

Project Initiation Document:

Developing integrated commissioning and delivery of services by health visiting service and children's centres in Hertfordshire

The purpose of this document is to define the project, to form the basis for the management of the project and an assessment of its overall success.

1. PROJECT DEFINITION

1.1 Background and strategic objectives

The overarching aim of publicly-funded community-based services for children under 5 is to protect and promote the health, well-being and development of children in the early years. A range of responses are offered to support parents-to-be, new parents and their children under the age of five years. The key organisations involved in commissioning and delivering this support in Hertfordshire are:

Service	Service Provider	Current Service commissioner	Service commissioner post April 2015
Maternity Services (Community midwives) Children's Community Services	East and North Herts NHS Trust and West Hertfordshire Hospitals NHS Trust	E and N Herts Clinical Commissioning Group (CCG) Herts Valleys CCG	E and N Herts Clinical Commissioning Group (CCG) Herts Valleys CCG
Universal elements of Healthy Child Programme	Hertfordshire Community NHS Trust	NHS England (from April 2013 to March 2015)	Hertfordshire County Council
Health visiting service	Hertfordshire Community NHS Trust	NHS England (from April 2013 to March 2015)	Hertfordshire County Council
Family Nurse Partnership	Hertfordshire Community NHS Trust	NHS England (from April 2013 to March 2015))	Hertfordshire County Council
Child Health Information system. Immunisation and screening services	Hertfordshire Community NHS Trust	NHS England (from April 2013 to March 2015)	NHS England
Sure Start Children's Centres	51 lead agencies	Hertfordshire County Council	Hertfordshire County Council
Volunteer Home-visiting service	Home-start	Jointly commissioned by HCC and 2 CCGs from April 2013 (excluding Royston)	?
Funded early education	Variety of PVI and	Funded by DfE. HCC	Funded by DfE. HCC

places for 2/3/4 year olds	maintained settings	responsible for managing the market and ensuring sufficiency	responsible for managing the market and ensuring sufficiency
Support for children with special needs "Early Support"	Hertfordshire Community NHS Trust Hertfordshire County Council East and North Herts NHS Trust West Hertfordshire Hospitals NHS Trust	Joint commissioning team HCC and Clinical Commissioning groups (from April 2013)	Joint commissioning team HCC and Clinical Commissioning groups
Social care for CiN, Child Protection and CLA	Hertfordshire County Council Social Care Teams	Direct provision through Hertfordshire County Council	Direct provision through Hertfordshire County Council
Primary care services delivered by GPs	GP Practices	E and N Herts Clinical Commissioning Group (CCG) Herts Valleys CCG	E and N Herts Clinical Commissioning Group (CCG) Herts Valleys CCG

Very large sums of public money are spent on the services set out above, and they have a critically important role. There are many interfaces between what different agencies and programme provide, as well as a commonality in the ultimate "clients". To date, much work has been directed towards maintaining and enhancing relationships and formal and informal integration of service provision. However, the transfer of various public health responsibilities to HCC together with other health reforms and the expiry of current Children's Centres contracts provides a unique opportunity to consider again the relationship between a number of core services, and how they may in future be delivered and specified so as to get the best possible outcomes and value for money within the envelope of public funding that will in future be available.

This project has been designed to do this, with a particular focus on Children's Centres and transferred health responsibilities for under 5's. This PID sets out some broad parameters and issues, but needs to be read alongside a companion document which is now in preparation and which analyses the scope of service, activities and outcomes of both children's centres and health visiting services, so as to clarify the areas of activity and outcome which both services contribute towards and those which are specific to each.

At the end of this project revised contracts will be in place which cover existing children's centre services, and a clear commissioning strategy and appropriate contracts will have been established which cover relevant transferred public health services and the relationship between them and children's centre services.

1.2 Timescales for re-commissioning children's centres and other services

Hertfordshire County Council has commissioned 82 Children's Centres. Contracts are in place until 31st March 2015 between Hertfordshire County Council (HCC) and 51 lead agencies to manage the centres. In addition there is a contract between the HCC Childhood Support Services and Herts for Learning (HfL) to monitor the quality of all children's centres.

Until 31st March 2015 NHS England are responsible for commissioning public health services for children under five including;

- 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 programme
- Child Health Information Systems (CHIS)

From April 2015 responsibility for commissioning these services is expected to transfer to the local authority.

