

Cabinet – 22 July 2015

Transition of Walsall Health Visiting Service (including Family Nurse Partnership) from NHS England to Walsall Council and procurement of service based on new model

Portfolio: Councillor Martin

Related portfolios: Councillor Hughes/ Councillor Towe

Service: Environment and Economy Directorate - Public Health

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

This report seeks to update the Cabinet about the planned statutory transfer of the commissioning responsibilities and associated funding for public health services for children aged 0 to 5 from NHS England to the Council from 1 October 2015.

Public health services for children aged 0 to 5 include health visiting and Family Nurse Partnership targeted services for teenage mothers (FNP). This marks the final stage of the transition of Public Health services from the NHS to Local Authorities pursuant to the Health and Social Care Act 2012.

The transfer of 0 to 5 commissioning will complement the commissioning of public health services for children and young people aged 5 to 19 which is already led by Walsall Public Health, as part of the Council. This will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families. The transfer of 0 to 5 commissioning will also have close links with the infant feeding service already commissioned by Walsall Public Health.

The transfer will also give greater opportunity for the Council to pilot closer integration between Health Visiting and Children's Centres to deliver a more coordinated approach to services for 0 to 5s, which may inform future commissioning decisions.

The increased early years workforce as a result of this transition will have a direct and positive impact on Walsall's very significant challenges including maternal and child health, child poverty, infant mortality, low birth weight, breastfeeding, childhood obesity and school readiness. In addition the Family Nurse Partnership team who work intensively with first time teen parents have a direct impact on improving the emotional health and wellbeing of teen parents and their children and have been shown to increase school readiness and achievement and

parental employment and reduce child abuse and neglect and behaviour problems

A standard Public Health Council Contract will be used to contract with Walsall Healthcare Trust from 1 October 2015 rather than a novated NHS contract in order to allow the Council to negotiate additional requirements within the scope of the standard specification.

There are concerns about the funding for the transition as the proposed Health Visiting allocation indicates that Walsall will have the lowest allocation per head per target population compared to its neighbours in Birmingham and the Black Country and one of the lowest allocations per head compared to neighbouring areas. If Walsall were to get a level of funding based on the cost per head for Sandwell, for example, the size of Walsall's allocation would increase by £695K per annum. In addition, if the average cost of our statistical neighbours were applied to the Walsall population we would receive an additional £1.6 million per annum to commission this service. (See **Appendix D**). Public Health Walsall have challenged the allocation (with support from Walsall Healthcare Trust, Walsall CCG and Walsall Childrens Services) based on the inequity between Walsall and neighbouring areas and also based on the acute and increasing levels of deprivation and need in the Borough. We await a final decision from the independent Advisory Committee on Resource Allocation (ACRA)

In addition, Public Health Walsall's overall allocation in 2014/15 was 5.3% below the target allocation (as determined by the Advisory Committee for Resource Allocation based on local authority weighted populations). Given the exceptionally high levels of need and inequality particularly relating to infant mortality, low birth weight, school readiness, Looked After Children and child poverty in Walsall, the workload of Walsall Health Visitors is greater than many other areas therefore requiring a greater investment.

See **Appendix A** for more detailed key milestones within the Healthy Child Programme 0-5

See **Appendix B** for background to the Healthy Child Programme 0-5

See **Appendix C** for benefits the increased Health Visiting workforce brings to Walsall

See **Appendix D** for comparison of funding allocation and spend per head between Walsall, Birmingham, the Black Country and statistical neighbours

2. Recommendations

- 2.1 That Cabinet note this report detailing the statutory transfer of the commissioning responsibilities for public health services for 0 to 5 year olds from 1 October 2015 from NHS England to Walsall Council.

- 2.2 That Cabinet awards an interim transitional contract for public health services for children aged 0 to 5 to Walsall Healthcare NHS Trust from 1 October 2015 to 31 March 2017 under Regulation 32 of the Public Contracts Regulations 2015 (use of negotiated procedure without prior publication) in order to allow a sufficient and reasonable period of time to develop strategically aligned public health services for children aged 0 to 5.
- 2.3 That Cabinet delegate authority to the Director of Public Health in conjunction with the portfolio holder to enter into the 18 month interim transitional contract as detailed in 2.2 with Walsall Healthcare NHS Trust to deliver the public health services for children aged 0 to 5, by using the most appropriate procedures (publication of Voluntary Ex Ante Transparency notice) and to subsequently authorise the sealing or signing of any deeds, contracts or other related documents to enter into agreements for the provision of such services.
- 2.4 That Cabinet delegate authority to the Director of Public Health to consider the integration of the current infant feeding service contract currently provided by Walsall Healthcare NHS Trust with the Healthy Child Programme 0-5 from 1 April 2017.
- 2.5 That Cabinet note this report detailing the action plan to develop and procure an integrated public health service for 0-5 year olds by 1 April 2017, as detailed in paragraph 3.10 of this report.

