

## Central Bedfordshire Council

EXECUTIVE

7 July 2015

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### Update Report on the Transfer of Children's Public Health (0-5 years) Commissioning to Local Authorities

Report of Councillor Maurice Jones, Executive Member for Public Health  
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**This report relates to a non-Key Decision**

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#### Purpose of this report

1. From 1 October 2015 local authorities will take over responsibility from NHS England for the commissioning of public health services for children aged 0 to 5, which incorporates the Health Visiting Service and The Family Nurse Partnership Programme. This report sets out the arrangements for the transfer and makes proposals on the way ahead.

#### RECOMMENDATIONS

The Executive is asked to:

1. **acknowledge the current position in that SEPT Community Services are the provider to 31 March 2016;**
2. **approve, in principle, that from 1 April 2016 the Service continues to be a joint service with Bedford Borough Council, with Central Bedfordshire Council as the Lead Commissioner on behalf of both Councils; and**
3. **with regard to (2) above, delegate authority to the Director of Public Health in consultation with the Portfolio Holder, for the procurement and commissioning arrangements from 1 April 2016.**

#### Overview and Scrutiny Comments/Recommendations

1. This report has not been to the Overview and Scrutiny Committee.

## Issues

### 2. **Change in commissioning responsibilities:**

From 1 October 2015, local authorities will build on current co-commissioning arrangements and take over full responsibility from NHS England for commissioning public health services for children aged 0-5, which incorporates the Health Visiting Service and the Family Nurse Partnership (FNP) targeted services for teenage parents and their children. The Department of Health (DH) has recommended that there is clear join-up with the commissioning of the 5-19 School Nursing Service, which became the commissioning responsibility of Public Health in local authorities in April 2013. The local 5-19 School Nursing Service is currently commissioned by Public Health in Central Bedfordshire on behalf of Bedford Borough and Central Bedfordshire, as part of a Service Level Agreement between the two Councils.

### 3. **Current provision – 0-5 Health Visiting Service:**

The local 0-5 Health Visiting Service is currently delivered as part of an integrated 0-19 years' service across Bedford Borough and Central Bedfordshire, by South Essex Partnership Trust (SEPT). This is contracted until 31 March 2016 and will transfer to the two local authorities on 1 October 2015. Service provision is through a community based model in line with a national service specification. There are four Locality Based Teams staffed by the Health Visiting Service in Central Bedfordshire. These teams are aligned to, and work closely with Maternity Services; General Practices; Children's Centres; Early Years settings and school communities.

### 4. **The Family Nurse Partnership Programme (FNP):**

The FNP Programme is also delivered by SEPT with 50 places available for Central Bedfordshire with effect from March 2015. It is a targeted, home visiting programme for first time young mothers and their families, from early pregnancy to the child's second birthday. It provides intensive support and improves outcomes for some of the most vulnerable children and families, including a healthy pregnancy, child health and development and maternal health.

### 5. **Mandated Elements of the Health Visiting Service:**

The Government's aim is to enable local services to be shaped and commissioned to meet local needs, but some 0-5 services will be provided in the context of a national, standard format, to ensure universal coverage in order that the nation's health and wellbeing overall is improved and protected. The following universal elements of the 0-5 Health Visiting Service have now become mandatory:

- Antenatal health promoting visits when the mother is 28-32 weeks pregnant;
- New baby review when the baby is 10-14 days old;
- 6-8 week assessment, incorporating a Maternal Moods Assessment;
- 1 year review;

- 2/2½ year review – ideally integrated with Early Years to support the child to be ‘ready for school’.

6. **New opportunities:**

The change in commissioning responsibilities provides an opportunity for local authorities to strengthen and develop a more integrated, partnership approach to ensure improved outcomes for children and their families – giving every child the best start in life and building resilience for the future. There will also be increased opportunities for innovation, strengthened impact on the 6 Early Years High Impact Areas (see **Appendix A**), and on tackling ‘The Toxic Trio’ of parental mental health, drug and alcohol abuse, and domestic abuse.

7. **Integrated Commissioning:**

Local authorities will need to ensure that commissioning for children aged 0-5 years is joined up with commissioning for those aged 5-19 years so that the needs of everyone aged 0-19 are comprehensively addressed (and up to age 25 for young people with Special Educational Needs and disability [SEND]). This will ensure improved continuity and outcomes for children and their families across the life course. (NICE, 2014).

8. **Joint Commissioning:**

It will have been noted from this report that it is for this Council to determine its procurement and commissioning arrangements from 1 April 2016. An opportunity exists to build on the model where Central Bedfordshire lead on the commissioning of the 5-19 School Nursing Service on behalf of both Bedford Borough and Central Bedfordshire and thus reflect national guidance. Clearly, this will have to be on the basis of the Council achieving value for money from this joint service.

