Local Government Association

Healthy beginnings

Giving our children the best start in life

Contents

Foreword
Councillor Izzi Seccombe, Chair Community Wellbeing Portfolio and
Councillor Roy Perry, Chairman Children and Young People's Board 3

Getting it right for all our children and young people
Viv Bennett, Chief Nursing Officer 4

Localised decision-making wrapped around the needs of children, young people and their families
Mark Rogers, Chief Executive and Director of Economy, Birmingham City Council 6

Our children deserve the best start in life
Debbie Barnes, Director of Children Services, Lincolnshire County Council 8

Developing a strong understanding of local needs
Jo Farrar, Chief Executive, Bath and North East Sommerset Council 10

Bringing it all back home
Andrew Furber, President, Association Directors of Public Health 12

Transfer of 0-5 public health commissioning
Emeritus Professor Dame Sarah Cowley, Trustee of the Institute of Health Visiting 14

Seizing the opportunity
Shirley Cramer, Chief Executive, Royal Society of Public Health 16

0-5 transition: an opportunity to transform life chances
Councillor Linda Thomas, Deputy Leader, Bolton Borough Council 18

0-5 commissioning transfer: opportunities and challenges
Virginia Pearson, Director of Public Health, Devon County Council 20

Will life chances for children improve as commissioning for 0-5 year old children's public health services transfers to local government?
Ingrid Wolfe, Co-Chair British Association for Child and Adolescent Public Health 22

Foreword

A newborn baby's brain is only around one-quarter the size of an adult's. It grows to about 80 per cent of adult size by three years and 90 per cent by age five. A baby's earliest experiences will shape their brain development, and have a lifelong impact on their mental health and wellbeing.

Giving children a healthy start in life is one of the most important jobs councils do and we all have a duty to make sure that children, along with their mums and dads, have access to the services they need.

That's why the transfer of public health commissioning responsibilities for under-fives to local government marks such a tremendous opportunity. It brings a new momentum for developing and driving forward a shared vision for local children, young people and families.

As you will already know, this journey began in 2013 when the school nursing service and the Healthy Child programme for five to 19-year-olds transferred to local government, along with wider public health responsibilities. Since then we have seen health and wellbeing boards prioritise Marmot's most important principle – 'to give every child the best start in life' – and now we have a fresh opportunity to deliver that commitment.

We are excited about this opportunity. Health visitors are in an excellent place to spot problems early and to deliver support to stop problems from escalating. By learning from the previous public health transfer we can build on the good work that already exists.

Councils and school nurses are already working together to coordinate and deliver public health interventions for school-aged children. This work includes reducing childhood obesity, under-18 conception rates, prevalence of chlamydia, and management of mental health disorders.

Health visitors, family nurses and school nurses will play an important role in helping councils to join up pathways for children from birth to age 19, and for children and young people with special educational needs and disabilities up to age 25.

Working with partners we can make sure that children and young people experience smooth transitions between social care, education and health services at key points in their life.

Councils, as new commissioners of these services, will need to understand the needs of their local communities so that they can provide quality and cost-effective services. It's the rich information that school nurses, health visitors and family nurses hold that councils will value when commissioning and designing services.

I hope partners will use the transfer to be ambitious for their local children, young people and families. This will of course require strong partnership working, listening and learning from each other, creativity and sheer hard work to overcome organisational barriers. But if we persevere, our children, our communities and our organisations will continue to reap the benefits for many years to come.

Councillor Izzi Seccombe, Chair Community Wellbeing Portfolio

Councillor Roy Perry, Chairman Children and Young People's Board

Getting it right for all our children and young people

It is said that while children and young people are a quarter of our population they are all of our future and thus supporting healthy, resilient younger generations is both right for individual life chances and a healthy, thriving society.

We know that the early and developing years are a critical opportunity for building healthy, resilient children and young people to reach their full educational potential. The importance of getting it right for all our children and young people cannot be overemphasised. The challenges are well understood, for example, reducing health inequalities and tackling issues such as obesity and emotional and mental distress.

Improved outcomes will require professionals, commissioners and leaders working together in partnership with families, young people and communities. It will require strong universal services (through the Healthy Child programme) to support all families and to identify and provide extra and early help when families need it.

