

# Commissioning integrated Early Years services for better outcomes PH perspective

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LGA conference

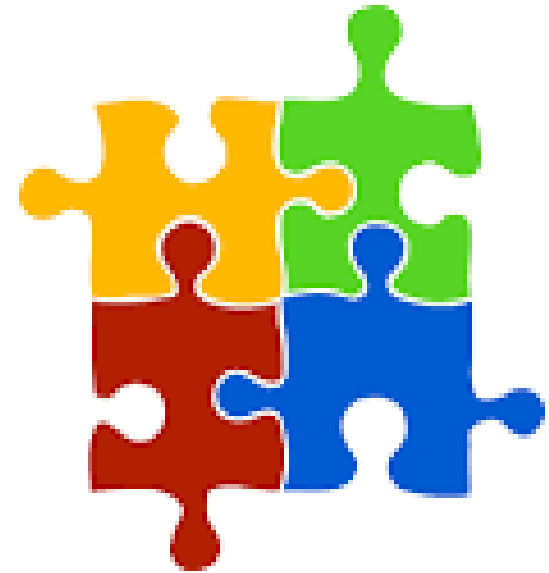
29 March 2017



Source: Dahlgren and Whitehead, 1991

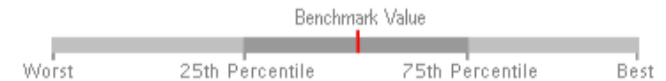
# Commissioning **integrated** Early Years services

- What do we mean by integrated services?
  - Oxford dictionary: *'Integrate = combine parts into a whole'*
- Which parts?
  - Public health, education (& social care)
  - Public health 0-5 yrs and 5-19 yrs
  - Public health, other health services
  - Child (early yrs) and adult services
  - Hybrids / other
- Purpose
  - Better experience (for CYP & families, staff); better outcomes, less cost



# Commissioning integrated Early Years services for Better Outcomes

Compared with benchmark ● Better ● Similar ● Worse ○ Not Compared



Indicator	Period	Merton			Region		England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best		
Under 18 conceptions	2014	↓	60	19.7	21.5	22.8	42.4		8.4		
Emergency admissions (aged 0-4)	2014/15	↑	1,665	104.3	105.9*	147.0	265.8		62.3		
Hospital admissions for accidental and deliberate injuries in children (aged 0-4)	2015/16	→	196	122.3	97.6	129.6	254.2		56.0		
Infant mortality	2013 - 15	-	25	2.5	3.4	3.9	7.9		2.0		
Low birth weight of term babies	2015	→	79	2.5%	3.0%	2.8%	4.8%		1.3%		
Reception: Prevalence of overweight (including obese)	2015/16	↓	420	18.8%	22.0%	22.1%	30.1%		14.3%		
Smoking status at time of delivery	2015/16	↓	130	4.8%	5.0%*	10.6%*	26.0%		1.8%		
A&E attendances (0-4 years)	2015/16	↓	9,959	621.7	706.7	587.9	1,836.1		335.0		
Breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	-	1,992	*	*	43.2%*	18.0%		76.5%		
Breastfeeding prevalence at 6-8 weeks after birth - previous method	2014/15	-	1,495	*	*	43.8%	19.1%		81.5%		
Population vaccination coverage - MMR for two doses (5 years old)	2015/16	↑	2,570	80.0%	81.7%	88.2%	56.5%		98.6%		
Children achieving a good level of development at the end of reception	2015/16	-	1,915	71.2%	71.2%	69.3%	59.7%		78.7%		