3. Report detail

Current services

- 3.1 The early years are critical in shaping health and wellbeing throughout life. Improving outcomes for children, families and communities as well as creating services that provide better access and experience, are essential. Public health nurses, including Health Visitors, have a significant role in leading and coordinating delivery of public health interventions to address individual and population needs. The Health Visiting role is to work in an integrated way to lead and coordinate and deliver public health interventions and thus play a major role in supporting the Council to fulfil the responsibilities for the health and wellbeing of children and young people. The Family Nurse Partnership team works in a similar way but works specifically with first time teenage parents. (see **Appendix B**)
- 3.2 Children's Public Health commissioning responsibilities for 0 to 5 year olds will transfer from NHS England to Local Authorities on 1 October 2015. This includes responsibility for the commissioning of two key services for 0 to 5 year olds, namely the Health Visiting service and the Family Nurse Partnership (FNP). Discussions regarding the transfer of the service have been held between NHS England and the Council and the level of funding that would transfer was agreed on 27 February 2015.
- 3.3 With the Council's Public Health team's current responsibility for commissioning the Healthy Child Programme 5 to 19 led by school nurses, the 0 to 5 transfer will ensure that there will be an overview of the whole Healthy Child Programme 0 to 19 from the transfer. This transfer offers a unique opportunity for the Council to

transform and integrate health, education, social care as well as wider Council led services for young children and their families and will result in support for improving quality outcomes for children, young people, families and local communities.

- 3.4 As of March 2015, the Health Visiting Service has reached the expected staffing levels of 67.4 whole time equivalents to meet the needs of families and young children in Walsall (this trajectory includes the Family Nurse Partnership as well).
- 3.5 NHS England is continuing to commission the Health Visiting and Family Nurse Partnership for Walsall from Walsall Healthcare Trust until 30 September 2015. The current Service Development and Improvement Plan, the Service Level Agreements, Commissioning for Quality and Innovation (CQUIN) and Key Performance Indicators (KPI) have been agreed between NHS England and the provider with input from Public Health Walsall. These have been based on nationally developed service specifications with the inclusion of additional quality indicators appropriate for the needs of Walsall and will be included in the proposed interim contract.
- 3.6 The Council currently contracts with Walsall Healthcare NHS Trust to deliver a breastfeeding service which delivers peer support for expectant and new mothers around breastfeeding, co-ordination of the healthy start vitamin service and the maternal early years weight management programme; the current contract runs until 31 March 2016. Public Health Walsall consider that there are synergies between this service provision and the Healthy Child Programme 0 to 5 so as part of the development of the integrated model it may be considered beneficial to incorporate this service into the Walsall Integrated 0 to 5 Service.

The development of an integrated service model for public health services for children aged 0 to 5

- 3.7 In the period April 2015 to July 2016, Public Health Walsall will work with Childrens Services, the Clinical Commissioning Group and Walsall Healthcare Trust to consider, develop, pilot, evaluate and consult around new integrated models for the delivery of 0-5 public health services
- 3.8 In the development of an integrated service, consideration will be given to services for which the Council has a statutory obligation to deliver for 0 to 5s and their parents, including Children's Centres, and how these might align with the services set out in the Health Visiting mandate.
- 3.9 It is intended that the new service will ensure a more integrated service delivery and improved outcomes for children and young people, through:
 - Clear priorities around reducing inequalities and improving health that will contribute to improved outcomes for children and young people and their families.
 - Universal provision that routinely works with the 0 to 5s, enabling a holistic assessment identifying family, environmental, health, development and social care needs and mobilises appropriate support to provide early intervention and improve outcomes for the family.
 - Targeted provision for 0 to 5's with additional health, economic or social needs through greater alignment with Children's Centres.