Public Health England (PHE) has made 'ensuring every child has the best start in life' one of its seven national priorities, with the ambition of supporting families so that every child is 'ready to learn at two years' and 'ready for school at five years'. Supporting this ambition we have seen a major service transformation for health visiting in the last few years with a significantly increased workforce and implementation of the evidence based HV456 model[1] having a real positive impact on support for families and children. We have also improved our ability to measure this impact (visit our 'collections'[2] and case studies[3] pages) and use Early Years Profiles[4] to show local progress

With the transfer of 0-5yr public health commissioning to local authorities on 1 Oct, and through local leadership, we have a real opportunity to commission to integrate a range of services to improve the health and wellbeing of children and families and strengthen prevention and early intervention.

1 The 4-5-6 Model of the Transformed Health Visiting Service by Viv Bennett, 5 March 2015. https://vivbennett.blog.gov.uk/2015/03/05/the-4-5-6-model/

2 Health visitor and 0 to 5 commissioning transfer, 1 September 2015. www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities

3 Health visitor and 0 to 5 transfer programme: case studies, 12 March 2015. www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities

4 Public Health England Early Years Profiles. http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile

This includes joining up of the 0-5 Healthy Child programme and 5-19 Healthy Child programme to help deliver a better life course experience for young people growing up and better integrated services where families need ongoing multi professional input, including bringing up a child with complex needs or in safeguarding. Training will be able to be shared and there is the opportunity for better integration of services at the point of delivery to provide families with improved access and experience eg an integrated two year review.

Success will require a sustained, integrated approach from a number of partners, effective national leadership from PHE and partners, strong local leadership, integrated whole system commissioning, good communications with community engagement and clear care pathways.

We know we are building on a strong shared commitment to give the 'best start to all our children'.

Viv Bennett
Chief Nurse
Public Health England

"Reducing health inequalities and tackling issues such as obesity and emotional and mental distress. Improved outcomes will require professionals, commissioners and leaders working together in partnership with families, young people and communities."

Localised decision-making wrapped around the needs of children, young people and their families

Some things change and some things don't. Whatever the shape and condition of local government by 2020, the decision to complete part two of the transfer of children's and young people's public health functions and funding – albeit ever-diminishing funding – to local government remains the right thing to do.

Why? Because, at heart, our mission is to make a positive difference everyday to the lives of the people we are either elected or appointed to serve. And what could be more positive than having the opportunity to impact on the health and wellbeing of the 0-25s in our communities: they are, quite literally, our future and to have an ever better chance of supporting and encouraging them to lead healthy and fulfilled lives is something not to be turned down.

And whilst some may consider that these are not propitious times to be taking on new responsibilities, let's be clear: councils are much, much better placed than national government to understand and act upon the health issues in their areas.

And when local government works well with its public, third and private sector partners, our potential is unrivalled.

So, I for one, welcome October's 0-5 transfer because it will now mean that it is possible to plan holistically for the needs of children and young people (along with their families) through the early part of their life course – ensuring, in particular, that there is a sharp and sustained focus on delivering the best possible early start in life for the youngest generation.

Prevention and early intervention are, of course, phrases that trip easily off the tongue. But we know, first hand, how much they matter in setting children off on the right journey to future health, wealth and happiness. We also know that, practically, they reduce downstream costs which are so damaging not just to the public purse, but also for those who require the expensive interventions because they represent a failure both in policy and human terms.

So, here in Birmingham, despite the expectation of £6 million or so of previously anticipated revenue disappearing into the deficit reduction vortex, we are still excited about the completion of the transfer because it places control where it's most effective – in the hands of local commissioners who, by working closely with local people and partners,

know their communities better than anyone in Westminster and Whitehall.

And, finally, let's see this handover for what it truly is: another acknowledgment that devolution is the only way forward if public services are to survive and thrive. If this shift from the centre hadn't already been in hand for some time, then it would surely have been at the centre of every 'devo deal' proposal recently submitted to the Treasury.

Localism works best when it's truly localised decision-making. So, all hail the Healthy Child programme and the difference we can make with it.

Mark Rogers,
Chief Executive and Director of Economy
Birmingham City Council

"What could be more positive than having the opportunity to impact on the health and wellbeing of the 0-25s in our communities: they are, quite literally, our future and to have an ever better chance of supporting and encouraging them to lead healthy and fulfilled lives is something not to be turned down."

Our children deserve the best start in life

All of our children deserve the best start in life. A child's first months are a vital time for their development and we know their experience then will have an impact for the rest of their lives.

There is now considerable evidence demonstrating that the care received during pregnancy and the early years is vital for the future health, wellbeing, development and life chances of children. Support both ante, and post-natally is vital in ensuring parents are able to maximise their role in promoting good physical and mental health for their children and in identifying those that need additional support to do this. And that this should be delivered in a holistic, preventative and seamless way if children are to maximise their future potential.