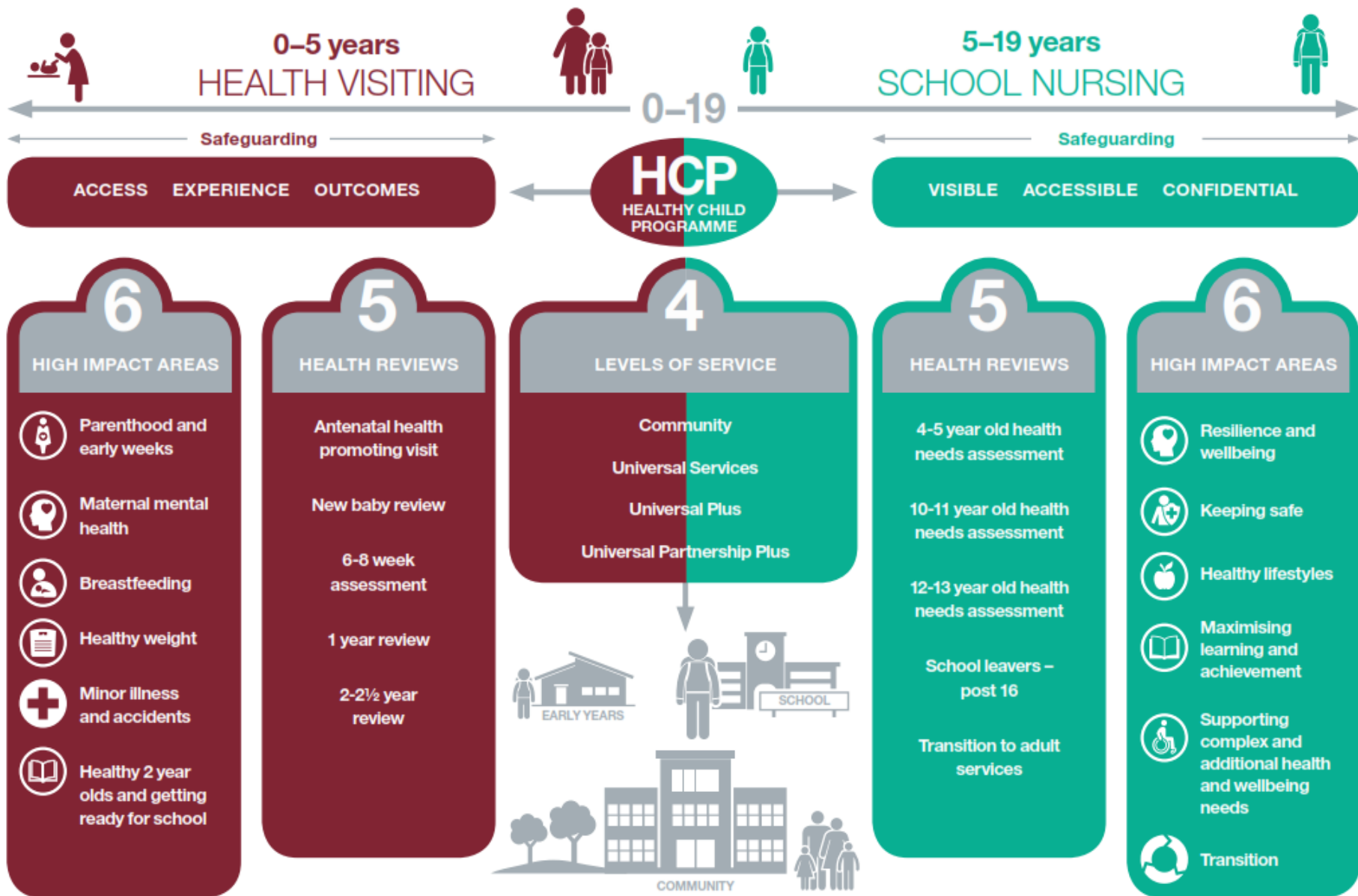
Source: PHE Early Years Profile –Merton: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-early-years>

# Commissioning integrated Early Years services

- What do we mean?
  - Not just procurement!
- LA responsibility = 0-19 health child programme (HCP)
  - Health visitors (HV), incl family nurse partnership (FNP)
  - School nurses, incl national child measurement programme (NCMP: reception & yr 6)
- NHS to LA transfer
  - Lift & shift
  - Contracts, not workforce
  - Providers remained NHS trusts
- Transition to transformation
  - New service models and providers
  - Some LA in-house provision



