By:	Graham Gibbens, Cabinet Member, Adult Social Care and Public Health Andrew Scott-Clark, Director of Public Health
To:	Children's Health and Social Care Cabinet Committee
Date	22 July 2015
Subject:	**Commissioning Transfer of the Health Visiting Service - October 2015**
Classification:	Unrestricted
Past pathway:	This is the first committee to consider this report
Future pathway:	Cabinet Member decision (Decision number 15/00068)
Electoral divisions:	All

Summary: This paper presents an update on the transfer of the commissioning arrangements for health visiting to the County Council in October 2015.

Recommendation: Members of the Committee are asked to:

i) note the work to develop the specification for health visiting.

ii) consider and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to enter into a contract with the current provider, Kent Community Healthcare Foundation Trust (KCHFT), to deliver Health Visitor services for one year, from 1 October 2015 to 30 September 2016.

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1. Introduction

1.1. This paper provides an update on the transfer of commissioning responsibility for the Health Visiting service to Kent County Council, outlining the work on the specification and the next steps to progress this programme of work to ensure a smooth transfer.

2. Background

2.1. The Public Health Commissioning Team is in the final stages of agreeing the specification and contract between Kent County Council and KCHFT from the 1st October 2015. The annual value of the contract is £23m.

2.2. This is not a transfer of operational delivery of the service but of commissioning responsibility. The current provider of the service is Kent Community Health Foundation Trust (KCHFT). The legal requirement for the Authority is to secure the provision of the five mandated universal health visitor reviews with families, namely:

- the antenatal review,
- the new born review,
- the 3-4 week review,
- the 6-8 month review and
- the 2-2 ½ year review.

2.3 The contract includes provision for the delivery of the Family Nurse Partnership programme. The Family Nurse Partnership (FNP) is a licensed, evidenced-based, prevention and early intervention programme for vulnerable first-time young parents and their children. It is the first part of the preventive pathway for the 2 - 5% of most disadvantaged children.

The primary purpose of the FNP is to reduce the impact of multiple deprivation and improve the short- and long-term health and well-being outcomes of children born to vulnerable young first-time mothers and reduce the short- and long-term cost of caring for these children and families. The programme is delivered through an intensive programme using structured inputs and well-tested theories and methodologies.

3. Development of the Specification

3.1. The top priority for this work is to ensure the safe transfer of commissioning of the service and minimising any risk of disruption of the service to families across Kent. The national recommendation is to ensure that the new specification is similar to the national Department of Health specification.

3.2. The core specification delivers the recommendation to ensure a smooth transition of service and is deliberately and firmly aligned to the national specification. There are a number of key components which are necessary to ensure the safe and smooth transfer. These include:

- 5 legally required and mandated visits for families.
- 3 levels of service provision including a universal service and more targeted services.
- Specific responsibilities in relation to Safeguarding and working with families with Children in Need and on the Child Protection register
- A leadership role in ensuring services for children with special educational needs and disabilities.
- A specification for delivery of the Family Nurse Partnership programme.

3.3. In addition to this core specification, localised appendices are being developed in consultation with key stakeholders and partners to account for local variation and ensure the service operates effectively across the county.

4. Review of the current service

4.1. Public Health has been consulting with key partners and stakeholders about the performance of the service (which will continue up to and following the transfer). It is clear that there are a number of examples of good practice and good partnership working, and the health visiting service is well regarded and highly valued, although there remains variation across Kent.

4.2. Public Health is working to ensure that the service specification and contract focus on further improving the quality of the service. Robust contract management will be central to driving this forward, following the transfer.

4.3. An analysis of service performance has already started and there is a clear improvement plan in place against the mandated checks. A national workforce tool is being commissioned, which gives a clear focus on the capacity of the service needed to deliver the totality of the service.

4.4. In addition, Public Health are starting a programme of work to understand referral rates from the Health Visiting service and wider health services into Child Protection and Children in Need; the high prevalence issues; and the quality of services, for example, involvement in case conferences, children in need planning and the outcomes of cases.

4.5. Engagement with General Practice and colleagues in Early Help identified a number of areas to focus on, which has informed the development of the appendices to the specification. These include strong communication, joint working practices, alignment of caseloads and effective information sharing between related services, such as general practice, midwifery and children's centres.

4.6. Public Health will adopt a focused approach to contract monitoring, once responsibility for commissioning the service transfers, and will work with the service to further improve, using examples of good practice which already exist across the service.

5. Extension of the contract

Procurement

5.1. As a priority, and to deliver a smooth transition of service, an initial contract length of one year is recommended.

5.2. Alongside this, the improvements set out in section 4 above will form part of the contract as part 2 of the specification.

5.3. Research with other colleagues nationally, and initial discussions with the service, also suggest a more fundamental review of the programme. This includes potentially reviewing the age range of the programme and also looking much more holistically at the service within the context of the wider system around the child. This is a partnership programme of work and a timetable will be agreed with key partners to ensure full system sign-up to the programme of work.

5.4. A one-year contract will enable, as a priority, the safe transfer of service and also provide the time to work up a new model for health visiting. It fits with the timetable for the procurement of the school public health service and provides the opportunity to reshape the age range of the service.

6. Recommendations

Members of the Committee are asked to:

i) note the work to develop the specification for health visiting.

ii) consider and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to enter into a contract with the current provider, Kent Community Healthcare Foundation Trust (KCHFT), to deliver Health Visitor services for one year from 1 October 2015 to 30 September 2016.

7. Contact Details

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Background documents:

None