

Agenda Item:

Joint Public Health Board

12

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	3 February 2015
Officer	Director of Public Health
Subject of Report	Transfer of 0-5 children's public health commissioning
Executive Summary	<p>This paper provides an update on the transfer of 0-5 children's public health commissioning to local authorities.</p> <p>The paper is for information and covers three main areas:</p> <ul style="list-style-type: none"> a) The proposed funding allocation for Local Authority commissioning b) Local activity to date c) The healthy child programme, including mandatory services and the proposed health visiting service specification
Impact Assessment:	Equalities Impact Assessment:
	Use of Evidence:
	Budget:
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: MEDIUM

	Residual Risk MEDIUM <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i>
	Other Implications:
Recommendation	That the Board note progress on the transfer of Health Visitors.
Reason for Recommendation	Additional statutory commissioning responsibility of Health Visitors transferring to Local Authorities from the NHS in October 2015.
Appendices	None
Background Papers	NHS England National Health Visiting Service Specification (March 2014) Transfer of 0-5 children's public health commissioning to Local Authorities: Baseline Agreement Exercise (December 2014)
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1. Background

- 1.1 Commissioning responsibility for children's 0-5 public health services within the Healthy Child Programme will transfer to Local Authorities on 1st October 2015.
- 1.2 From April 2015 Public Health Dorset will co commission the Health Visiting service across Bournemouth, Dorset and Poole with NHS England. In October 2015 the service will novate mid year to Public Health Dorset.
- 1.3 The ring fenced public health budget for health visiting will initially be pooled by the three local authorities as per existing arrangements.

2. National baseline agreement exercise

- 2.1 In December the Department of Health published the draft financial allocations for health visiting to local authorities. The breakdown for the half year effect is given below:
 - Bournemouth £1.8M

- Dorset £2.3M
- Poole £1.3M

2.2 Each local authority has £15,000 allocated within this figure for support with the new commissioning responsibilities. Commissioners will agree how this money is best allocated in due course.

2.3 The 15/16 grant has been largely based on the NHS England return. From 2016 allocations will be based on advice from the Advisory Committee on Resource Allocation.

3. Work to date

3.1 NHS England has convened a transition group with representation from the three local authorities and main local provider to support a safe transfer in 14/15. There are a few issues that will require resolving and these are currently being worked through.

3.2 The NHS England Autumn 2014 return gave a split of 153 WTE health visitors as:

- Bournemouth 53
- Poole 32
- Dorset 68

This doesn't include additional staff that are supporting the service such as health visitor assistants.

Whether this is a true reflection of activity or reflects need is not clear at this time and requires further work.

3.3 In preparation for the transfer, representatives from the three local authorities, Public Health Dorset and Dorset HealthCare University Foundation Trust (DHCUFT) met and agreed area that they would to see added or amended to the 15/16 specification. This includes additional requirements for some of the data to be provided at Children's Centre level. We await discussion with NHS England as to progress in this area.

3.4 The three local authorities, Public Health Dorset and DHCUFT have agreed to work together to develop a local memorandum of understanding in relation to how the health visiting service will engage with Children's Centres and vice versa.

4. The healthy child programme and health visiting service

4.1 0-5 children's public health commissioning is intended to improve a number of outcomes from the public health outcomes framework and NHS outcomes framework. NHS England suggests that the healthy child programme supports six high impact areas:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding
- Healthy weight, healthy nutrition (including physical activity)
- Managing minor illness and reducing accidents (reducing hospital attendance/admissions)
- Health, wellbeing and development of the child age 2 (including support to be 'ready for school')

4.2 Subject to parliamentary approval, five elements of the healthy child programme will be mandated following the transfer:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment (health visitor or family nurse)
- 1 year assessment
- 2 – 2 ½ year integrated review

5. Recommendations

5.1 The Joint Public Health Board is asked to note progress in preparing for the transition of children's public health 0-5 commissioning.

Dr David Phillips
Director of Public Health
February 2015