# Healthy Child Programme: The 4-5-6 approach for health visiting and school nursing



# What works?

## Evidence / commissioning guidance/case studies

2015

Public Health England  
Protecting and improving the nation's health

**Rapid Review to Update Evidence for the Healthy Child Programme 0-5**

2016

Public Health England  
Protecting and improving the nation's health


**Best start in life and beyond: Improving public health outcomes for children, young people and families**

Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services

Commissioning Guide 1: Background information on commissioning and service model

2014

EARLY INTERVENTION FOUNDATION  
ADVICE



**GETTING IT RIGHT FOR FAMILIES**

A REVIEW OF INTEGRATED SYSTEMS PRACTICE IN THE EARLY YEARS

CLARE MESSENGER AND DONNA MOLLOY

2015

EARLY INTERVENTION FOUNDATION  
ADVOCACY

**SPENDING ON LATE INTERVENTION**

HOW WE CAN DO BETTER FOR LESS

HAROON CHOWDRY AND CAREY OPPENHEIM

2017

Local Government Association

**iHV**  
Institute of Health Visiting  
Evidence in Practice

**Improving outcomes for children and families in the early years**

A key role for health visiting services



Case studies

# Integration?

Service type	Provider	Commissioner
Maternity services	NHS hospital trust	CCG
Primary Care	GP practices	CCG / NHSE
0-5 HCP; FNP	Community health care trust	LA PH / CS
CHIS; imms; screening	Community /acute trust	NHSE
Children's acute health care	NHS hospital trust	CCG / NHSE for specialist services
Community paediatrics	Hospital/ community trust	CCG
CAMHs/adult mental health	Mental health trust	CCG (NHSE for tier 4)
Dental; oral health promotion	NHS/private dentists; community dental services	NHSE / PHE (on behalf of LA)
Drugs and alcohol services	Mental health trust, vol sector	LA PH
Children's centres/early yrs/children social care	LA, schools, vol sector	LA CS
Domestic violence/IDVA	Vol sector	LA community safety 7

# Local challenges & opportunities

- Money ('more for less'; PH grant ↓; public sector spending ↓; NHS finance trouble)
- False dichotomies (prevention vs treatment; universal vs targeted; determinants vs services; adults vs children; NHS vs LA)
- HWBB / HWB strategy (Cllrs & GPs as place shapers and advocates for early yrs; PH as honest broker)
- Sustainability & transformation plans (STP); devolution



# Local examples

- 0-19 HCP integrated with other health services
  - HV, SN, FNP; healthy weight; community therapies; nurses for special schools, EHCP team, LAC and MASH
  - Co-production relationship with provider
  - Co-location in Children's Centres
  - Shared 'think family' approach and CYP wellbeing model
- Joint CYP commissioning function between PH, CS and CCG (from 1 April)
  - Above & CAMHs; community paediatrics
  - CCG CYP and CAMHs commissioners seconded into LA
  - Function not structure; under PH (accountable to DCS)

# London ADPH – Best start in life

- **AIM: strategic leadership & advocacy for CYP HWB; transformation of HCP 0-19 years**
- HV transition oversight: secured additional allocation for several London boroughs; strengthened partnership working with London Council, NHSE and PHE
- Collaboration with NHSE on re-procurement & mobilisation of London CHIS system
- Development of the London CYP PH network
- Work with Healthy London Partnership (HLP) and LSCB (ie prevention board; London CDOP project)
- Contributing to Mayor's Health Inequality Strategy  
Early yrs priority



# Conclusions / reflections

- It's not a tame problem, it's complex +++
- Focus on improved outcomes / reduced inequalities as compass and motivator
- Commissioning is a tool not an end in itself (it comes and might go, ie FYFV new care models)
- Invest in relationships (cross-council, partners, staff, children, parents, community)
- Look out for windows of opportunity
- Keep relentless focus on what works/or not
- Plenty of enablers: IT /data sharing at the top