

Report of: Executive member for Health and Wellbeing

Meeting of:	Date	Ward(s)
Executive	16 July 2015	ALL

Delete appropriate	as	Exempt	Non-exempt

SUBJECT: Health Visiting and Family Nurse Partnership Service

1. Synopsis

- 1.1 On 1st October 2015, responsibility for commissioning Health Visiting Services and the Family Nurse Partnership (FNP) programme will transfer from NHS England to local authorities.
- 1.2 The current NHS England contract, which will be novated to the Local Authority on 1 October 2015, will have an end date of 31st March 2016. This means the Local Authority will have to make provision for contracting these services after April 2016, either by re-procuring the service or by seeking an extension/ waiver to the current contract.
- 1.3 We are seeking approval for a 12 months waiver, from April 2016 to March 2017, to allow time to review the service and to develop a service model focused on the delivery of key local priorities, including the development of an integrated early years workforce focused on improving outcomes for Islington children and their families. This waiver period will also allow for the procurement timetables for health visiting and FNP services to be aligned with those of school nursing services, as part of our Procurement Strategy for Universal Child Health Services 0-19.
- 1.4 The value of the contract is £4,184,000 per annum for Islington (the duration of the waiver.)

2. Recommendations

- 2.1 To agree to a waiver of procurement rules in order to award a 12 month contract

extension for Health Visiting and Family Nurse Partnership Services, to Whittington Health NHS Trust, to the value of £4,184,000.

- 2.2 To note the reasons for the waiver, namely to allow the service to settle post transition, allow time to review the service delivery model in order to support the delivery of key local priorities and align procurement timescales with the School Nursing Service as part of our Procurement Strategy for Universal Child Health Services 0-19.

3. Background

- 3.1 Under the Health and Social Care Act (2012), responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to Local Authorities on 1 October 2015. This includes the following two services:

- Health Visiting Services.
- The Family Nurse Partnership (FNP) programme.

- 3.2 The provision of Health Visiting services by Local Authorities in five key areas has been mandated by Government in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015. These are: the antenatal health promotion review; the new baby review; the 6-8 weeks assessment; the 1 year old assessment; and the 2 to 2 ½ year old review. The mandate will be for an initial period of 18 months following the transfer, until 31 March 2017.

- 3.3 The transfer of responsibility for the commissioning of health visiting is a significant opportunity for the Council and its partners to further ensure all children have the best start in life. Health visiting teams see every new mother and child born in Islington and are trained to identify needs, provide support and ensure mothers and families are engaged in other services where necessary. The service includes screening tests, immunisations, developmental reviews, and information and guidance for every family to support parenting and healthy choices. They are of fundamental importance to ensuring early child health (through delivery of the healthy child programme), safeguarding and delivering an effective early help service at the point in life when services can make the most difference to children's life chances.

The Family Nurse Partnership (FNP) is a small, dedicated and evidence-based health visiting service for pregnant teenagers and teenage mothers, which has been shown in many evaluations to transform the lives of parents and children. The FNP service covers structured home visits delivered by family nurses from early pregnancy to two years of age. This service has been provided in Islington since 2007

- 3.4 In Islington, both the Health Visiting and Family Nurse Partnership services are provided by Whittington Health. There are currently co-commissioning arrangements set up between Islington Council and NHS England through an Integrated Governance Framework.
- 3.5 Contract negotiations are currently taking place between NHS England and Health Visiting providers to agree a 12 months contract for these services from 1 April 2015 to 31 March 16. The contracts will be in the form of an NHS Standard Contract, with a deed of novation confirming that the contract will transfer to the Local Authority on 1

October 2015.

- 3.6 NHS England have confirmed there will be a “sunset clause” of 18 months at the point of transfer in relation to the five mandated elements. This means the Local Authority will be required by legislation to provide these five mandated elements for a period of 18 months following transfer.
- 3.7 This report seeks approval for a 12 month waiver, from April 2016 to March 2017 This will allow sufficient time for the service to settle post transition, allow time to review the service delivery model, in order to ensure the service is delivering key local priorities and align procurement timescales with the School Nursing Service, as part of our Procurement Strategy for Universal Child Health Services 0-19.
- 3.8 A pre-tender Executive report “Procurement Strategy for Universal Child Health Services 0-19” has already been approved by Islington Executive in January 2015. This report specifically seeks a 12 month waiver for the Health Visiting Service and FNP, as part of this wider procurement strategy.
- 3.9 In September, an Integrated Governance Framework (IGF) was agreed between NHS England and Islington Council, which allows NHS England and Islington’s Public Health, Children Services and Joint Commissioning teams to work together to commission health visiting services during the transition period, and to ensure there is continuity with existing commissioning and service development arrangements as responsibilities transfer to Islington Council in October 2015.
- 3.10 An Islington Health Visiting Transition Working Group has been established and meets regularly to undertake the joint commissioning of health visiting with NHS England. The steering group is chaired by the Assistant Director of Public Health and includes representatives from public health, children services, joint commissioning, Whittington Health and NHS England. The Steering Group has developed a transition action plan to work on the current and future service model for the Health Visiting service.
- 3.11 The current health visiting workforce in Islington is 49.36 WTE posts (September 2014), 16 WTE posts short of the “call to action” trajectory. The trajectory calculated by NHS London’s workforce for Islington by the end of March 2015 is 65.36 WTE. Performance of the health visiting current service is good in relation to DNA rates, coverage of new birth visits (90% are being completed within 14 days), high rates of coverage for childhood immunisation and a high quality breast feeding support programme. Key areas of challenge going forward are higher than average health visitor caseloads and problems with recruitment of trainee health visitors, which is a London wide problem. There is also a need to improve performance for one and two year health reviews, especially as these reviews will be part of the mandated service.
- 3.12 The Islington FNP programme is delivered by a well-established and stable team, comprising a service coordinator and four full time Family Nurses. The service coordinator also supervises the staff delivering the Camden FNP. The programme is overseen by a partnership FNP Board, chaired by Public Health.