Hertfordshire County Council also has contracts with nine Home-Start schemes in Hertfordshire to provide a home-visiting outreach service for 395 vulnerable families who have one or more children under five. These contracts are jointly funded by Herts County Council and three CCGs.* The contracts with the nine Home-Start schemes responsible for providing a home-visiting outreach service all end on 31st March 2015.

* The Royston Home-Start scheme is covered by Cambridgeshire and Peterborough CCG

1.3 Project objectives and desired outcomes

To determine the best way in which to align or combine the commissioning processes for the service delivery of the Healthy Child Programme for children under five, health visitors and Sure Start children's centres. To implement this with the aim of delivering:

- a whole system approach to planning and commissioning
- a continued commitment to a universal offer for core public health services with targeted additional offer according to need
- a more efficient, integrated and user-focussed service
- a focus on outcomes for children and families
- a reduction of silo-working and duplication
- an opportunity to integrate approaches to prevention
- efficiency savings and value for money
- best use of available resources
- clearer accountability

In addition this project will determine whether the separate contracts with Home-Start schemes should be continued in their current form or re-designed as part of the overall early intervention service for children under five and their families.

1.4 Project scope and exclusions

Area within scope

- Commissioning and delivery of the children's centre programme
- Commissioning and delivery of the Healthy Child Programme (0 – 5 years) including Family Nurse Partnership
- Commissioning and delivery of a home visiting service for children 0-5 years (current Home-Start contracts)
- Interfaces between these services and other health services, including but not limited to midwifery and GP services, and to early education

The project will have a particular focus on services from pre-birth to 2 years old, to which the bulk of funding is directed

Exclusions

It is particularly important to limit the scope of the project to services which have particularly close interrelationships and might at least in theory fall within a single contracting process; and then to look at interfaces with complementary services rather than trying to include every service for children from birth or before up to their teens. If the scope is too broad it becomes unmanageable and undue effort is directed towards perfecting peripheral matters. It is important at the outset therefore to be clear on what is to be excluded, namely

- School Nurse service
- Services for 6 – 19 year olds
- Services specifically designed for children with disabilities and SEN
- HCC safeguarding and specialist functions
- Early years education including maintained nursery schools

1.5 Constraints and assumptions

The following documents define nationally determined requirements

- Core purpose for children's centres
<http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/a00191780/core-purpose-of-sure-start-childrens-centres>
- Local authority statutory duties relating to children's centres April 2013
<http://www.education.gov.uk/aboutdfe/statutory/g00224078/sure-start-statutory-guidance>
- Ofsted framework for the inspection of children's centres April 2013
<http://www.ofsted.gov.uk/resources/framework-for-childrens-centre-inspection-april-2013>
- Healthy Child Programme: pregnancy and the first five years of life
<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>
- National Health visiting service specification 2013-14
<http://www.england.nhs.uk/wp-content/uploads/2013/06/hv-serv-spec.pdf>
- Health Visitor Implementation Plan "A call to action" 2011-15
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf

The Council has a statutory duty under the Childcare Act 2006 to undertake a public consultation with residents, service users and professional agencies prior to making any significant changes to children's centres.

1.6 The user and any other known interested parties

This project is initiated by Hertfordshire County Council and will have particular relevance to:

- Hertfordshire Community NHS Trust
- E and N Hertfordshire CCG

- Herts Valleys CCG
- NHS England
- East and North Herts NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Hertfordshire Health and Wellbeing Board
- Hertfordshire Public Health Board
- Representatives of Hertfordshire GPs
- District and borough councils in Hertfordshire
- Children's centre lead agencies
- Hertfordshire Home-Start and the nine individual Home-Start schemes
- Central Eastern Commissioning Support Unit
- Healthwatch
- Parent and carer representative bodies

1.7 Interfaces

- Project 4
- Eastern region Healthy Child Programme Integrated commissioning and delivery project

2. BUSINESS CASE

2.1 Executive summary

Children's Services board members with HCC public health colleagues are looking to achieve a joined-up and cost-effective system of service delivery for health visiting and children's centres which will be supported by a consistent geographical pattern and a single or aligned service specification/s enabling us to meet the future needs of parents-to-be, new parents and their children under the age of five years.