This is why the transfer of the commissioning of public health nursing for 0- 5 year olds to local authorities is such a welcome development.

It gives us the opportunity to not only integrate our commissioning of other public health services, for example school nursing but also with services commissioned by clinical commissioning groups (CCGs), NHS England and others to deliver preventative, early intervention and targeted support that responds to local needs. And there is also the opportunity to join up delivery with wider children's services aimed at providing early help and targeted interventions for those with more complex needs. Local authorities are ideally placed to lead this work to enable all services to appropriately identify and target our most vulnerable families to help to narrow the gap so children and young people achieve in line with their peers

All this must result in better outcomes for children and young people if we are to stop some of the intergenerational effects of poor educational achievement, less access to work, poor health that make it more likely that the cycle of harm is perpetuated across following generations.

In Lincolnshire, like most large counties, we have different levels of deprivation, some geographical challenges regarding access to services and a mix of rural and urban communities and we know all these things can affect outcomes. Our challenge is now to ensure that we commission and provide a range of services which are flexible and responsive enough to meet need within an ever more difficult financial situation.

We need to take this opportunity to develop services which recognise problems early, develop trusting and meaningful relationships with families, and deliver joined up services which meet their needs. If we can achieve this we will be able to not only meet the variety of individual need experienced in Lincolnshire but also make a real difference to population outcomes, in this and future generations.

Debbie Barnes,
Director of Children Services
Lincolnshire County Council

"A child's first months are a vital time for their development and we know their experience then will have an impact for the rest of their lives."

Developing a strong understanding of local needs

The move to bring 0-5 children's health services into the local authority is timely for Bath and North East Somerset as it coincides with a review of our children's preventative sector to ensure it fits with local need and demonstrates positive outcomes for children and families. We are also about to consult on our Early Help strategy, which shows a strong local commitment to early intervention.

This has not been an easy period for local government and the recent reduction in funding has led us to consider the role of children's services. Like many other councils, we have focused our commissioning on targeted services for families with identified needs, rather than the range of universal services which have historically been provided. This has required a closer relationship with health visitors and we are pleased that our health visiting service has moved their office bases to children centres to support integrated working.

Multi agency meetings happen in many children centres where health visitors, early years staff and midwives work together to meet the needs of families in the most appropriate way.

Clearly the transition to providing a service at a resident population level has presented the biggest challenge to local authorities this year and this is still a complex issue, requiring new partnerships with neighbouring authorities.

But, for Bath and North East Somerset, working in this way makes sense as the particular requirements of families are better met with commissioners and staff, responsible for health and social care across an area, developing a strong understanding of local needs.

Our current health visitors deliver a service to a good number of families who live outside the local authority boundary and we will need to make sure people are carefully placed with a neighbouring health visiting services.

We have already made a strong start. The Sirona Care and Health service in Bath and North East Somerset was one of the pilot areas for new 4-5-6 model of health visiting[5] has allowed us to be at the forefront in delivering services for our families.

Jo Farrar
Chief Executive
Bath and North East Somerset Council

"Like many other councils, we have focused our commissioning on targeted services for families with identified needs, rather than the range of universal services which have historically been provided."

5 The transformed health visiting service – the story so far, Department of Health.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/417455/4_5_6_LA_leaflet_ppt.pdf

Bringing it all back home

Health visiting has a long and proud history. Even before the first appointment of a health visitor by a local authority took place in 1862, women were working in similar roles, to promote healthier lifestyles and reduce infant mortality, but often in a voluntary capacity.

Despite the massive improvements in children's health over the last 150 years, the early years of a child's life remain the time when we have most opportunity to make a difference.

Moving the responsibility for health visiting back to local government should be seen as the start of a new and exciting era for the profession to make even more of a difference. It is not a return to the past.

The first opportunity is to better align and integrate health visiting with other services supporting children and families. We know that most of what determines our health is not health and social care services, but the wide range of social, economic and environmental factors that affect our lives on a daily basis.

Health visitors will have new relationships with other services that can be brought to bear to improve children's lives.

The further integration of children's services will help avoid duplication and allow scarce resource to be used to best effect. It will also help avoid children falling through the gaps between services.

Alignment of services will also overcome the arbitrary age distinctions of current services. Services need to be designed and commissioned in a way that supports children and their families from pre-conception until they reach adulthood. Public health services for children aged 0-5 need to become part of services from minus nine months to 19 years (or 25 years in the case of those with special educational needs and disability).

