



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

Mandation Factsheet 2: Commissioning the national Healthy Child Programme - mandation of universal healthy child programme assessments/reviews

Commissioning 0-5 children's public health services

1. 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).
2. A major part of the work of delivery through the 0-5 public health workforce is delivering the Healthy Child Programme (HCP). The HCP is the national public health programme, based on best knowledge/evidence to achieve good outcomes for all children¹.
3. 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.
4. The following commissioning responsibilities will not transfer to LAs:
 - a. Child Health Information Systems (CHIS); and
 - b. The 6-8 week GP check (also known as Child Health Surveillance)
5. The paper, *Factsheet: scope of the 0-5 public health services transfer*² provides more information regarding the transfer of 0-5 public health services; and which services are transferring.

Mandating Services

6. 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.
7. 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.
8. Some services however need to be provided in the context of a national, standard format, to ensure consistent delivery and universal coverage, and hence that the nation's health and wellbeing overall is improved and protected - this includes some of the HCP services.
9. The intention for mandating elements of the HCP was set out in *Healthy Lives, Healthy People*³: A range of public health services are *already* mandated, for example, on national child measurement.
10. 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:

¹ <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

² Scope of 0-5 public health services transfer

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375139/SCOPE_of_Transfer_paper.pdf

³ *Healthy Lives, Healthy People: update and way forward* (July 2011) <https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward>

- antenatal health promoting visits;
- new baby review;
- 6-8 week assessment;
- 1 year assessment; and
- 2-2½ review;

What does it mean if these services are mandated?

11. The expectation is that LAs will be funded to commission 0-5 public health services at the point of transfer, in a lift and shift process. Therefore the expectation is that uptake of the five mandated reviews, as set out above, will continue to be delivered, and, as with other already mandated functions, LAs must act with a view to securing continuous improvement in their uptake. This expectation, and the delivery of the mandated reviews, is “as far as reasonably practicable”. That is, there would not be an expectation that delivery of the reviews will suddenly be expected to be 100% after the point of transfer. The responsibility for commissioning and upgrading CHIS stays with NHS England until 2020. This responsibility will be reviewed 12-18 months before 2020 to determine what should happen after that date.

Benefits of mandation offer and the costs

12. 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 PHOF⁴ 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.

Evidence of the benefits

13. 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 5⁵.
14. 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.

Supporting resources

15. To support the HCP evidence based universal programme in improving health outcomes for children and young people, six *Early Years High Impact Areas* {HIA}⁶ documents have been developed.
16. *Conception to age 2 – the age of opportunity*⁷, 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.

⁴ Public Health Outcomes Framework (PHOF): <https://www.gov.uk/government/collections/public-health-outcomes-framework>

⁵ 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

⁶ 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.

Impact of transfer for health visitors

17. 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.

Next steps

18. Work is ongoing with LAs and NHS England area teams to ensure a smooth transfer of commissioning. This will continue until the transfer happens in October 2015.
19. At a national level DH, NHSE and PHE are working with key partners, including the Local Government Association (LGA), SOLACE, ADCS, ADPH.
20. Regulations have been drafted and will need to be agreed by Parliament.
21. Subject to Parliamentary approval, the mandation requirements for LAs will be in place from 1 October 2015, and they contain an end date of 30 March 2017 within the regulations. A review at 12 months, involving Public Health England, will inform future arrangements.
22. Further queries can be sent to: mandated0to5services@dh.gsi.gov.uk

⁷ 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>