

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**  
**Wednesday 13 November 2013 at 10am**

**SUBJECT: Early Years Commissioning up to 5 years**

**Report of Justin Donovan, Director of Education and Early Intervention  
and Jim McManus, Director of Public Health**

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**1. Purpose of report**

1.1 To seek the support of HWB to an approach to the future commissioning of Children's Centres and of transferred Public Health responsibilities (principally Health Visiting service) for the delivery of the 0 to 5 Healthy Child Programme .

1.2 To agree that this be based on seeking a closer degree of alignment between existing services, to try to achieve:

- a whole system approach to planning and commissioning
- a continued commitment to a universal offer for core public health services with targeted additional offer according to need
- a more efficient, integrated and user-focussed service
- a focus on outcomes for children and families
- a reduction of silo-working and duplication
- an opportunity to integrate approaches to prevention
- efficiency savings and value for money

**2. Summary**

2.1 The transfer in April 2015 of additional public health responsibilities to HCC together with other health reforms and the expiry of current Children's Centres contracts provides a unique opportunity to consider again the relationship between a number of core services for under 5's, and how they may in future be delivered and specified so as to get the

best possible outcomes and value for money within the envelope of public funding that will in future be available.

- 2.2 There is a considerable degree of commonality between the purposes of both Children's Centres and Health Visiting services. This is illustrated in Appendix A which is an initial mapping of Children's centres Core Purpose (as defined in relevant regulations) with the national Health Visitor specification.
- 2.3 Looking closely at the relationships between these services is consistent with and supportive of the emerging public health strategy, and in particular the Life Course approach, together with the desirability of horizontal integration of services between agencies based on common clients/users rather than necessarily vertically within existing service silos.
- 2.4 Both Health Visiting and Children's centres share a common approach, that of proportionate universalism. In other words, both services are required to make a universal offer, but then through that to identify needs and concentrate resources on those who need the greatest support.
- 2.5 In order to carry through a review of relationships, service redesign and decommissioning, a formal project structure is proposed and is set out in the Project Implementation Document (PID) attached as Appendix B.
- 2.6 None of the above should be read as seeking to down-play the significant interfaces/relationships between these services and other health and HCC services. HWB has a significant role to play in overseeing the process so as to ensure suitable regard is paid to relevant stakeholders' views.
- 2.7 NHS England has identified resource to support systematic delivery of HV model and demonstration of service transformation. Area Teams and Health and Wellbeing Boards will be invited to bid for this resource on behalf of local partnerships. The amount available per Area Team will relate to their 0-4 population and will be approximately 55k for an average sized Area Team. The bid is to support provider and commissioner development to deliver health visitor service transformation.

### **3. Recommendation**

- 3.1 To endorse the approach set out above, to seek closer alignment between Children's centre and Health Visitor services including request hand over of the Health Visitor contract in shadow form for 2014/15 from NHS England

- 3.2 To note the approach to this, set out in the attached Project Initiation Document (appendix B).
- 3.3 To open discussions with the Local Area Team regarding the submission of a bid for funding to support commissioner and provider development to deliver health visitor service transformation.

#### **4. Background**

- 4.1 This is covered in the appendices, so far as it is not included in the summary.