

Starting Well in Wirral: A Joint Commissioning Strategy for Children's Public Health Services 0 – 5 years, 2013 – 2015

1.0 Background

The foundations for virtually every aspect of human development -physical, intellectual and emotional- are established in early childhood. These early years, from pre-birth to the age of 5, have a lifelong legacy on many aspects of health and wellbeing. The delivery of evidence based interventions, both universally and through targeting groups at risk of poor outcomes, can significantly improve outcomes and reduce costs to services across a wide range of domains in the medium to long term.

Following changes to the health system architecture, NHS England is now responsible for commissioning public health services for children 0 – 5 years, specifically the Health Visiting service and Family Nurse Partnership (FNP), in order to deliver the Healthy Child Programme (0 – 5 years). This is supported by health and wellbeing services commissioned by the local authority (Healthy Child Programme 5 – 19) and CCG (Midwifery services, elective and non elective health services for 0 – 5 years). It is anticipated that responsibility for commissioning of early years public health services will transfer from NHS England to local authorities in 2015. During this time NHS England is required to work with partners to ensure the effective implementation of the National Health Visiting Development Plan 2011 – 2015 and to develop local Family Nurse Partnership Programmes, specifically to increase capacity, deliver a new model of health visiting and to expand the FNP. This workforce is fundamental to the delivery of the Healthy Child Programme which includes screening, immunisation and health and development assessment/reviews from pregnancy until the child is 4 years old; with additional support, tailored to individual needs, for those identified as being at risk of poor outcomes.

In recognition of the proposed transfer of overall commissioning responsibilities in 2015 and to ensure commissioning partners optimise health outcomes for children and their families NHS England Local Area Team (LAT), with local commissioning partners, is required to develop a joint commissioning strategy for early years public health services. This strategy will not replace existing commissioning plans; rather it is aligned with them. The purpose of this report is to describe the process for the development of a joint commissioning strategy for children's public health services 0 – 5 years in Wirral and to consult with the Board on the jointly agreed vision, priorities and principles.

2.0 Local information from the JSNA

There are approximately 19,000 children (0 - 4 years) living on Wirral (JSNA, 2013) and in 2011 there were 3,802 births. Overall, most of these children will fulfil their aspirations and be healthy, safe and well educated; have easy access to recreation, sport and leisure; be able to make a positive contribution to our society; and be well prepared for their working lives. Most children and young people will live in a decent home and live in a pleasant environment; near a park or open space, with opportunities to explore and have fun.

However, whilst overall Wirral is a positive place for children and young people to grow up, some do not fulfil their potential. There are great disparities in Wirral, not least in wealth. Some areas, mostly in the west of the peninsula, are very affluent; whilst on the east of the peninsula there are high levels of poverty and deprivation which has an impact upon children's lives and development. The challenge is to eliminate disparities in outcomes and ensure that all young people have the best possible start in life.

17,155 (24.4%) Wirral children live in poverty, higher than the proportion for the North West and England. Significantly, there are higher rates of infant mortality, tooth decay and smoking and substance misuse in pregnancy and lower levels of uptake for breastfeeding and MMR vaccination in the most deprived section of the Wirral population.

Wirral also has a higher rate of emergency admissions for unintentional and deliberate injuries in those aged 0-17, compared to the regional and national average and whilst the number of children who are obese in Reception has reduced; the number of overweight children was still higher locally compared to the North West and England in 2010-11. Historically, Wirral's teenage conception rate has been higher than both the North West and England average. Rates for 2011 highlight a marked decrease in Wirral's teenage conception rate, however the North West and England rate is not currently available therefore it is not possible to benchmark regional and national comparators.

In 2012, Wirral had a higher proportion of children assessed as being in need (4%) than the national average (3.6%). Family dysfunction (38.4%) followed by abuse or neglect (34.4%) was the highest recorded category of need at initial assessment.

The proportion of children achieving a good level of development at Early Years Foundation Stage (age 5) in Wirral is lower than regional and England averages.

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Commissioning partners including NHS England, Wirral Council (CYPD and Public Health) and Wirral CCG, have been working together to identify commissioning priorities for early years public health services in order to develop a joint commissioning strategy up to the proposed transfer of overall commissioning responsibility from NHS England to Wirral Council in 2015. Following a series of meetings, a workshop with representatives from each commissioning organisation was convened in early September at which a number of shared priorities were identified and the strategy's vision and principles agreed; based on a collaborative understanding of local needs (See Appendix 1). The commissioning roles and responsibilities for each commissioning partner were also agreed and are described in the strategy.