2.2 Reasons for project and major issues that will need to be considered

Current children's centres contracts end on 31st March 2015 and the current delivery models, which have existed since the children's centres were initially developed between 2006-2010, require change in order to meet the requirements of a revised Ofsted inspection framework and to deliver cost-efficiencies. Current contracts for a volunteer-led home-visiting service delivered by Home-Start also end on 31st March 2015. The planned transfer of commissioning responsibilities from NHS England to the local authority from April 2015 offers the opportunity of bringing together in a new way the commissioning and delivery of children's centres, the health visiting elements of the Healthy Child Programme and volunteer-led home-visiting post April 2015.

2.3 Defining a new and integrated set of services

The starting point for re-commissioning is to develop our thinking on what services might look like on-the-ground in an ideal world; and the outcomes and performance measures that together they would contribute towards and achieve. This process is now underway and informed both by current experience and best practice in Hertfordshire but also be two ancillary projects:

- (a) Joint working between HCC and Hertfordshire Community NHS Trust on improving current collaborative working
- (b) Research in other geographical areas on what innovative approaches are being tried and whether they are working out in practice. A feed-back report will be produced in due course by Caroline Swindells.

2.4 How might services be commissioned

As we become clearer on how service might look on-the-ground, and the outcomes and processes to be encouraged, there will be a need to move to look more closely at how the commissioning process might deliver these outcomes. On the face of it there are three broad types of options for developing integration within the commissioning processes to ensure greater synergies in the delivery of services to parents and children. Each of these would run to different timescales.

2.4.1 Models

- Separate commissioning processes for health visiting and children's centres with separate specifications for services which allows for voluntary collaboration between service providers. This model is the current model in Hertfordshire and work has already commenced as described above to develop a partnership agreement between Hertfordshire County Council (on behalf of all children's centres) and Hertfordshire Community NHS Trust (the current provider of health visiting services in Hertfordshire).
- Separate specifications but contractually aligned so that provider are contractually obliged to do things together. This would involve interface/partnership agreements between the provider organisations.
- Totally joined up specifications and one contract – integrated commissioning to cover everything. Contract with one main body and several sub-contractors who would be managed by prime contractor

2.4.2 Timings

- Option 1
Re-design and re-commission the children's centre programme and the health visiting service separately and develop a voluntary collaborative agreement between the two services. The re-commissioned children's centre service would go live on 1st April 2015 and would take into account the future alignment with the health visiting service which will itself be re-designed and re-commissioned from 2015.
- Option 2
Extend children's centre contracts for a further 12 months until March 2016 giving a twelve month window for a combined re-commissioning process between April 2015 and March 2016. This would result in the launch of a new joined up children's centre and health visiting service in April 2016.
- Option 3
Re-design and re-commission both the children's centre service and the health visiting service in order to have joined up service delivery from September 2015. (NB. It is not clear how much influence the local authority will have before 31st March 2015 over the specification of health visiting contract post-April 2015)

2.5 Interfaces with other services

Considerable and careful thought will be required round how future interfaces should work between CC/HV services, and other health services, in particular primary care/GP services and mid-wifery. This area will on its own require a special workstream

2.6 Financial parameters

The project is being undertaken in the context of significant funding cuts to public services, and a clearly stated government commitment to early intervention and prevention services.

2.7 Timescales

The current contracts for the delivery of children's centre service end on 31st March 2015. In order to meet the re-commissioning timetable set out below a decision about whether to take forward the combined re-commissioning of health visiting services and children's centres would have to be taken before the end of December 2013.

Timetable for Option 1

A 15 month lead in needed to deliver a standalone re-commissioned children's centre service for April 2015

Date	Actions
Nov – Dec 2013	HWBB, CS Board and Exec Members agreement to project plan and timescales. Financial constraints of redesign confirmed
Jan –April 2014	Service mapping and proposal development of proposals Work to develop a cost model for the various models proposed Discussions with stakeholders to ensure that the formal consultation is co-constructed with partners to offer options that are informed by people involved in Children's Centre delivery at a local level
May 2014	Equalities Impact Assessment of proposals
June 2014	Cabinet Members approval sought on proposals to take to statutory consultation
June – Sept 2014	Statutory public consultation period (as laid down in Sure Start Children's Centre Statutory Guidance 2013)
Sept 2014	Feedback from consultation. Member approval of final proposed pattern for the commissioning of Children's Centres
Sept - to Dec 2014	Tender process
December 2014	Award contracts
January to March 2015	Formal consultation with staff around TUPE and mobilisation of new service providers. Lease re-assignment
April 2015	New model of children's centre provision in place

Timetable for Option 2

Option two is dependent on the possibility of extending children's centre contracts post April 2015.

