shepway.

FNP Current service capacity:

- Thanet - 2 x Full Time Equivalent (FTE) FNP Nurses with a total capacity for 50 families
- Swale - 2 x FTE FNP Nurses with a total capacity for 50 families

- Maidstone - 2 x FTE FNP Nurses with a total capacity for 50 families
- Tonbridge and Malling - 2 x FTE FNP Nurses with a total capacity for 50 families.

3.4 There have been staff vacancies within the services which has resulted in a reduction in available capacity levels.

The capacity of FNP across Kent has recently increased and services are in the process of being established in the following areas;

- Gravesham – 1 x FTE FNP Nurse with a total capacity for 25 families
- Shepway – 1 x FTE FNP Nurse with a total capacity for 25 families
- Dover – 1 x FTE FNP Nurse with a total capacity for 25 families

3.5 The transfer of the commissioning of this programme offers significant opportunity for an integration of approach. For example, it has clear similarity with the Troubled Families programme in the delivery approach. It is intensive, in the home and focused on a particular cohort.

4. Contract options

4.1 It is important that NHS area teams work with local authorities to put in place contracts with existing providers to commence on 1 April 2015. Two alternative approaches have been proposed as highlighted below.

- Option 1. The area team can put in place a single contract for the full-year of 2015/16, with a deed of novation being approved by the relevant local authority at the same time as the contract is signed, confirming that the contract will transfer to the local authority on 1 October 2015.
- Option 2. The area team can put in place a six-month NHS England contract with the provider (KCHT) for the period from April to September 2015 and can help the local authority put in place a similar, but separate, contract with the provider for the period from October 2015 to March 2016.

4.2 Local Authorities have been asked to confirm to NHS England by 22 January 2015 their preferred approach to contracting for 2014-15 and where appropriate sign a deed of novation.

4.3 Option 2 is the preferred choice, given the time limitations and the need for Kent County Council Public Health Department to have an increased understanding of the health visitor and Family Nurse Partnership services and performance issues provided Kent Community Health Trust. Kent County Council Legal services have also been consulted and they also recommend that option 2 is followed.

5. Financial Implications

5.1 For 2015-16, the public health grant will additionally include a half year's cost of delivering the 0-5 children's public health services which are being transferred to

Local Authorities. The additional amount that Kent County Council are scheduled to receive is £10,816,000 for the period of October 2015 to March 2016

5.2 From April 2016, the public health grant will include all public health responsibilities transferred to Local Authorities from 1 April 2013 including 0-5 public health services based on advice from the Advisory Committee on Resource Allocation (ACRA).

6. Conclusion

6.1 The transfer of the health visiting service including the Family Nurse Partnership offers a great opportunity to drive a transformed integrated approach to delivery of the Healthy Child Programme. It aligns with key developments across KCC including the development of the KCC outcomes framework and the 0-25 transformation programme and also offers huge scope to drive integration across wider partners of the Health and Wellbeing Board.

7. Recommendation

7.1 The Children's Social Care and Health Cabinet Committee is asked to note the report and endorse option 2. Option 2 is the preferred choice given the time limitations and the need for Kent County Council Public Health Department to have an increased understanding of the health visitor and Family Nurse Partnership services and performance issues provided Kent Community Health Trust. Kent County Council Legal services have also been consulted and they also recommend that option 2 is the preferred choice.

8. Background Documents:

None

9. Contact Details

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