- Strong partnership working between Childrens Services, health services, the voluntary sector and others to provide an “Early Help” offer through integrated services that can share information and work collaboratively to provide help to families and support healthy child development.

3.10 Walsall Public Health are leading a multidisciplinary strategic transition oversight committee to develop and implement an integrated model of services for 0 to 5 year olds in Walsall. This committee is made up of key strategic leads in Children’s Services, Public Health Walsall and Walsall Healthcare Trust. Integrated models will be developed and piloted in selected areas from October 2015 using the transitional contract as detailed in the table below.

Procurement of provider to deliver from 1 April 2017

3.11 Proposed timetable leading to procurement of services.

NHSE contract with Walsall Healthcare NHS Trust for the health visiting and FNP services	1 April 2015 to 30 September 2015
Public Health Walsall seek CMT and Cabinet approval to award a negotiated contract with Walsall Healthcare NHS Trust	July 2015
Subject to Cabinet approval, the Council will publish a VEAT notice to inform the market of its intention to contract with Walsall Healthcare NHS Trust for Health Visiting and FNP services through a Negotiated Process	July 2015
The Council contracts with Walsall Healthcare NHS Trust for Health Visiting and FNP services to allow for piloting, evaluation and consultation of new integrated models for the delivery of 0-5 Healthy Child Programme	1 October 2015 to 31 March 2017
Pilot, evaluate and consult around new integrated models for the delivery of 0-5 Healthy Child Programme	October 2015
Commence tendering process for Walsall Integrated 0-5 Service	July 2016
New contract for a Walsall Integrated 0-5 Service to be awarded following procurement process.	1 April 2017

See **Appendix A** for a more detailed timeline

3.12 Subject to Cabinet approval, it is intended that Health Visiting and Family Nurse Partnership services will be subject to a competitive tendering process with a new contract to start from 1 April 2017 with the specification informed by the learning from the evaluation of the pilots of integrated models of delivery of a Walsall Integrated 0 to 5 service.

3.13 There is the opportunity to align Children’s Centres services with public health services for children aged 0 to 5 which will provide added value and efficiencies. Children’s Services are working closely with Public Health to develop an integrated approach. The commencement of a procurement process for the provision of independently commissioned Children’s Centre services for the South area (Palfrey and Alumwell) from 1 April 2016 was approved by Cabinet

on 4 February 2015; authority to award the contract was delegated to the Executive Director of Children's Services in consultation with the Portfolio Holder for Children's Services to allow an integrated commissioning and procurement for new services to commence from 1 April 2017, and the contract period for independently commissioned Children's Centre services will be 1+1 year.

4. Council priorities

4.1 In September 2012 the Council adopted the Marmot objectives as objectives for improving Health and Wellbeing and reducing inequalities for the people of Walsall. These objectives have provided the framework for the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, the Sustainable Communities Strategy, and "The Walsall Plan"

4.2 The Corporate Plan establishes the following priorities for the Council:

- Supporting business to thrive and supporting local people into work;
- Improving Health and well being, including independence for older people;
- Creating Safe, Sustainable and Inclusive Communities;
- Improving Safeguarding, Learning and the Life Chances for Children and Young People.

4.3 Public Health services for children 0 to 5 as delivered by the Health Visiting and Family Nurse Partnership teams will have a positive and sustained impact on the objectives and priorities set out above, and for the Council's Health portfolio generally, both through active engagement with Walsall residents, support for children and through partnership working.

5. Risk management

5.1 The funding allocation to the Council for the commissioning of the public health services for children aged 0 to 5 is low per capita in comparison with statistical neighbours. The Council has challenged the current allocation and is contributing to consultation led by Advisory Committee on Resource Allocation (ACRA) on future funding allocation. (see section 6.2 of this report)

5.2 Although as outlined in 6.4, regulations state that Department of Health financial allocations are not intended to place any additional financial burden on Local Authorities, outside of the funding agreed for the second half of 2015-16 in the forthcoming financial settlement the Council has been given no indication or reassurance around funding beyond 2016/17.

5.3 The Health Visiting service is currently being offered to children registered with Walsall GPs. Following the transition of commissioning responsibilities for this service to the Council, the Health Visiting service will be offered to the resident population of Walsall. This move from GP registered to resident populations is also happening in neighbouring local authorities. It is anticipated that there will be a small rise in the Health Visitor caseload as a result of this move. The process of effecting this change will be coordinated with neighbouring authorities in a phased manner to ensure that no children are missed and caseloads adapted to meet the anticipated increase.

- 5.4 Reduction in frontline services such as Childrens Centre staff may lead to unrealistic expectations from the Health Visiting service. This risk is being mitigated through the development of integrated service models for the delivery of public health services for children aged 0 to 5. Regular robust contract monitoring meetings between commissioners and providers will ensure that key performance indicators are delivered.
- 5.5 There is a slight risk of challenge to a non procured 18 month contract but this will be mitigated by publishing a Voluntary Ex Ante Transparency (VEAT) notice as detailed in 8.4
- 5.6 Providers will be expected to ensure that business continuity plans are set in place to mitigate against any possible instability in the provider organisations.

6. Financial implications

- 6.1 A baseline funding allocation has been made based on current costs as submitted by the current provider. £2,146,000 will be transferred to the Council by 1 October 2015 from NHS England to commission the Health Visiting service for a period of 6 months until April 2016. This includes £15,000 for 6 months to support commissioning costs. This funding allocation has been decided on a “lift and shift” basis with the expectation that this is enough to ensure that the Healthy Child Programme continues to be offered at current staffing trajectory with no financial risk to the Council.
- 6.2 The baseline funding agreement detailed in 6.1 has been challenged by Public Health Walsall supported by the Chief Executives of the Council and Walsall Healthcare Trust because the amount per capita allocated to the Council to fund Public Health services for 0 to 5 year olds is low in comparison with other areas and may leave Walsall inadequately funded in the future.
- 6.3 From 2016/17 onwards it is intended that the baseline allocation for the commissioning of 0 to 5 Public Health services will be added to existing local government public health grant allocations to form an overall public health grant allocation. There is however no guarantee as to the level of this funding. Integration with Childrens Services and consideration of expectations within the specification will be used to address potential under investment.
- 6.4 The ongoing allocation for the commissioning of 0 to 5 public health services will be based on advice from the Advisory Committee on Resource Allocation (ACRA). As with existing Public Health allocations, areas have been assured that they will be brought towards their fair share allocations through the current national process led by ACRA. Regulations state that Department of Health financial allocations are not intended to place any additional financial burden on Local Authorities outside of the funding agreed for the second half of 2015-16 in the forthcoming financial settlement. Despite concerns having been raised with ACRA, we have no assurance as to allocation from 2016 onwards.

7. Legal implications

- 7.1 The transition of Health Visiting services into the Council marks the final stage of

the transition of Public Health services as set out in the 2013 NHS Health and Social Care Act and is a statutory service that Local Authorities are under a legal duty to ensure are provided and are expected to provide them after 1 October 2015.

- 7.2 Moving to Walsall Council's Standard Public Health Contract for services to contract with Walsall Healthcare Trust from 1 October 2015 rather than having the NHS contract novated for 6 months from 31 March 2016, allows the Council to negotiate additional requirements within the scope of the standard specification to test out some of the methodologies for a service that integrates with other Children's Services to develop a new specification for a future contract.
- 7.3 As with any use of the exemptions within the Procurement regulations there is always a risk of a legal challenge by other market providers should they be inclined to do so (as detailed at section 8.4 of the report below), the Council can mitigate that risk by undertaking as soon as practicable a compliant tendering process which is the intention of Public Health Walsall.

8. Procurement implications

- 8.1 The Health Visitor Service is covered by the Public Contracts Regulations 2015, Light Touch Regime, (Regulation 74 – award of contracts for social and other specific services) and as such there is a requirement for the Council to undertake a procurement process compliant with the Regulations.
- 8.2 Whilst the Regulations require an open and transparent tender process following a Contract Notice published in OJEU there is the opportunity, in certain circumstances, to undertake alternative processes (under Regulation 32) which allow the Council to award a new contract for a short period of time without undertaking a full tender process. Regulation 32 of the Public Contracts Regulations 2015 (use of negotiated procedure without prior publication) can only be used in specific circumstances one of which is:
- (c) insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with.
- 8.3 The transfer of the Health Visiting Service to the Council has been known about for some time but it is only relatively recently, 27 February 2015, that the funding was confirmed by NHS England. Whilst the Council has decided not to novate the current NHS contract, Public Health Walsall in consultation with Procurement, also consider that there is insufficient time to carry out an open and transparent tendering process (including time for the necessary staff transfer processes) in compliance with Regulation 74 prior to the end of the current contract therefore, as defined in Regulation 32 (2) (c) above extreme urgency would be considered to apply to the award of a new contract to commence on 1 October 2015.
- 8.4 There is a risk of a challenge to the award of a contract for 18 months to Walsall Healthcare NHS Trust under Regulation 32 but in order to ensure service continuity, Public Health Walsall consider that this would be best served by awarding a contract for a period necessary to develop and test a new