As well as these opportunities, there will also be challenges. The first and most important is the limited nature of the resource. The potential of the opportunity to improve children's health is not reflected in the available budget, despite the recent and welcome increase in the number of health visitors.

Maximising the effectiveness of the service will be vital. This will include achieving efficiencies through integration and making best use of the contribution of other agencies, the voluntary and community sector and local communities themselves.

Relationships and communication with the NHS, and primary care in particular, will need to be maintained and strengthened. This will be particularly so where local authority and general practice boundaries are not co-terminus.

Finally it is vital that health visitors maintain their focus on the family and not just the child. There is growing evidence of how our health is influenced by those we live with. Health visitors understand this, as exemplified by Family Nurse Partnerships. The return of this public health service to local authorities will be, quite literally, bringing it all back home.

Andrew Furber
President
Association Directors of Public Health

> "Despite the massive improvements in children's health over the last 150 years, the early years of a child's life remain the time when we have most opportunity to make a difference."

Transfer of 0-5 public health commissioning

Health visiting was established in local government long before the NHS was set up, so in many ways the transfer of commissioning represents a return to their natural home. Public health starts with mothers and babies, and is where the universal health visiting service begins. Health visitors' focused contacts with every expectant and new mother provides a gateway to the whole family and, through them, an opportunity to reach out to the wider community.

The community 'offer' is one of four levels of activity prescribed in their service specification and, ideally, their new commissioners should enable these outreach and preventive activities to be more fully realised. Collaboration between health visiting services, children's centres and other public health activities led by local government should be easier as the different sectors become more conscious of one another's responsibilities and ways of working.

Three other levels of service are described. The universal offer provides a minimum of five contacts for every new family, starting ante-natally and usually delivered through home visits. The aim is for health visitors and parents to develop a trusting relationship, which provides a basis from which to deliver the Healthy Child programme in a personalised way. Child health clinics and support groups are an integral part of this universal offer with each family's health needs being individually assessed.

Universal plus offers targeted packages of care for identified needs (like breastfeeding or parenting support, postnatal depression and infant sleep and behaviour concerns) on a time-limited basis, and there is enormous scope for collaboration across children's centres and with other early years providers.

When more complex needs are identified, health visitors work with other colleagues, often children's social care, to offer parents on-going support through the universal partnership plus level. Safeguarding is a cross-cutting theme, across all the levels of service provision, with an emphasis on prevention.

There is good evidence for the effectiveness of health visitors' ability to identify, treat and even prevent post-natal depression, or to recognise other concerns that may predispose to child maltreatment or just signal a need for more support.

Enhanced home visiting can help to increase mothers' confidence in using health services appropriately, as well as being more relaxed in their parenting with improved mother-infant interactions, which provide a sound basis for child development and later school readiness. These are key, shared agendas for health, children's social care and education so the opportunities for joint working should be greatly enhanced.

The greatest challenges stem from the need to save a large part of the public health budget just as health visitors join this commissioning stream. Over the last four years, there has been a large government programme to develop health visiting, increasing the workforce to replace numbers lost over the previous decade and refocusing on their key preventive and health promotional purpose.

Local government could benefit enormously from this newly-energised workforce, as long the potential is not lost in immediate service reductions or return to crisis visiting. The iHV is here to help you achieve the public health outcomes you should from the health visiting workforce. Find us at: www.ihv.org.ok

Emeritus Professor Dame Sarah Cowley
Trustee of the Institute of Health Visiting

"Local government could benefit enormously from this newly-energised workforce, as long the potential is not lost in immediate service reductions or return to crisis visiting."

Seizing the opportunity

Since the shift of public health from central government, local authority teams across England have seized new opportunities to make health everybody's business. Optimism and innovation have bolstered the consensus that local authorities are best placed to serve community needs; and health and social care continue to climb the agenda in decisions around planning, housing, transport, welfare and education, all of which feed into the wider social determinants of health and wellbeing.

The final piece of this jigsaw is the transfer of commissioning of services for 0-5 year olds, to take place in England in October. Local authorities should now finally be able to join up commissioning around people at the local level, across a range of services, throughout the entire life course.

As is often the case, local funding is a potential stumbling block, and many of us are concerned that the £200 million cut to the public health grant may stall progress as greater responsibilities are devolved.