Partners agreed that the aim of the strategy is to ensure that all children have the best start in life through the provision of high quality universal services from pregnancy to age 5, with additional help for those families who need it through early identification of need and risk. To fulfil this vision, underpin the strategy and to ensure that a coherent commissioning approach is embedded across organisations, the following key principles were jointly established. Commissioners will ensure:

- the maintenance of investment and quality in early years provision, acknowledging this challenge in a finite fiscal environment.
- appropriate and timely access to services.
- maintained focus on improving access for vulnerable groups.
- joint workforce planning and training across the early years workforce.
- services provide a personalised response, supported by a package of interventions, which is sensitive and responsive to individual needs.
- the availability of intelligence on key priorities is enhanced, in order to inform commissioning.
- that there is shared learning across the early years system.

A review of needs in relation to health outcomes, benchmarked against national and regional positions identified a number of agreed areas of priority for improvement across the early years life course (pre conception, antenatal, postnatal and early years). The following priorities aim to maximise health outcomes for children aged 0 – 5 years:

1. Maintenance of quality antenatal preparation (e.g. antenatal education classes).
2. A focus on maternal lifestyle support in pregnancy and early years.
3. Improve maternal mental health.
4. Partnership action to increase breastfeeding, refreshing the Wirral strategy.
5. Reduce accidents in the early years.

Underpinning these priorities is recognition of the necessity for cross cutting, whole system action to address child poverty, domestic violence and to ensure effective safeguarding processes. The strategy is intended to complement and enhance partnership progress to address these complex issues.

These priorities resonate with, and contribute to, the outcomes in the Public Health Outcomes Framework, the NHS Operating Framework and the Every Child Matters Outcomes.

4.0 Proposed timetable and next steps

A final version of the Strategy will be completed by the end of October 2013, following consultation with key stakeholder groups including the Health and Wellbeing Board, the Wirral CCG Operational Group and Wirral's Children's Quality, Innovation, productivity and Prevention (QIPP) Group.

It is proposed that a Joint Early Years Strategy Group is established to oversee the ongoing implementation and monitoring of the Strategy, this should be considered in the context of a locally evolving children's governance structure.

5.0 Recommendations

The Children's Trust Board is asked to:

- Note and support the development of the strategy.
- To comment on the initial strategy vision, priorities, principles and consultation process.
- To advise on the proposed governance arrangements for this strategy.

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APPENDIX 1

Starting Well in Wirral at a glance: a joint commissioning strategy 2013 - 2015

Vision:	All children have the best start in life through the provision of high quality universal services from pregnancy to age 5, with additional help for those families who need it through early identification of need and risk.
Outcome:	Children are achieving a good level of development at age 5

CHALLENGES	PRINCIPLES	PRIORITIES	KEY OUTCOMES	
<p>There are higher rates of infant mortality, tooth decay and smoking and substance misuse in pregnancy and lower levels of uptake for breastfeeding and MMR vaccination in the most deprived section of the Wirral population.</p> <p>A higher proportion of children assessed as being in need (4%) than the national average (3.6%). Family dysfunction (38.4%) followed by abuse or neglect (34.4%) was the highest recorded category of need at initial assessment.</p> <p>The proportion of children achieving a good level of development at Early Years Foundation Stage</p>	<p>Maintenance of investment and quality in early years provision, acknowledging the finite fiscal environment.</p> <p>Appropriate and timely access to services.</p> <p>Maintained focus on improving access for vulnerable groups.</p> <p>Joint workforce planning and training across the early years workforce.</p> <p>Personalised services, supported by a package of interventions, which are sensitive and responsive to individual needs.</p> <p>Enhanced intelligence on key priorities to inform commissioning.</p> <p>Shared learning across the early years system</p>	<p>PRIORITY 1 Maintenance of quality antenatal preparation</p> <p>PRIORITY 2 Focus on maternal lifestyle support in pregnancy and early years.</p> <p>PRIORITY 3 Improve maternal mental health.</p> <p>PRIORITY 4 Partnership action to increase breastfeeding, refreshing the Wirral strategy.</p> <p>PRIORITY 5 Reduce accidents in the early years.</p>	<p>Decreased infant mortality Decreased number of LBW babies Increase breastfeeding at initiation Decreased smoking prevalence at delivery</p> <p>Decreased infant mortality Decreased smoking prevalence at delivery Decreased maternal obesity at delivery</p> <p>Increased maternal wellbeing</p> <p>Increased breastfeeding at initiation and 6 – 8 weeks. Decreased obesity at 2.5 years and Reception.</p> <p>Reduced hospital admissions caused by unintentional and deliberate injuries in 0 – 4 years.</p>	<p>Children are achieving a good level of development at age 5</p>
<p>Multi sector action to address child poverty, domestic violence and effective safeguarding</p>				

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