specification and carry out the necessary procurement process. The carrying out of that procurement process will mitigate those risks as well as publishing a Voluntary Ex Ante Transparency (VEAT) notice prior to the award of the contract and by the Council starting a compliant tendering process as soon as possible.

8.5 The proposed interim 18 month period allows for full piloting, evaluation and public consultation of an Early Years integrated model, to investigate integrating the breastfeeding contract and to embed the key mandatory performance indicators for 18 months.

8.6 The proposed interim 18 month period will also enable Walsall Council to stimulate market development prior to procurement of the service.

9. Property implications

9.1 None identified

10. Health and wellbeing implications

10.1 The Council has a statutory duty to promote health and wellbeing. The Health Visiting Service is key to meeting the health needs of expectant and new parents and young children and is in a position to identify previously unrecognised social, physical and mental health issues in all families. It works towards priorities identified in the JSNA and Health and Wellbeing Board and is instrumental in supporting families to ensure their children are school ready.

11. Staffing implications

11.1 None identified for Council staff. This is a transfer of commissioning responsibilities only

12. Equality implications

12.1 An Equality Impact Assessment will be undertaken with reference to the proposed models once a shortlist of suitable models have been identified. In the short term, with an increased workforce with capacity for increased universal and targeted services, it is anticipated that there will be no direct impact on people with protected characteristics

13. Consultation

Consultation is taking place through the recently established Integration Oversight Group made up of key strategic leads in Walsall Council Childrens Services and Public Health Walsall, the CCG and Walsall Healthcare NHS Trust with reference to proposed models of integration and needs of the population group. Once a shortlist of proposed models have been identified, the Council will consult with wider stakeholders and the public to decide on the preferred model to be initially trialled and ultimately procured.

Background papers

Appendix A Key milestones within the Healthy Child Programme 0-5

Appendix B Background to the Healthy Child Programme 0-5

Appendix C Benefits the increased Health Visiting workforce brings to Walsall

Appendix D Comparison of funding allocation and spend per head between Walsall, Birmingham, the Black Country and statistical neighbours

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Simon Neilson
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22 July 2015



Councillor Rose Martin
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22 July 2015

Appendix A

Key milestones within the Healthy Child Programme 0-5

Walsall 0-5 transition milestones – Public Health and Childrens Services

Timescale	HV/FNP Public Health Milestones	Childrens Services milestones (south of Borough)
April 2013 to end September 2015	<p>NHS England Local Area Team responsible for commissioning public health services for children under five including;</p> <ul style="list-style-type: none"> • The child health surveillance, health promotion and parenting support elements of the HCP for pregnancy and the first five years of life. • The expansion and transformation of health visiting services and to meet training and workforce trajectories • The Family Nurse Partnership (FNP) programme • Child Health Information Systems (CHIS) <p>Joint chairing mechanisms in place for monthly review meetings from November 2014</p>	
September 2014 to February 2015	Discussion re; transfer of contract and finance allocation between current commissioner, future commissioner and provider agency	
End March 2015	Target date for expansion of Health Visitor numbers and Family Nurse Partnership places to full compliment of 67.2 wte including 5.2 FNP nurses	
March 2015	0-5 Healthy Child Programme Transition Oversight Committee established – meeting bi-monthly. To decide on the model(s) of integration and support integration into the Council	
April 2015	Operational transition group established – meeting bi-monthly considering issues such as Child Health Information System and resident/registered children	
April to July 2015	Joint Public Health, Childrens Services and provider consideration of suitable models of integration	Agree future model for service (May)
July 2015	Cabinet report to request interim contract arrangements and delegated responsibility to trial models for 18	Prepare specification Collect TUPE and Pension information (June/July)