We have already seen evidence that stretched local commissioners are rationing services such as child and adolescent mental health, weight management, and smoking cessation. While it is encouraging that some key child services will be mandatory, there is a real risk that cuts could stifle the growth of innovative early interventions at the heart of community prevention efforts.

But the wins could be enormous. We have known for some time that the right environment and support for children and their parents during the early years makes a crucial difference to a child's chances of good health for the rest of their lives – strongly impacting on nutrition, growth and physical development; as well as the ability to maintain positive relationships, develop skills, achieve in education and build emotional resilience.

Placing commissioning roles in local authorities offers the chance to tackle, from all angles, the varying causes of long-term health inequalities that take root even before birth. This is vital if we are to achieve the 'radical upgrade' in public health and prevention so passionately called for across the sector.

Huge investment in health visitors and Family Nurse Partnerships (as part of the Healthy Child programme) has brought this into focus on the national stage and its impact is already felt on the ground. A look to the inspirational work that has been achieved by local authorities under pressure provides real hope that they can exploit this last transition to embed the health and wellbeing of children as a priority for local services up and down the country.

Shirley Cramer
Chief Executive
Royal Society of Public Health

"The right environment and support for children and their parents during the early years makes a crucial difference to a child's chances of good health for the rest of their lives."

0-5 transition: an opportunity to transform life chances

These are exciting and challenging times for local children's services. How can local authorities make the most of their new responsibilities for 0-5 public health services? I believe this is a once in a generation opportunity to transform services in the early years, and by doing so transform the life chances of many children and their families.

As a borough, Bolton faces challenges that are familiar to many areas, with one of the steepest internal inequalities in life expectancy. We've made positive progress in many outcome areas, but persistent inequalities remain across our communities.

The benefits – and cost benefits – of prevention and the earliest possible intervention are not in doubt, particularly in the first, critical '1001 days'. At the heart of achieving this is the 0-5 service transition, but it is local leadership that will turn this into a reality on the ground.

As we take on the responsibility for health visiting and Family Nurse Partnership services we're fortunate to have tangible evidence that new, innovative approaches are possible to transform support to families.

Bolton has been a pioneer of the Greater Manchester Early Years New Delivery Model (EYNDM), enabling us to test out a new service model with the strongest evidence base for improving early years outcomes, across all the prime areas of development: personal, social and emotional development; physical development; communication and language.

Originally driven by the Greater Manchester public service reform programme the EYNDM – focused ultimately on school readiness and long term goals of economic wellbeing – integrates seamlessly with the Healthy Child programme, led by health visitors. Practitioners and parents have welcomed the parent-led approach to assessment, using evidence-based tools, and the renewed focus on attachment and sensitive parenting. Early identification of needs is backed up by a series of pathways offering additional support.

For children and parents we have growing evidence of immediate benefits of the new approach, although the ultimate benefits will be seen life-long, and long into the future.

The model cuts across traditional professional and service boundaries, and is completely focused on each child's wellbeing, within their family and community. Health visitors, family nurses and their teams are the highly skilled practitioners at the heart of the new approach. Their public health training and clinical skills support a model that aims to meet individual and family needs, at the same time addressing social determinants that undermine life chances.

To truly reduce inequalities 0-5 services need to take this holistic approach – promoting community resilience and parental mental health; access to secure, affordable housing, skills and employment; quality childcare and financial security.

Local authorities have critical a guardianship role in sustaining these key services, at a time of financial constraint and continuing organisational change. Challenges remain, including the need for wider system re-design to support the new, integrated approaches.

The evidence is growing locally that service transformation really works to better – we need to have the confidence to see the changes through, and harness all the opportunities offered by new freedoms to design a service offer that improves the life chances of all families.

Councillor Linda Thomas
Deputy Leader
Bolton Borough Council

"To truly reduce inequalities 0-5 services need to take this holistic approach – promoting community resilience and parental mental health; access to secure, affordable housing, skills and employment; quality childcare and financial security."

0-5 commissioning transfer: opportunities and challenges

From 1 October 2015 the commissioning responsibility for 0-5 public health nursing services transferred to local authorities, 30 months after the transition of most public health staff from the NHS to local authorities. In this time, the relationship between universal public health nursing services and the work of children's centres and social care staff has developed with the additional health visitor capacity following the national 'call to action'.

Why is this so important? This is a universal service – which enables public health practitioners to contact, assess, advise and support parent carers, families and children through some of the most critical stages in child development. This trusted relationship supports the start of a child's life and its physical, psychological and social development – which in turn will create the generations to come.

