



1. Background

Children's public health commissioning responsibilities for 0-5 year olds will transfer from NHS England to local authorities on 1 October 2015. Local authorities are well placed to identify health needs and commission services for local people to improve health, this transfer will join up that already done by local authorities for children and young people aged 5–19.

The Children's Health and Wellbeing Partnership (CHWP) has established the 0-5 Public Health Commissioning Transfer Programme Board to coordinate and have oversight of the transition.

This paper sets out the scope of 0-5 children's public health commissioning in greater detail, providing background information and further detail that capture existing commissioned services, where they belong currently and where their future destinations are planned.

2. Transition and the different elements of service

- The following **commissioning responsibilities will transfer** to local authorities on 1 October 2015:
 - The 0-5 Healthy Child Programme (HCP) - this includes the Health Visiting service incorporating universal to targeted programmes and the Family Nurse Partnership (targeted services for teenage mothers, where a family nurse will take on this role until the child is two years old).
- The following commissioning responsibilities **will be retained** by NHS England:
 - Child Health Information Systems, to be reviewed in 2020
 - The 6 – 8 week GP check, (also known as the Child Health Surveillance).
- Only the commissioning responsibility is being transferred. Health visitors will continue to be employed by their current employer – in most cases this is the NHS.

3. Scope of the Health Visiting Service

Evidence shows that what happens in pregnancy and the early years of life impacts throughout the life course. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society.

Health visitors have a vital role to play and the scope of work involves a wide range of interventions and activities at a population and community level as well as at family and individual level. These are best described through the Health Visiting Service Model, the Healthy Child Programme (HCP) and 6 High Impact Areas.

These three components are inextricably linked. They describe the what, how and why of the scope of Public Health work and focus on specific opportunities within the universal and targeted services to focus on interventions and advice that will have the greatest impact on child health and wellbeing outcomes. The interventions are informed by NICE guidance and other evidence based approaches.

Examples of interventions at population, community and individual level can be seen in Annex B

4. The Health Visitor Service Model

The Health Visitor Improvement Plan 2011-2015 outlines the four level (sometimes known as tiers) model as the basis to develop and expand health visiting services in England. The four levels, which are based on assessment of children's/families' needs, are:

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. Particularly for families with more complex needs.

5. The Healthy Child Programme (HCP)

Health visitors lead delivery of the HCP, this is a prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. It is underpinned by an up-to-date evidence base such as set out in Health for All Children (Hall and Elliman, 2006) and is aimed at children up to the age of 19 and their families.

The programme is offered to all families and core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting, and effective promotion of health and behaviour change. It provides significant opportunities for highly skilled professionals to identify and deliver appropriate interventions to those with specific needs (including in some families, safeguarding needs).

Delivery of the universal elements of the HCP will see a team led by health visitors working in ways most appropriate to local public health needs and across a range of settings and organisations including; general practice, maternity services and children's centres. Where families are accessing FNP a family nurse will take on this role until the child is two years old.

In addition to the core universal programme, the HCP schedule includes a number of evidence-based preventive interventions, programmes and services. Commissioning public health services includes joining up with other services supporting children and families, other local authority commissioning services, local safeguarding and children's boards, Health and Wellbeing Boards, Clinical Commissioning Groups, etc. to determine which services are offered locally and by whom.

6. The 6 High Impact Areas

Six early years High Impact areas have been developed that focus on the universal service areas having the biggest impact on a child's life. They also align with a number of the public health priority areas and have been identified to support the transition of commissioning to local authorities - helping inform decisions around the commissioning of the health visiting service and integrated children's early years services. They aim to;

- articulate the contribution of health visitors to the 0-5 agenda and improving outcomes for children, families and communities;
- describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities. The universal contacts provide the opportunity to engage families on these issues at the time when they are most receptive to advice and support.

The 6 areas are:

- transition to parenthood and the early week
- maternal mental health (includes post natal depression)
- breastfeeding (initiation and duration)
- healthy weight, healthy nutrition (includes physical activity)
- managing minor illness and reducing accidents (reducing hospital attendance/admissions)
- health, wellbeing and development of the child age 2 – two year old review (integrated review) and support to be 'ready for school'.

Examples of rational for inclusion can be seen in Annex C

7. Commissioning responsibilities – summary table

The table below captures what commissioning responsibilities currently exist and where they will be on 1 October 2015.

Commissioning Responsibility	Current Commission er	Current Provider	Future Commissioner
Healthy Child Programme (most but not all elements – see Annex A) and Health Visiting	NHS England	Various, mainly NHS	LA
Family Nurse Partnership Programme	NHS England	Various, mainly NHS	LA
Health promotion and prevention interventions from the multi-professional team	NHS England	Various, mainly NHS	LA
Child Health Information Systems	NHS England		NHS England, to be reviewed in 2020
Child Health Surveillance (6-8 week check)	NHS England	GPs	NHS England

Schedule of universal elements of the Healthy Child Programme outlined in the 2014/15 Service Specification No. 27 (Public health functions to be exercised by NHS England – Children’s public health services (from pregnancy to age 5)).