	months post October 2015	
July 2015	Consultation with stakeholders on preferred models	Prepare ITT
July 2015	Subject to Cabinet approval, Public Health Walsall will announce its intention to the market to contract with Walsall Healthcare NHS Trust for Health Visiting and FNP services using a Walsall Borough Council transitional interim VEAT contract	
July to October 2015	Set processes in place for trialling up to 3 models of integration	Advertise in OJEU and issue ITT (August)
September 2015		Return Date For ITT
1 October 2015	Transfer of Commissioning Responsibility from NHS England to local authorities for HCP 0-5 Programme (Health Visiting and FNP)	Evaluate Tenders
October 2015 to March 2016	Trial different models in areas across Walsall	
December 2015		Notify Intent to Award
January 2016 to March 2016		Mobilisation (3 months)
April 2016	Evaluation of models	Contract Start - length of contract to be determined by wider integration' timeline (1 April)
May 2016	Consultation with public and stakeholders around preferred model (12 weeks)	
End July 2016	Procurement process set in place based on decided model	
1 April 2017	Contract set in place based on new model of working	

Appendix B

Background to the Healthy Child Programme 0-5

The Health Visiting Service has been recognised as leaders of the Healthy Child Programme 0-5 working with partners to achieve aims. The overarching aim of the Healthy Child Programme 0 – 5 is to protect and promote the health, well-being and development of children in the early years.

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 during pregnancy and the early years of life. Health visitors also have a key role in developing communities, in early help and contributing to more complex cases. Transition to parenthood and the first 1001 days from conception to age 2 is widely recognised as a crucial period, impacting and influencing the rest of the life course.

Health Visitors work at all levels of need from Community and Universal work to intensive support to families with particular vulnerabilities from pre birth to age 5.

The Health Visiting Service comprises four tiers, which assess and respond to children's and families' needs:

- Community Services - linking families and resources and building community capacity.
- Universal Services - primary prevention services and early intervention provided for all families with children aged 0-5 as per the HCP universal schedule of visits assessments and development reviews.
- Universal Plus Services - time limited support on specific issues offered to families with children aged 0-5 where there has been an assessed or expressed need for more targeted support.
- Universal Partnership Plus Services - offered to families with children aged 0-5 where there is a need for ongoing support and interagency partnership working to help families with continuing complex needs.

The Health Visiting Services offer 5 mandated universal contacts with all children aged 0-5 years of age and focus on the achievement of 6 high impact outcomes.

The 5 mandated elements of the Healthy Child Programme include:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2½ review

6 Early Years High Impact Area Outcomes

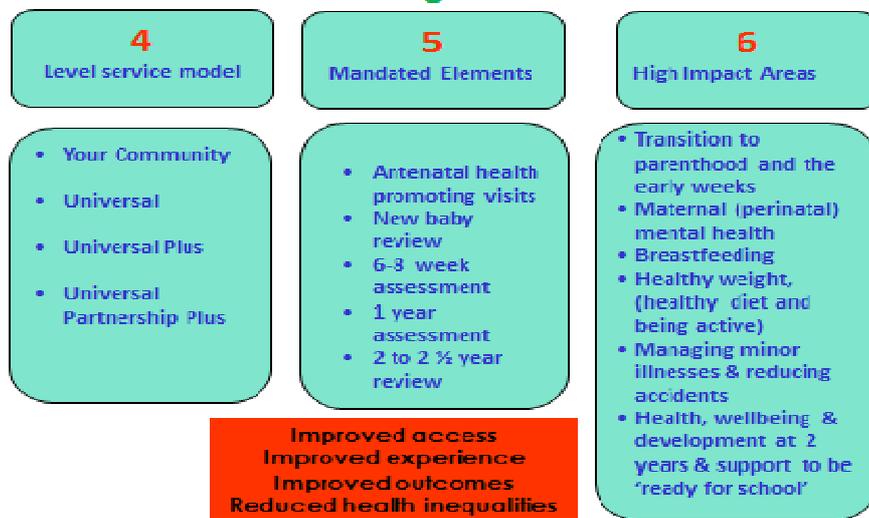
- Transition to parenthood and mental health promotion
- Breastfeeding
- Healthy Weight
- Managing illness and reducing accidents
- Health and wellbeing and development of child
- School readiness.