Of all the life stages, this is probably the one where the return on investment is greatest, because the return is life-long. While local authorities – and particularly our colleagues who work as directors of children's services and their social work staff – strive to keep children and young people safe – too much resource is spent too late. The universal offer of health visitors is the key to unlocking the real potential of early help and early intervention.

Michael Marmot, in Fair Society, Healthy Lives6, also stressed the impact that "the best start in life" can have on reducing health inequalities across the life course. Health inequality costs the public purse millions of pounds each year because those with the poorest health in society are the heaviest users of health and care services. Adding the statutory duty of local authorities and the NHS to reduce health inequality, this investment in a high quality, universal public health service is an essential part of any local area's response to the shrinking public sector funding.

6 Fair Society, Healthy Lives, February 2010. www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf

The opportunities are waiting to be grasped – with integration, and services which demonstrably place the child, young person and family at the centre: bringing the 0-5 commissioning together with 5-19 public health nursing service will, of itself, create the opportunity for a more comprehensive offer to children and young people.

The challenge will be strengthening the universal public health nursing offer at a time of considerable pressure on budgets and services. But it is a public health prize worth fighting for.

Virginia Pearson,
Director of Public Health
Devon County Council

"Of all the life stages, this is probably the one where the return on investment is greatest."

Will life chances for children improve as commissioning for 0-5 year old children's public health services transfers to local government?

This question should be examined in the context of wider events, political rhetoric, and policies. Austerity economics and the associated swinging cuts in social care and public health funding sit uneasily alongside major policy documents such as Five Year Forward View[7] which states that 'the future health of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.'

Moving public health from the NHS to local authorities has been controversial to many, but there are opportunities and threats in any major change. The 0-5 transfer represents a test of the wider changes to public health services.

Let's start with opportunities. The 0-5 transfer gives us an opportunity to adopt an integrated public health approach to the vital early years stage of the life course.

The Healthy Child programme could become firmly embedded in a coordinated approach to improving social determinants of health for children and families such as reducing poverty, improving access to play and green spaces and high quality social housing.

Importantly this move could represent a way of strengthening integrated commissioning to enable a more coordinated approach to improving many determinants of early life health, and reducing inequalities at local level. However, strong leadership is essential to ensure efforts are sustained beyond political cycles and despite long gaps between implementation and measurable results.

But what about the caveats, challenges, and threats? A coherent comprehensive strategy to promoting health and preventing disease requires a system-wide approach encompassing both health services and public health.

There is a danger of a false dichotomy arising such that healthcare becomes a marginalised part of wider health improvement efforts. This would be a wasted opportunity to engage essential partners.

7 https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

The Family Friendly Framework for commissioning, providing, and improving services outlines a system-wide strategy bringing life-course and service pathways together into a networked basis for health improvement[8]. However it will be interesting to see how the inspectors and regulators respond to the changes in commissioning responsibilities in the new context.

Finally, and most worryingly, are the profound cuts to local government funding. The ring-fence around the public health budget has already been shown to be porous. There is a risk that there will be more subtle diminutions in the focus on early years, for example through changes in skill mix resulting in a smaller, more stretched, and demoralised workforce. That said, there are real opportunities for local level innovation through imaginative use of the wider children's workforce.

Given the evidence for investing in the early years and the commitment to do so demonstrated in reports by Marmot[9,10] , the Chief Medical Officer[11], the Faculty of Public Health[12] the Royal College of Paediatrics and Child Health and National Children's Bureau[13,14], and the 1001 critical days report[15] which has support across political parties, there are good reasons to be hopeful. The 0-5 transfer will be a test of this commitment. Let us hope it goes well.

Ingrid Wolfe
Co-Chair British Association for Child and Adolescent Public Health[16]

"...strong leadership is essential to ensure efforts are sustained beyond political cycles."

8 http://www.bacaph.org.uk/images/documents/baccaph_family_friendly_framework_final.pdf
9 https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
10 https://www.instituteofhealthequity.org/projects/social-inequalities-in-the-leadingcauses-of-early-death-a-life-course-approach-`
11 https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays
12 http://www.fph.org.uk/start_well%2c_live_better_-_a_manifesto
13 http://ncb.org.uk/whychildrendie
14 http://www.rcpch.ac.uk/news-campaigns/campaigns/why-children-die/why-children-die-rcpch-campaign
15 http://www.1001criticaldays.co.uk
16 http://www.bacaph.org.uk

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

© Local Government Association, November 2015

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

L15-430