Timetable for Option 3

Further work will be required to develop a timetable that takes into account the joint-commissioning of a joined up children's centres and health visiting service.

N.B. The statutory duties relating to children's centres mean that any change to the organisation of children centres is subject to public consultation. If a proposal for a re-designed children's centres and health visiting service is to commence from September 2015 then a public consultation on the children's centre element of this change would be required (as per the timetable above). This would require agreement with NHS England who are the commissioners of the health visiting service until March 2015. It is not clear at this point whether the local authority will be in a position to publically announce proposals about the future design of the health-visiting service before April 2015.

2.8 Costs of project delivery

The initial additional cost associated with the project will be the costs of project management and support. These have been provided for by E&EI.

As the re-design and re-commissioning process rolls out there will be considerable additional costs associated with

- Communication and publicity – materials and website content
- Public consultation – venues and staff time
- Tender process
- TUPE
- Premises issues and lease re-assignment

E&EI budget proposals for 2014/15 also include making available some funding to cover these.

2.9 Conclusion

The aim of the initial phase of this project is to get agreement of members and the HWB to a coherent approach to the commissioning of children's centre services, the health visiting service and the requirement for any additional volunteer delivered home-visiting service.

3. PROJECT MANAGEMENT TEAM STRUCTURE

3.1 This project will be sponsored within HCC by Children's Services Board, Jointly led by Public Health and Education and Early Intervention, and have parallel accountability to the H&WB Board through the Children and Young People's Commissioning Sub-group.

3.2 The Project Management Board will comprise the following (referenced by role):

Simon Newland Assistant Director, Education Provision and Access
 Louise Smith: Deputy Director of Public Health
 Sally Orr Head of Early Years and Childhood Services
 Shirley Regan Head of Children and Young people's Joint Commissioning Team
 Nominee: NHS England
 Nominee/s: CCGs or Central Eastern Commissioning Support Unit (for both CCGs)
 Nominee: Safeguarding and Specialist Services
 Caroline Swindells: Project Manager

The Project Board is chaired jointly by Simon Newland and Louise Smith.

The project board meets monthly

4. ROLE DESCRIPTIONS

Role	Key Responsibilities
Project Sponsors Simon Newland AD: E &EI Louise Smith Deputy Director Public Health	<ul style="list-style-type: none"> • Responsible for the successful implementation of this project • Oversee progress of the project at a strategic level; • Brief CS Board and Members on progress where appropriate; • Take any necessary decisions on mitigating major risks highlighted by the Project Manager.
Project Manager Caroline Swindells	<ul style="list-style-type: none"> • Responsible for the successful co-ordination of the work streams within the project; • Ensure effective project management structure, clear parameters for each work stream and the dependencies between them; • Establish clear project timescales and effectively monitor progress against them; • Monitor progress against the project plan and assess the impact of any potential changes; • Ensure the Project Sponsors are informed of progress and that they have appropriate information to make decisions regarding exceptions where necessary; • Provide support to work stream leads, in terms of resources, project management and addressing blockages; • Ensure that risks are being tracked across the project and mitigated as effectively as possible. • Oversee external research • Oversee service redesign and specification
Project Lead, interfaces with continuing Health services Shirley Reagan, Head of	<ul style="list-style-type: none"> • Responsible for ensuring adequate consultation and effective design of interface between HCC services and those which will remain long-term responsibility of NHS commissioning and commissioned entities

Children and Young People's Joint Commissioning Team	
Project Lead: Commercial and contractual strategy Catherine Tallis	<ul style="list-style-type: none"> • Advice and support re commercial and contractual strategy
Project support officers	<ul style="list-style-type: none"> • Admin support to be provided by the Childhood Support Services team • Support from CYP Joint Commissioning team, Strategic Procurement and elsewhere as and when required

Financial support

Claire Cook to propose suitable nominee

In due course other technical support will be required, legal, property etc.