The Family Nurse Partnership is a targeted, evidence-based, preventive programme for vulnerable first time young mothers. It is important to note that FNP is a licensed programme and therefore has a well-defined and detailed service model, which must be adhered to. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse. The family nurse plays an important role in any necessary safeguarding arrangements alongside statutory and other partners to ensure children are protected. They also work to support young parents into education and employment.

Appendix C Benefits the increased Health Visiting workforce brings to Walsall

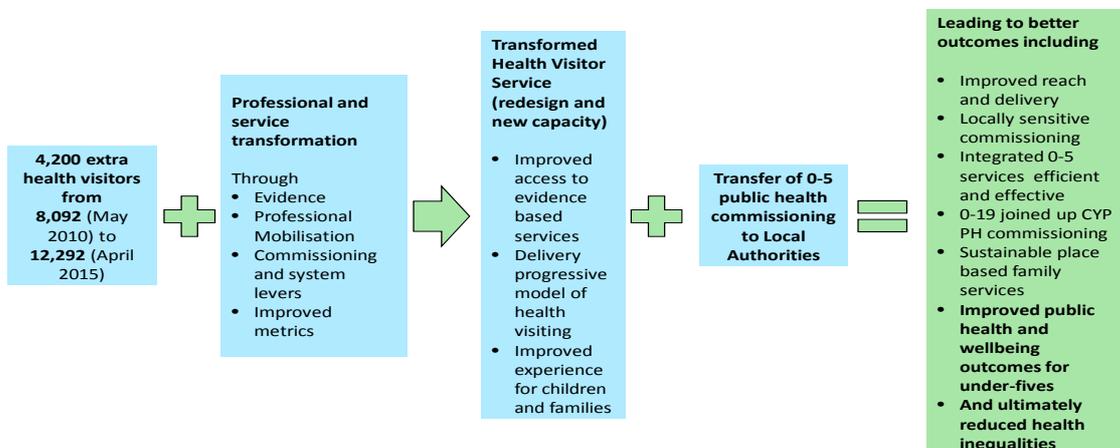


“Transformed” Health Visiting Services



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Health Visitor/0-5 Transfer Programme National Overview



Appendix D

Comparison of funding allocation and spend per head between Walsall, Birmingham, the Black Country and statistical neighbours

TABLE 1: Comparison of Walsall allocation and spend per head across Birmingham and the Black Country

Local Authority- West Midlands	LA Baseline 0-5 HV allocation (£000s) – 2015/16	Adjusted spend per head (£) for 0-5 HV allocation	Additional funding allocation * (£000s)	Overall Distance from Target for overall Public health allocation 2015/16
Walsall	4,262	238	0	-5.1
Wolverhampton	4,366	262	-454	+13.3
Birmingham	22,418	269	671	-1.2
Dudley	4,876	270	589	+28.9
Sandwell	6,319	275	695	-5.1

*This is the additional funding Walsall MBC would receive if neighbouring LA spend per head were to be applied to the Walsall population of 0-5s. Note these have been calculated based on actual spend per head.

TABLE 2: Comparison of Walsall allocation and spend per head across statistical neighbours

Local Authority- Statistical Neighbours	LA Baseline 0-5 HV allocation (£000s) – 2015/16	Adjusted spend per head (£) for 0-5 HV allocation	Additional funding allocation * (£000s)	Overall Distance from Target for overall Public health allocation 2015/16
Brent	4,584	167	-666	0.0
Barking and Dagenham	4,790	219	-288	-6.7
Walsall	4,262	238	0	-5.1
Hartlepool	1,493	276	604	+22.3
Salford	4,858	284	986	-6.1
Lewisham	7,549	285	1,836	-1.3
Greenwich	7,119	285	1,855	-5.1
Bradford	12,236	313	1,339	-6.5
Rochdale	4,569	313	1,420	-5.0
Leicester	8,545	347	2,048	+21.0
Blackburn with Darwen	3,729	353	2,032	+7.8
Halton	2,791	360	2,333	-3.4
Lambeth	9,274	361	3,779	-5.0
Nottingham	10,608	530	5,378	+4.0

*This is the additional funding Walsall MBC would receive if neighbouring LA spend per head were to be applied to the Walsall population of 0-5s. Note these have been calculated based on actual spend per head.