

Under 5s services in Derby City

SUMMARY

- 1.1 There is strong evidence to demonstrate that what happens in pregnancy and the early years of life are not only important for the delivery of early years outcomes such as infant mortality, child obesity and physical, emotional and cognitive development, but also have a significant impact on outcomes throughout the life-course including academic attainment, antisocial behaviour and the development of long term conditions. Getting it right in the early years of life is key to ensuring better outcomes in the future, and also to managing future demand for health and social care services. For these reasons it is important that the Health and Wellbeing Board is kept up to date with progress in this area and that the strong commitment to pregnancy and the early years in Derby City is maintained.
- 1.2 This strong commitment is demonstrated through current governance arrangements and the fact that 'Best Start' is one of the 8 agreed commissioning priorities for Children and Young People in Derby City. Leadership for this agenda is through the Best Start Planning and Coordination Group (BSPCG), jointly led by NHS England and Derby City Council's Public Health team, which in turn reports into the CYP Integrated Commissioning Group. The Best Start remit covers pregnancy to 5 years and the work programme falls into 4 key areas; Reducing Risk; Supporting Development; Integrating Delivery; Tackling Inequalities. The BSPCG work programme is delivered in line with the Children and Young People's Plan for Derby City and its commitments to Early Intervention and Integrated Working.
- 1.3 The BSPCG have undertaken a mapping exercise to identify universal and targeted delivery to children and families during pregnancy and the first 5 years and are in the process of agreeing a work plan for 2014/15. There are however three key areas of work which will have a significant impact on the under 5s agenda over the next 24 months; development of maternity commissioning in light of the standing down of the county wide Maternity and Newborn Strategy Group and the new maternity tariff structure; delivery of the Health Visitor Implementation Plan and integration with wider pregnancy to 5 services as new capacity is realised; transition planning for the transfer of 0-5 commissioning responsibilities from NHS England to Derby City Council's Public Health team.
- 1.4 The accompanying presentation sets out the current position in relation to these three areas and the planned direction of travel and asks for the boards steer with regard to key questions.

RECOMMENDATION

- 2.1 To note the report and the key areas for consideration with regard to the pregnancy to 5 agenda.
- 2.2 To consider the questions raised in the accompanying presentation and provide a steer to the CYP Integrated Commissioning Group and the Best Start Planning and Coordination Group with regard to the following: -
 - The development of maternity commissioning for Southern Derbyshire including monitoring of quality through the maternity dashboard
 - The integration of Public Health Nursing services for 0-19 year olds in the city
 - The integration of the delivery of pregnancy to 5 services in the city.

REASONS FOR RECOMMENDATION

- 3.1 With the strength of the evidence for the benefits and cost effectiveness of early years services it is important for the Health and Wellbeing Board to be kept informed of the current approaches to this area of work in the city and to provide a steer for the direction of future developments. The recent changes to the commissioning of maternity services and the expected changes to the commissioning of 0-5s Public Health services are significant, and as such require the strategic consideration of the board.

SUPPORTING INFORMATION

- 4.1 Maternity commissioning for Derby and Derbyshire was previously led by the Maternity and Newborn Strategy Group, originally a joint Derby City PCT and Derbyshire County PCT group and more recently led by North Derbyshire CCG on behalf of the 4 CCGs through the transition from PCTs to CCGs. This group's remit covered the delivery from Derby Royal and Chesterfield Royal Hospitals and included provider representation. It provided a forum for co-production of commissioning specifications, service improvement leadership, and the scrutiny of performance through the Maternity Dashboard. This group was dissolved by the CCGs with each CCG agreeing to develop its own role. The group last met in March 2013, and no forum has yet been identified to continue its functions with relation to the services delivered at Derby Royal Hospital. There are a number of areas of service improvement (antenatal parenting programme, smoking in pregnancy, information systems and reporting, Healthy Start delivery, breastfeeding, 34 Week Home Assessment, etc) that are no longer being monitored, and further work required from recommendations of the Southern Derby CCG led quality visit to the DRH maternity service in June 2013. Southern Derbyshire CCG are developing a paper on the future of maternity commissioning to take into account these issues.