Review	Description	Delivered by	Commissioned by
Antenatal Review	A full health and social care assessment of needs, risks and choices by 12 weeks of pregnancy Identifying and sharing information about women eligible for the FNP	Midwives or maternity healthcare professionals	CCGs
	Antenatal screening for fetal conditions	Midwives or maternity healthcare professionals Screening services	NHS England
Antenatal health promoting visits	Includes preparation for parenthood	Health visitors Family nurse (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)
By 72 hours	Physical examination – heart, hips, eyes, testes (boys), general examination and matters of concern	Midwives or maternity healthcare professionals	CCGs
At 5 – 8 days (ideally 5 days)	Bloodspot screening	Midwives or maternity healthcare professionals Screening services	NHS England
New Baby Review	Face-to-face review by 14 days with mother and father to include: <ul style="list-style-type: none"> - Infant feeding - Promoting sensitive parenting - Promoting development - Assessing maternal mental 	Health visitors Family nurse (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)

Review	Description	Delivered by	Commissioned by
	health - SIDS - Keeping safe - If parents wish or there are professional concerns: <ul style="list-style-type: none"> o An assessment of baby's growth o On-going review and monitoring of the baby's health o Safeguarding 		
6 – 8 Week Assessment	Includes: - On-going support with breastfeeding involving both parents - Assessing maternal mental health	Health visitors Family nurse (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)
	- Health review and comprehensive physical examination of the baby with emphasis on eyes, heart and hips (and testes for boys)	GPs (physical examination of the baby)	NHS England – through primary care commissioning
By 1 Year	Includes: - Assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors - Supporting parenting, provide parents with information about attachment and the type of developmental issues that they may now encounter - Monitoring growth - Health promotion, raise awareness of dental health and prevention, healthy eating, injury and accident prevention relating to mobility, safety in cars and skin cancer prevention	Health visitors Family nurse (where the family is accessing FNP)	NHS England (expected to move to LAs from October 2015)
By 2 – 2½ Years	Includes: - Review with parents the child's social, emotional, behavioural and language development - Respond to any parental concerns about physical health, growth, development, hearing and vision	Health visitors Family nurse (where the family is accessing FNP) Clients on the	NHS England (expected to move to LAs from October 2015)

Review	Description	Delivered by	Commissioned by
	<ul style="list-style-type: none"> - Offer parents guidance on behaviour management and opportunity to share concerns - Offer parent information on what to do if worried about their child - Promote language development - Encourage and support to take up early years education - Give health information and guidance - Review immunisation status - Offer advice on nutrition and physical activity for the family - Raise awareness of dental care, accident prevention, sleep management, toilet training and sources of parenting advice and family information - This review should be integrated with the Early Years Foundation Stage two year old summary from 2015 as appropriate to the needs of the children and families. 	<p>FNP programme will leave the programme when the child is two and receive usual universal health visiting services.</p>	

Examples of community/population activity:

- Search for health needs, using population data, demographics
- Provision of antenatal and new-born screening programmes
- Achieving population wide “herd” immunity through increased uptake of immunisations
- Stimulation of awareness of health needs, linking to housing, poverty issues
- Influencing policies affecting health
- Influencing Joint Strategic Needs assessments and commissioning intentions
- Raising awareness, reducing stigma e.g. to mental health issues
- Supporting health campaigns/promoting safety messaging
- Facilitating health enhancing behaviours
- Aligning work with other services to improve health and well-being outcomes and building community capacity.
- Linking people to community resources, signposting to information e.g. Parenting support, benefits, housing, relationship advice
- Signposting to or delivery of targeted Parenting Programmes
- Reducing social isolation, links to community groups e.g. cookery classes, outdoor activities
- Developing peer support groups e.g. breast feeding cafés, signposting to support services

Examples of interventions at family/individual level = Universal, Universal Plus and Universal Partnership Plus elements of the Health Visitor Model

- Leading and delivering the Healthy Child Programme
- Early Identification of need/risk factors and early intervention
- Supporting healthy attachment and supporting sensitive attuned parenting
- Supporting mothers to breastfeed (Technical knowledge and emotional support)
- Advice on breastfeeding and medication
- Support to parents on managing minor illness and building parental confidence
- Home safety advice/bottle hygiene awareness
- Encouraging healthy weight pre conception
- Nutrition advice and weaning advice cooking nutritious meals on a budget
- Advice on use of vitamin supplements
- Immunisation advice, linking with hard to reach families
- Supporting Healthy lifestyle choices (behaviour change)
- Referrals to other services where need is identified

Why the focus on the first 1001 days and 6 High Impact Areas

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 influence on the rest of the life course.

Pregnancy and the first years of life is a time when parents are particularly receptive to learning and making changes.

There is good evidence that the outcomes for both children and adults are strongly influenced by the factors that operate during pregnancy and the first years of life.

A healthy pregnancy is important to the health of the baby. Health messages on the need to stop smoking and drinking during pregnancy are key, as is the importance of emphasising uptake of immunisations.

New information about neurological development and the impact of stress in pregnancy, and further recognition of the importance of bonding and attachment, all make early intervention and prevention an imperative.

Secure attachment and bonding will have an impact on resilience and physical, mental and socioeconomic outcomes in later life.

Transition to Parenthood

- Pregnancy to age 2 is the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing; Strong positive attachment is essential for healthy brain development and social and emotional resilience in later life;

Maternal Mental Health

- Around 1 in 10 mothers will experience mild to moderate postnatal depression and it can have a significant impact not only on the mother and baby, but also on her partner and the rest of the family.

Breastfeeding

- Breastfeeding is a priority for improving children's health. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.

Obesity

- Healthy eating habits are established in the early years. Over a fifth of 4-5 year olds are overweight or obese.

Hospital Admissions

- Illness such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendances at Accident & Emergency departments and hospitalisation amongst the under 5s.

Development of child

- Age 2 is an important time for identifying developmental concerns and for providing advice to support and enhance readiness to learn and grow. Many children start school with poor communication skills, still wearing nappies and not emotionally ready to learn.