4. Implications

4.1 Financial implications

The responsibility around commissioning of health visiting and family nurse partnership

services will pass from NHS England to the Council in October 2015.

The annual cost of health visiting and family nurse partnership services is £4.184m. From October 1st 2015 we will receive £2,092,000 for the services covering 1st October 2015 – 31st March 2016. The Council's allocation for funding the service will be confirmed as part of the Public Health grant settlement, to be announced later on in the year, although we do not expect this waiver to create specific cost pressure for the Council.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this.

4.2 Legal Implications

The council has a duty to improve public health under the Health and Social Care Act 2012, section 12. The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 made under the National Health Service Act 2006, section 6C). Therefore the council may establish a contract for the provision of health visiting and family nurse partnership services.

These services are subject to the light touch regime set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations). The threshold for application of this light touch regime is currently £625,050.00. The value of the proposed contract is above this threshold. It therefore ought to be advertised in the Official Journal of the European Union (OJEU). There are no prescribed procurement processes under the light touch regime. Therefore the council may use its discretion as to how it conducts the procurement process provided that it: discharges its duty to comply with the Treaty principles of equal treatment, non-discrimination and fair competition; conducts the procurement in conformance with the information that it provides in the OJEU advert; and ensures that the time limits that it imposes on suppliers, such as for responding to adverts is reasonable and proportionate. The council's Procurement Rules require contracts over the value of £100,000 to be subject to competitive tender.

In extending the existing contract with Whittington Health NHS Trust without transparency or competition, as proposed in the report, there is a potential risk of procurement challenge. This is because the value of the extension is significant, being £4,184,000 over the proposed period of 12 months. However, this risk is mitigated to some extent by the procurement strategy approved by the Executive at its meeting on 15th January 2015 for the procurement of Universal Child Health Services 0-19. It is likely that the benefits of the approach recommended in the report are, however, likely to be greater than the potential risks.

4.3 Environmental Implications

An environmental impact scoping exercise has been carried out and it was identified that the proposals in this report would have no impacts on the following:

- Use of natural resources
- Climate change adaptation
- Biodiversity
- Pollution.

The scoping exercise identified that there may be negative impacts on:

- Energy use and carbon emissions
- Travel and transportation
- Pollution
- Waste and recycling.

The main environmental impacts of the Health Visiting Service and the Family Nurse Partnership contract are related to transportation and waste. The service requires Health Visitors to make home visits with equipment that is not easily transported using public transport, meaning they will use their own vehicles, which generate emissions and contribute to congestion. The emissions can be mitigated by encouraging staff to use low emission vehicles and by optimising journeys through route planning and co-ordinating visits. Clinical waste is produced in clinics run by the service in the form of sharps, and appropriate storage and disposal will be required.

4.4 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The RIA has been completed. Its main findings are that there will be no negative impact across the community and that there will be some positive impact within many areas of those residents within the protective Characteristics as defined in the Equality Act 2010.

5. Conclusion and reasons for recommendations

- 5.1 It would be extremely difficult for the local authority to achieve procurement timescales for a new service starting in April 2016, especially as commissioning responsibility currently sits with NHS England and will not legally transfer to the Council until 1 October 2015.
- 5.2 Although there is a co-commissioning arrangement in place, this is very recent and the local authority has only recently started receiving information on service workforce and performance. More time is needed for commissioners in the local authority to review current performance and the service delivery model required going forward, to support the delivery of key local priorities and to develop a commissioning strategy for these services which best meets the needs of our local population

- 5.3 A review of the service is planned over the next few months, including identifying options for increasing efficiencies and effectiveness and improving outcomes, including the provision of mandated elements.
- 5.4 Funding for these services has only been confirmed for the initial 6 months following transition. The Health Visiting Service and the FNP allocation for 2016/17 will be announced later on in the year as part of the overall public health grant allocation for 2016/17. It would be difficult to start a procurement process immediately without knowledge of the future budget for the service
- 5.5 The 18 months sunset clause attached to the transfer in relation to the mandated elements (until March 2017) means that the local authority would not be able to significantly alter the service specification until after April 2017.
- 5.6 Reviewing and rethinking Islington Council's strategic approach to the commissioning of these important universal child public health services requires sufficient time to develop well-planned, needs-led and evidence based approach. Not agreeing this waiver would mean that there would not be time to develop this more strategic commissioning approach.
- 5.7 Therefore, given the time constraints, the ongoing reviews of the service model and performance as well as constraints around the mandated elements, a 12 month extension from 1 April 2016 to 31 March 2017 is recommended for both health visiting and the FNP in Islington.

Appendices: None

Background papers: None.

Final report clearance:

Signed by:



Executive member for Health and Wellbeing Date: 2 July 2015

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