- 4.2 Health visitors play a crucial role in delivering the 'Best Start' in life through delivery of the Healthy Child Programme 0-5 Years, a public health programme for children, young people and families focussed on early intervention and prevention. The health visitor implementation plan (HVIP), published in 2011, aims to secure a Health Visitor service able to provide universal care, in the light of long-term growth in demand. The Plan focuses on training, recruitment & retention, professional development and improved commissioning of the service over a four year period to 2015.

Through the Section 7A agreement NHS England has undertaken to improve health and wellbeing outcomes for children and families. This includes the Government's commitment to increase the number of health visitors (HVs) nationally by 4,200 against a May 2010 baseline of 8,092 and to transform health visiting services by April 2015. Additionally the Government committed to increasing the number of Family Nurse Partnership Places to 16000 nationally by April 2015.

Derby City has a challenging target to expand the number of Health Visitors from a baseline of 40 whole time equivalents (May 2010) to 98 by April 2015 (an increase of 145%). This is being achieved through commissioning a mixed economy of Health Visitors through Derbyshire Healthcare FT & additional Family Nurses through Ripplez CIC.

As at November 2013 Derby City had increased their whole time equivalent Health Visitor numbers to 74.08 (61.68 HVs and 12.4 FNs). Service Transformation and delivery of the full Health Visitor core offer should be completed at the point of achievement of the final trajectory at 31st March 2015 in line with S7a agreement requirements. Delivery of the full core offer will be dependent on the incremental increase in numbers of Health Visitors over the whole period up to March 2015 and targets have been agreed with providers in order to achieve this

- 4.3 Nationally the transfer of commissioning responsibilities for 0-5 Public Health services from NHS England to Local Authorities was scheduled to occur on 1st April 2015. It is now expected that this will be delayed and will not happen before October 2015. Further guidance on this is expected early in 2014.
- Locally it has been agreed that we will start transition planning in January 2014, with the lead commissioner from NHS England joining the already established Joint Public Health Leads for CYP meetings held between the leads for Nottingham City, Nottinghamshire County, Derbyshire County and Derby City. This will allow for the development of a single transition plan for the whole of the NHS England Area Team's commissioned services. The four Public Health leads have already agreed that their preferred model for the future would be to have integrated 0-19 Public Health Nursing Services. These would join up the commissioning of Public Health Nursing for school aged children with that for Health Visiting and Family Nurse Partnership services to create a more flexible delivery model adaptable to the local needs of each local authority. The original transition date coincided with the renewal date for TCS contracts and offered some potential to align the commissioning. It is now not thought that this will be possible and that new contracts for each service will need to be developed for 2015 onwards. These should reflect the ambition for integrated service delivery and also enable the integration of commissioning in future as the local authorities take responsibility.

OTHER OPTIONS CONSIDERED

5.1 The Children and Young People’s Plan for Derby City sets a clear strategic direction, built on the foundations of early intervention and integrated working. However there is a need to consider the extent of integration and the pace of change with regard to each area of delivery. Options exist across the continuum of integration, and this paper seeks the views of the board with regard to the extent of integration desired in key areas of delivery during pregnancy and the early years.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	Derek Ward, Director of Public Health
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IMPLICATIONS

Financial and Value for Money

- 1.1 Achieving a strong model of delivery for maternity and early years services offers good value for money, with a high return on investment over the life-course. Integrating services provides opportunities to achieve efficiencies, reduce duplication and maximise outcomes. Any changes will be delivered within existing agreed budgets.

Legal

- 2.1 Guidance on the transfer of commissioning responsibilities for 0-5 Public Health services from NHS England to Local Authorities is expected in early 2014. Transition planning will ensure local criteria set out.

Personnel

- 3.1 N/A

Equalities Impact

- 4.1 N/A

Health and Safety

- 5.1 N/A

Environmental Sustainability

- 6.1 N/A

Asset Management

- 7.1 N/A

Risk Management

- 8.1 The changes outlined in the paper create risks to both outcomes and to the quality of delivery in maternity and early year's services. By setting a clear strategic direction, delegating delivery authority to the BSPCG and its members and ensuring clear transition planning we will ensure that those risks are well managed.

Corporate objectives and priorities for change

- 9.1 The Children and Young People's Plan and the Health and Wellbeing Strategy for the city place significant importance on giving the city's children the best start in life, and doing so through early intervention and integrated working.

