

# **Taking on responsibility for commissioning 0-5 services (Health visiting and Family Nurse Partnership)**

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## Programmes

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# Children's public health transfer

## Children's health 0-5

Children and young people



21 February 2014

The Government has announced that children's public health commissioning for 0 to five-year-olds will transfer from NHS England to local government on 1 October 2015.

## Bulletins

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18 September 2014



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# Transition Issues

- » Contractual status / Your Care Your Way
- » 18 Month Stability Period
- » Expectations – maintain 49 WTE  
qualified staff and deliver and report 5  
mandated points



# Transition Issues

- » Ring fenced public health budget  
£7.183 million plus additional estimated  
£2.774 million per year for HV and  
FNP ( incl commissioning costs)
- » Savings review



## **National Health Visiting Core Specification**

- Delivery of the Healthy Child Programme;
- Assessment and intervention when a need is identified; and
- On-going work with children and families with multiple, complex or safeguarding needs in partnership with other key services including early years, children's social care and primary care.
- 5 mandated touch points
- 6 high impact areas



# The transformed health visiting service – the story so far

## Informing the service

Our Programme set out in 2011 to **transform services, improve families' health outcomes and reduce inequalities**. The workforce has experienced rapid growth and service has focused on impacting the early years of a child's life.

Transition to a universal service, the transformation of the Health Visitor has been rapid and successful.

## Health visitors and family nurses

Health visitors and family nurses deliver the Health Visitor Programme (HCP) for 0-5 year olds.

Health visitors are qualified nurses or midwives with specialist training in public health. They work proactively with individuals, communities and other agencies to address local need. They improve health through early intervention and

The transformed service is described as the **4-5-6 model** (outlined below). Health visitors and family nurses deliver this service and are a vital link between primary care and early years.



4

### levels of service:

Your community  
Universal  
Universal plus  
Universal partnership plus

5

### universal health reviews\*:

Antenatal  
New baby  
6 – 8 weeks  
1 year  
2 – 2 ½ years  
\*mandated for 18 months

6

### high impact areas:

Transition to parenthood  
Maternal mental health  
Breastfeeding  
Healthy weight  
Managing minor illness & accident prevention  
Healthy 2 year olds & school readiness

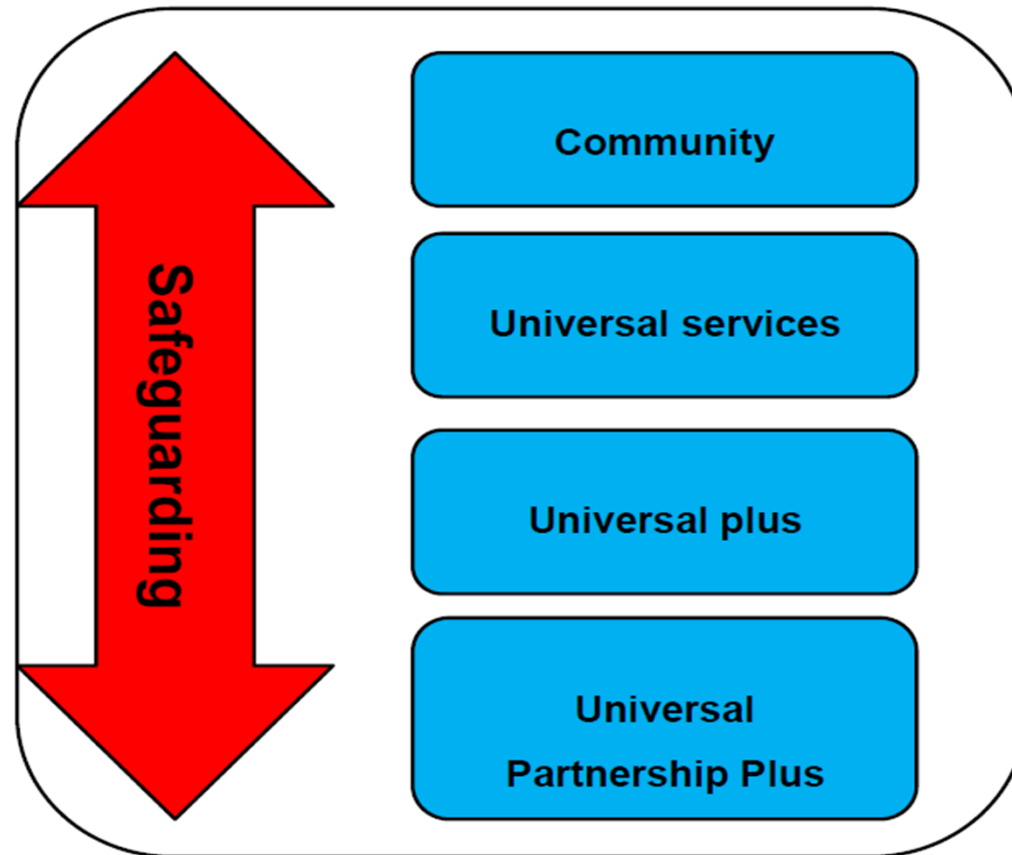
## The role of local

On 1<sup>st</sup> October 2015 the community health visiting services and the Family Nurse will transfer from NHS England to Local Authorities and NHS England have both agreed to make sure these vital services are embedded in existing services and are embedded in existing universal health reviews need a standard way and will be made

This presents opportunities for

- improve short and long term health outcomes to meet the needs of local communities
- prevent or intervene early in health issues which can lead to poor educational outcomes, youth offending rates, adult unemployment and difficult life chances
- have an impact on key determinants of a child's life
- integrate services for 0-5 year olds
- offer locally sensitive community health visiting with CCGs for wider service
- deliver joined-up service between 0 and 19
- reduce health inequalities







## **5 mandated contacts / touch points**

- Antenatal health promoting visits;
- New baby review;
- 6-8 week assessment.
- *3-4 month visit (local additional offer)*
- 1 year assessment (9-12mths)
- 2-2½ review

***Make every contact a health promoting contact***



## **Six High Impact Areas**

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight / nutrition and physical activity
- Minor illness and accidents
- Health and wellbeing / development





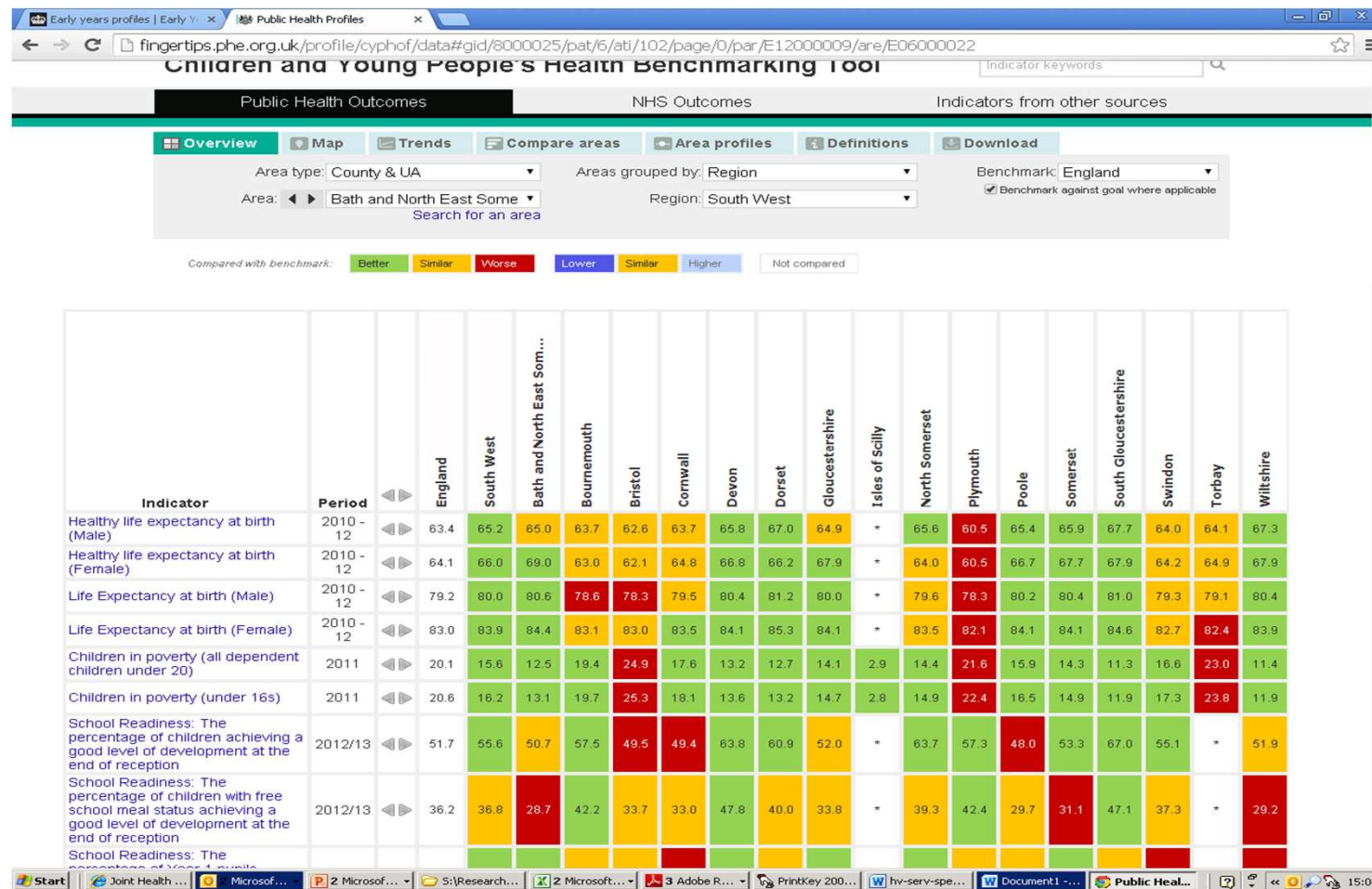
## **Family Nurse Partnership: delivering a service to 69 young families, 3 graduates**



## **0-5 Public Health Outcomes:**

- Improving life expectancy and healthy life expectancy;
- Reducing infant mortality;
- Reducing low birth weight of term babies;
- Reducing smoking at delivery;
- Improving breastfeeding initiation;
- Increasing breastfeeding prevalence at 6-8 weeks;
- Improving child development at 2-2.5 years;
- Reducing the number of children in poverty;
- Improving school readiness;
- Reducing under 18 conceptions;
- Reducing excess weight in 4-5 and 10-11 year olds;
- Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14;
- Improving population vaccination coverage;
- Disease prevention through screening and immunisation programmes;
- Reducing tooth decay in children aged 5.





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## **0-5 Sector Led Improvement**

Aims to:

- Share learning and develop practice for 0-5 year old services both within and outside of the council including developing leadership to:
- Embed family-centred approaches to improve outcomes
- Implement evidence based practice to improve 0-5 and family outcomes
- Transform and integrate 0-5 and 5-19 services
- Evaluate early years service improvement







**Any questions ?**