9. **Future service delivery:**

At this stage the detailed work to identify the best option for service delivery i.e. in-house or continue with an external provider has not been finalised so as to determine the best model for Central Bedfordshire. Accordingly, it is recommended that Executive approve in principle, a joint service with Bedford Borough – the commissioning of which to be led by Central Bedfordshire - subject to achieving value for money, and that the Director of Public Health be given delegated authority in consultation with the Portfolio Holder to determine the delivery method from 1 April 2016.

## **Reason/s for decision**

10. Delays in progress of agreed commissioning and procurement plans could have a de-stabilising effect on the retention of staff, following a period of successful growth, expansion and development of the workforce in both the Health Visiting and School Nursing Services in Central Bedfordshire. The full quota of staff has now been recruited into both local services, which is extremely positive compared with many other areas, where recruitment and retention still present a challenge. Staff currently rate Central Bedfordshire as a place where they want to work, as the local authority is fully committed to, and supports the ongoing development and delivery of high quality, community health services for children, young people and their families.

## **Council Priorities**

11. The proposed recommendations support specifically the following Council priority:
  - promote health and well being and protect the vulnerable.

## **Corporate Implications**

### **Legal Implications**

12. The transfer of the Public Health Services for children aged 0-5 is a statutory transfer of service. The policy issue for the Council is how, from 1 October 2015, the service is delivered having regard to the existing contractual arrangements and shared services with Bedford Borough Council.

### **Financial Implications**

13. The Department of Health has confirmed 0-5 Public Health Services grant funding (including Family Nurse Partnership) to Central Bedfordshire for the part year 1 October 2015 to 31 March 2016 of **£1,902,000**. In respect of the 5-19 School Nursing Service the funding for 1 April 2015 to 31 March 2016 is **£771,404** and is already included in the 2015/2016 approved revenue budget.

### **Equalities Implications**

14. There are no equalities implications arising from this report.

## **Conclusion and next Steps**

15. Agreement with the recommendations in this report will ensure the smooth transfer of commissioning responsibilities to local authorities for public health services for children aged 0-5, and that commissioning arrangements for children's public health services (0-19 years) 2016/2017 will provide the best outcomes for children, young people and families in Central Bedfordshire having regard to value for money.

## **Appendices**

16. The following Appendix is attached - **Appendix A: 6 High Impact Areas for Health Visiting – Delivery Lead on the 0-5 years Healthy Child Programme Integrated Partnership Pathways.**

## **Background Papers**

17. The following background papers, not previously available to the public, were taken into account and are available on the Council's website: None

## Appendix A

### **6 High Impact Areas for Health Visiting – Delivery Lead on the 0-5 years Healthy Child Programme Integrated Partnership Pathways**

The Department of Health (2014), alongside its partners (Public Health England, LGA, NHS England, the Early Intervention Foundation, Health Education England) has also identified **6 High Impact Areas** (see below), where Health Visitors have the most impact on the health and well-being of children aged 0 to 5 years, and where future development and innovation should be focused.

<b>6 High Impact Areas for Health Visiting (DH, 2014)</b>	<b>Context</b>
<b>1. Transition to Parenthood and the Early Weeks</b>	Transition to parenthood and the first 1001 days from Conception to age 2 is widely recognised as a crucial period that will have an impact and an influence on the rest of the life course. It is the key driver behind the government commitment to increase and transform health visiting services and expand Family Nurse Partnerships.
<b>2. Maternal Mental Health (perinatal depression)</b>	Maternal mental health is a key Government focus following robust evidence on the impact of maternal mental health during pregnancy and the first 2 years of life, on infant mental health and future adolescent and adult mental health.
<b>3. Breastfeeding (Initiation and Duration)</b>	Breastfeeding contributes to the health of both the mother and child in the short and long term. This underpins the Marmot recommendations, in particular to give every baby the best start in life.
<b>4. Healthy Weight, Healthy Nutrition and Physical Activity</b>	Children who are overweight are at increased risk of poor health outcomes such as type 2 diabetes and poor mental health.
<b>5. Managing Minor Illness and Reducing Hospital Attendance and Admission</b>	Illnesses such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendances at A & E and hospitalisation amongst the under 5s. Unintentional injuries are the major cause of morbidity and premature mortality for children and young people.
<b>6. Health, Wellbeing and Development of the 2–2½ Year Review (Integrated) and support to be ‘Ready for school’</b>	Age 2-2½ years is a crucial stage when problems such as speech and language delay or behavioural issues etc. become visible and can be addressed.