

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 7(a)
27 MARCH 2014	PUBLIC REPORT
Contact Officer(s):	Tracey Cogan, Head of Public Health, NHS England East Anglia

UPDATE ON THE HEALTHY CHILD PROGRAMME 0-5

R E C O M M E N D A T I O N S	
FROM :Andrew Reed, Area Director NHS England East Anglia	Deadline date : N/A
1. This report is to ensure members are aware of the resource tool to support the integrated commissioning and delivery of the Healthy Child Programme (HCP) from Pregnancy and the first 5 years of life and to gain sign up to the piloting of one aspect of the Toolkit in Peterborough between April and September 2014.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Board following a request from Wendi Ogle-Welbourn, Director for Communities.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The HCP Toolkit was developed with joint funding from Local Authorities and the NHS in the eastern region during 2013 to support the smooth transfer of the commissioning responsibility to local authorities in 2015. The final draft document was published in February 2014 and now needs to be used in local areas in order to develop a final version in time for the 2015/16 commissioning round. The pilot within Peterborough will enable services to develop jointly owned outcomes and KPIs which should demonstrate benefits to both families and services.
- 2.2 This report is for the Board to consider under its terms of reference 2.1 'To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community'.

3. MAIN BODY OF REPORT

3.1 Background

The responsibility for commissioning health visiting and Family Nurse Partnership (FNP) currently sits within NHS England and will transfer to public health responsibilities in local authorities in 2015. To support a smooth transfer of commissioning responsibilities, the east of England LAs and NHS funded the development of the Healthy Child Programme 0-5 Integrated Commissioning and Delivery Toolkit, which sets out the key services to be delivered within the 0-5 pathway. The piloting of the Toolkit is funded by DH transformation of health visiting monies and funding and support from the NHS England Strategic Clinical Network for Maternity, Children and Young People.

- 3.2 In February 2011 the publication of the Health Visitor Implementation Plan 2011-15 "A Call to Action" (DH Feb 2011) set out the full range of services that families will be able to expect from health visitors and their teams, depending on their needs.

- 3.3 A key deliverable within 'A Call to Action' was the creation of a bigger, rejuvenated workforce with an extra 4,200 health visitors in England by 2015,(54 in post in Peterborough by March 2015, from a baseline of 34 in December 2012) and an improvement in the quality of health visiting services for children and families.
- 3.4 'A Call to Action' clearly articulated that the delivery of HCP would be led by health visitors with increasing emphasis on partnership working and the integration of services where appropriate, with the intention of bringing together children's centre staff, GPs, midwives and a range of community nurses and other relevant services dependent on local needs.

4. The Healthy Child Programme – A summary

- 4.1 The Healthy Child Programme (HCP) Pregnancy and the first five years of life (DH Oct 2009) sets out the key priorities for both commissioners and providers in the delivery of a universal preventative service, at the same time as focusing on vulnerable babies, children and families. It is an early intervention and prevention programme, which is offered universally to every family with children of appropriate age. It offers screening, immunisations, developmental reviews and information to support the healthy development of children and of parenting. It is founded on the principle of progressive universalism, to ensure that all children are given the opportunity to receive care appropriate to their needs.
- 4.2 Effective implementation of the HCP should lead to:
- Strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing among children.
 - Care that helps to keep children healthy and safe.
 - Healthy eating and increased activity, leading to a reduction in obesity.
 - Prevention of some serious and communicable diseases.
 - Increased rates of initiation and continuation of breastfeeding.
 - Readiness for school and improved learning.
 - Early detection of and actions to address developmental delay, abnormalities and ill health and concerns about safety.
 - Identification of factors that could influence health and wellbeing in families.
 - Better short and long term outcomes for children at risk of social exclusion.

5. The proposed pilots

- 5.1 Five local authority areas will be supported to pilot aspects of the Toolkit over a 6 month period to ensure it is fit for purpose and able to be easily implemented.
- Cambridge and Peterborough will pilot the 'Outcomes and KPIs'
 - Norfolk will pilot the midwifery to health visiting handover.
 - Hertfordshire will pilot the 'Outcomes and KPIs'
 - Suffolk will pilot the parental mental health aspects. Essex is also keen to pilot this aspect.
- 5.2 Each site will be supported by Sustain the developers of the Toolkit and will include:
- A named project manager
 - Development and coordination of individual pilot site project plans
 - The provision of formal project management support and reporting

5.3 The pilot site commitment will be to provide:

- Admin, booking and coordination of meeting venues for steering group meetings
- Taking of notes/action points at pilot site meetings
- A senior project sponsor from each of the organisations involved (both commissioner and provider) to act as a local point of escalation.
- A steering group comprised of key stakeholders from CCGs, local authority, NHS England and relevant provider organisations.
- A named chair for the steering group
- A named project team with representation from commissioners and providers.

5.4 It is suggested that an MOU be set up for each pilot area to confirm roles, responsibilities and commitment.

6. CONSULTATION

6.1 Over 170 professionals from a variety of disciplines have been involved in the development of the Toolkit and many commissioner and provider organisations have been consulted on the final draft.

6.2 Numerous families were engaged in the work through workshops with children's centre parenting groups.

7. ANTICIPATED OUTCOMES

7.1 The pilot of the Toolkit will feed into the work being undertaken as part of the Cambridge and Peterborough Children and Young People's Programme Board to redesign child health services in the area. It will also support the commissioning and delivery of an integrated Healthy Child Programme 0-5 when commissioning responsibility for health visiting and Family Nurse Partnership services moves to Peterborough City Council in 2015.

8. REASONS FOR RECOMMENDATIONS

The pilot will:

- form an integral part of the redesign of child health services in Peterborough
- contribute to improved services for children and families
- increase efficiencies for services, due to a reduction in duplication and a focus on families that would benefit from early intervention and prevention.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 Five areas within the east of England have been chosen and funded to pilot the Toolkit. If Peterborough does not feel able to take part in the pilot, there are other Local Authority areas that would be willing to do so.

10. IMPLICATIONS

10.1 See pilot site commitment in 5.3 above.

11. BACKGROUND DOCUMENTS

Sources of Further Information

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

The Toolkit is very large and although attached as a zip file, printing is not recommended. Copies of the Toolkit will be available at the meeting.



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