



## Transfer of 0-5 children's public health commissioning to local authorities

### Mandation Factsheet 1: Commissioning the national Healthy Child Programme - mandation to ensure universal prevention, protection and health promotion services

#### 1. What is happening to commissioning of the Healthy Child Programme?

- From 1 October 2015, the Government intends that local authorities (LAs) take over responsibility from NHS England for commissioning (ie planning and paying for) public health services for children aged 0-5. This includes health visiting and Family Nurse Partnership ((FNP) targeted services for teenage mothers).
- The Healthy Child Programme (HCP) is the national public health programme, based on best knowledge/evidence to achieve good outcomes for all children. The transfer of 0-5 commissioning will join-up that already done by LAs for public health services for children and young people 5-19, (and up to age 25 for young people with Special Educational Needs and Disability [SEND]). This will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families.
- The following commissioning responsibilities will not transfer to local authorities;
  - Child Health Information Systems
  - The 6-8 week GP check (also known as Child Health Surveillance)

#### 2. Why mandate services?

- In this context, mandate means a public health step prescribed in regulations as one that all LAs must take. The regulations are made under section 6C of the NHS Act 2006.
- LAs are very well placed to identify health needs and commission services for local people to improve health. The Government's aim is to enable local services to be shaped to meet local needs.
- Some services however need to be provided in the context of a national, standard format, to ensure universal coverage, and hence that the nation's health and wellbeing overall is improved and protected - this includes some of the HCP services.
- The potential for mandating elements of the HCP was set out in *Healthy Lives, Healthy People*<sup>1</sup>: A range of public health services are *already* mandated, for example, on national child measurement.
- The smooth transfer of commissioning to local authorities is the next step in providing high quality care for each and every child and their family.

#### 3. How will services be mandated?

- Building on the mandate of services outlined above, and subject to parliamentary approval, the Government now intends to mandate certain universal elements of the 0-5 HCP namely:-
  - Antenatal health promoting visits;
  - New baby review;
  - 6-8 week assessment.
  - 1 year assessment
  - 2-2½ review.
- Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions). These elements are delivered by health

visitors or (less often) through FNP as part of an ongoing relationship with families and communities.

#### 4. What benefits does mandation offer and what are the costs?

- Mandation will ensure that the increase in health visiting services' capacity achieved during this Parliament, continues as the basis for national provision of evidence-based universal services - supporting the best start for all our children and enabling impact to be measured. LAs will be able to demonstrate progress on the PHOF<sup>2</sup> through early years profiles. LAs will have flexibility to ensure that these universal services support local community development, early intervention and complex care packages. We are clear that we need to avoid creating new burdens and that any ask of local government will be no greater than the ask of the NHS at the point of transfer.

#### 5. What is the evidence?

- 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 HCP during pregnancy and the early years of life. They also have key roles in developing communities, in early help and contributing to more complex care - more details about health visiting services and their role in developing communities and providing early help and intervention is in footnote 3.
- 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.

#### 6. Supporting resources

- To support the HCP evidence based universal programme in improving health outcomes for children and young people, six *Early Years High Impact Areas* (HIA)<sup>4</sup> documents have been developed.
- *Conception to age 2 – the age of opportunity*<sup>5</sup>, contains recommendations that guide both national and local decision-makers and commissioners in reducing the causes of disadvantage at the earliest and most effective point in life.

#### 7. What does transition mean for health visitors?

- Only the commissioning responsibility is being transferred. Health visitors will continue to be employed by their current provider – in most cases this is the NHS.

#### 8. What next?

- Work is already ongoing with local authorities and NHS England area teams to develop plans for a smooth transfer of commissioning. This will continue until the transfer happens in October next year.
- At a national level DH, NHSE and PHE are working with key partners, including the Local Government Association (LGA), SOLACE, ADCS, ADPH.
- Regulations will be drawn up and partners will have an opportunity to comment ahead of these being laid before Parliament.
- Subject to Parliamentary approval, the aim is that regulations are in place by May 2015, with a 'sunset clause' at 18 months. A review at 12 months, involving Public Health England, will inform future arrangements.

1. 'Healthy Lives, Healthy People: update and way forward' (July 2011) <https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward>

2. Public Health Outcomes Framework (PHOF): <https://www.gov.uk/government/collections/public-health-outcomes-framework>

3. New health visitor service model shown at page 6 of the *Health Visitor Implementation Plan 2011/15*:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213110/Health-visitor-implementation-plan.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf)

4. Description of the 6 high impact areas and more information is available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/326888/Early\\_Years\\_Impact\\_Overview.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326888/Early_Years_Impact_Overview.pdf).

5. WAVE Trust's 'Conception to age 2 – the age of opportunity' available: <http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity>

- A series of events run by the LGA will take place Sept-October this year, providing an opportunity for further debate and questions on the transfer. Details of these events can be found at: [www.local.gov.uk/childrens-health](http://www.local.gov.uk/childrens-health)
- Further queries can be sent to: [mandated0to5services@dh.gsi.gov.uk](mailto:mandated0to5services@dh.gsi.gov.uk)

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4. Description of the 6 high impact areas and more information is available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/326888/Early\\_Years\\_Impact\\_Overview.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326888/Early_Years_Impact_Overview.pdf).
5. WAVE Trust's 'Conception to age 2 – the age of opportunity' available: <http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity>