

Date:	2 February 2017
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Title:	Family Hubs: commissioning intentions for children aged 0-5
Report of:	Cabinet Member for Adults and Public Health; Cabinet Member for Children and Young People
Wards Involved:	All
Financial Summary:	N/A
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1. Executive Summary

- 1.1. In September 2016, the Health and Wellbeing Board agreed a joint programme of work for developing a series of new Family Hubs that will improve access to preventative services (both universal and targeted). The services provided from these hubs will support families to understand and make effective changes that ultimately improve their health and wellbeing.
- 1.2. It was agreed that one of the first phases of work should be a joint approach to commissioning for children aged 0-5 with an initial focus on shaping the new Health Visiting services and Family Nurse Partnership. This paper outlines the proposed commissioning intentions for these new services with a view to achieving an ambition for greater integration and collaboration between the council, Central and West London Clinical Commissioning Groups, providers, and voluntary and community groups as set out in the North West London Sustainability & Transformation Plan, the Health & Wellbeing Strategy for Westminster 2017-22 and CCG commissioning intentions.

2. Background

- 2.1 On the 1 October 2015 Public Health commissioning responsibilities for children aged 0 to 5 (Health Visiting and Family Nurse Partnership – FNP) transferred from NHS England to local authorities. This marked the final part of the much larger transfer of Public Health functions to local government which took place on 1 April 2013 under the Health and Social Care Act 2012. The transfer was solely about commissioning responsibilities and not a transfer of the workforce who remained employed by provider organisations. The transfer of commissioning responsibilities for children’s Public Health to local authorities is providing an opportunity to take a fresh look at delivering coherent, effective support for children locally.
- 2.2 Central London Community Healthcare NHS Trust (CLCH) is the current provider delivering Health Visiting and Family nurse Partnership across the borough. The current Local Authority contract runs until 30th September 2017. These services are funded through the Public Health Grant.

3. Recommendations

- 3.1 The Board is invited to:
- Endorse our ambition to re-shape the role of Health Visitors as the professional lead for an integrated early years pathway, taking responsibility to work with partners to identify needs within families early, to provide joined up preventative support before problems become complex and more intractable. Endorse our proposed commissioning intentions for services for 0-5 year olds
 - Consider how General Practitioners and their teams can be closely involved in the development of the new services and, in particular, how the new service offer will provide a single pathway for them to identify and support at risk families

4. Key Matters for the Board

- 4.1 The proposed Family Hubs will be a ‘virtual’ network of providers working with children 0 – 19 years, who share a single approach to working with families across a given area. All providers will be working to a shared purpose and outcomes framework. It is proposed that this network of provision will bring together the Early Help (including Troubled Families) offer from Children’s Services, the Health Visiting and Family Nurse Partnership offers from Public Health, the joint Child and Adolescent Mental Health Service (CAMHS) offer from Central London CCG (CLCCG) and West London CCG (WLCCG) and Public Health, and the offer from GPs.

- 4.2 The aim will be, through the network, to identify families with complex needs as early as possible, no matter what service they first come into contact with. This will make sure that any contact with a practitioner in the network will lead to the right intervention at the right time, with greater accountability across all agencies for identifying need earlier; leading to families understanding and making effective changes that ultimately improve their health and wellbeing.
- 4.3 The key outcomes, agreed by the Health and Wellbeing Board, that the Family Hubs will look to achieve will be to:
- Reduce referrals to higher level interventions, including CAMHs, social care, GP consultations, youth justice, and Housing Options, by reaching families earlier and working with families to make lasting change.
 - Prevent family breakdown that results in children and young people being received into care or entering the criminal justice system.
 - Promote strong and resilient parents, with support to gain employment.
 - Improve outcomes for children and young people across health and well-being indicators. These will include obesity, breastfeeding rates, oral health, immunisations, and emotional wellbeing of adolescents.

Shaping joint commissioning intentions

- 4.4 To achieve these outcomes, the Health & Wellbeing Board agreed in September to an outline programme of work. One of the first phases of this was to work jointly on commissioning services for 0-5 year olds.
- 4.5 We are ambitious to take the opportunity to re-shape the role of Health Visitors so that they become the leaders of a the network of professional partners, including social workers, mid-wives and wider, to deliver an integrated early help offer to families, making sure that needs are identified early within families and preventative support is provided before problems become complex and more intractable.
- 4.6 To guide this joint work we propose to commission these services with the intention to:
- **Leadership, accountability and responsibility.** To commission services for 0 – 5 years olds where health visitors are accountable for bringing together the full early help offer for this age group across different partners so that there is a seamless and integrated early years pathway. This could involve them being the future children’s centre leaders and taking a

lead role in a case management approach to supporting families with multiple and complex needs.

- **Evidence.** To commission services for 0 – 5 years olds based on robust evidence of where services can have significant impact on health and wellbeing outcomes for children, young people and their families and on the reduction of health inequalities, including examining alternative service models that integrate with children's centres and other early years providers.
- **Value for money.** To commission services for 0-5 year olds that uses our shared resources in the best way through greater targeting of the most vulnerable based on evidence of what works. This includes giving focused thought to the way in which we use building space for delivery of these services.
- **Integration.** To commission services for 0-5 year olds that align with, complement, and wherever possible integrate with the wider offer for 0-5 year olds, including midwifery and the clinical offer from CCGs. Furthermore, to ensure these services complement and where appropriate connect with the broader service offer to families with children across the full age range, working as an integral part of the Family Hubs model.
- **Workforce.** To commission services for 0-5 year olds that develop our shared workforces and build our capability across different professional disciplines to deliver joined-up services that effectively prevent more complex needs from developing in other parts of the family or later in life. By upskilling frontline staff and supporting them with appropriate information, training and operating frameworks, we aim to align with the principles of a 'making every contact count' approach.

Next steps

TASK	TIMELINE
Review of current service provision – strengths and areas for development in the context of mandated services	Mid-January 2017 COMPLETED
Review of needs analysis	Mid-January 2017 COMPLETED
Benchmark with other Local Authorities including KPIs and costs	End of January 2017 COMPLETED
Appraise options for re-commissioning with procurement and legal teams for new contract from October 2017	Mid-January 2017 COMPLETED
Develop joint commissioning strategy	End of January 2017
Submit proposals and recommendations for future delivery and agree timeline for implementation	End of February 2017

5. Legal Implications

5.1 None at this time.

6. Financial Implications

6.1 None at this time.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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