5. QUALITY AND RISK MANAGEMENT

Risks and issues log

Risk/ issue	Probability (L,M,H)	Impact (L,M,H)	Action required
Risk- Health Visitor Implementation Plan timeframe doesn't align with the Children's Centre current contract arrangements and changes to Health commissioning practice may result in missed opportunities to strengthen partnership arrangements.	H	M	Project Manager to keep the Local Area Team (LAT) of NHS England informed of the project progress and remain mindful of changes in NHS commissioning practices and service specifications.
Issue - Complexity of managing multiple stakeholder views and requirements	M	H	There are a number of stakeholders including Hertfordshire County Council Departments, Clinical Commissioning Groups (x2); and the NHS England Local Area Team all of which will have differing views, requirements and priorities.
Risk – Failure to gain stakeholder consensus on the future service expectations of an integrated children's centre and health visiting service	L	H	Project team to work closely to secure agreed vision, expectations and timetable
Risk – Challenging financial circumstances and requirement	H	H	Agreement by HCC Children's Services and Public Health

for efficiency savings to be delivered			teams on the nature and scope of savings
Risk – political, economic or social events or policies could materialise during the life of the project, which could derail parts of the project	M	M/H	Project Manager to remain alert to external factors which could influence the project and provide early alerts to the project sponsors

6. COMMUNICATION PLAN

6.1 Project Stakeholders

Role	Name
Project Sponsors	Simon Newland and Louise Smith
Project Manager	Caroline Swindells
Internal Stakeholders	<ul style="list-style-type: none"> • Corporate Communications Team • Children and Young People's Joint Commissioning Team • Public Health teams • Childhood Support Services team • Staff from other teams e.g. Children's Social care assessment and locality teams, TAS and Thriving Families Teams • County Councillors and Cabinet Members • HCC Property teams • HCC legal teams
External Stakeholders	<ul style="list-style-type: none"> • Children's Centre Lead Agencies • Children's Centre Managers and staff • Children's Centre service users (parents, carers and children) • Children's Centre Advisory Board members • Early Intervention and Prevention Commissioning Group • GP Clinical Commissioning Groups • GPs • NHS England Local Area Team • Central Eastern Commissioning Support Unit • Hertfordshire Community NHS Trust • Home-Start Schemes • East and North Herts NHS Trust • West Hertfordshire Hospitals NHS Trust • District Councillors • Herts for Learning • Healthwatch • General public

A communications plan will be developed to ensure all stakeholders are kept informed about proposals to re-design children's centre and health visiting services

7. PROJECT PLAN

- 7.1** Research and consideration of service design
 - Mapping of children's centre and health visiting services, premises, staffing, responsibilities,
 - Research into Section 75 arrangements and other existing joint commissioning arrangements, including visits to local authorities who already have S75 agreements in place (Suffolk, Brighton and Hove)
 - Benchmarking of existing service costs

- 7.2** Redesign an integrated health visiting and children's centres service within available resources
 - Undertake statutory consultation and feedback, Equalities Impact Assessment, member and board processes
 - Potential provider analysis

- 7.3** Programme planning and timelines

- 7.4** Undertake consultation with staff, public and other stakeholders

- 7.5** Oversee commissioning and procurement process, including TUPE and lease-assignment

8. PROJECT CONTROLS

Monitoring and reporting formats and timetable to be agreed

APPENDIX: Healthy Child Programme and children's centre core purpose

The Healthy Child Programme (HCP) is a universal service for improving the health and wellbeing of children, through health and development reviews, health promotion, parenting support, screening and immunisation programmes. Its goals are to identify and treat problems early, help parents to care well for their children, change health behaviours and protect against preventable diseases. The programme is based on a systematic review of evidence and is expected to prevent problems in child health and development and contribute to a reduction in health inequalities. The HCP is a progressive universal service, i.e. it includes a universal service that is offered to all families, with additional services for those with specific needs and risks.

At a *strategic* level, local authorities and commissioners have the lead responsibility for the breadth of services covered by the HCP, the shared purpose for whom is the improvement of children and young peoples' lives. *Operationally*, the HCP (which may be delivered by one or more providers), is delivered by the local, multi-disciplinary HCP Team, including health visitors. This team works across primary care, Sure Start Children's Centres, in schools, in early years settings, in the community and with safeguarding professionals.

Children's centres have a clear core purpose of improving outcomes for young children and their families with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness, supported by improved parenting aspirations, self esteem and parenting skills; and improved child and family health and life chances.

Children's centres and the HCP share similar objectives. Children's centres rely on the contribution of health services and the health teams rely on early years staff to provide proactive health-promoting interventions, as well as to assist in the provision of a range of targeted support for families in need. Children's centre teams have expertise in the delivery of high-quality early years provision and parenting support and together these services provide the bedrock for early intervention in the early years.