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Earl of Listowel  
House of Lords  
London  
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3 February 2016

Dear Francis

I am writing following the first sitting of the Lords Report stage on the Welfare Reform and Work Bill on 25 January with regards to your question on the future of health visitors.

Allow me to begin by setting out the background. Responsibility for services for children aged 0 to 5 years with regards to public health commissioning transferred to local authorities on 1 October 2015. This completed the transfer of public health funding from the NHS to local authorities and meant that local authorities are now responsible for commissioning of children, young people and family public health services for those aged 0 to 19 years. The move of public health funding enables local authorities to bring together and locally tailor services such as education and housing with health in order to improve the wellbeing of local citizens. The arrangements enable integrated approaches of health and early years services for children and integration of public health services for those aged 0 to 19 years, to achieve best value, improved outcomes, reduced inequalities and thus give children the best start in life.

The public health programme for children is set out in 'Healthy Child Programme 0-5', led and provided by health visitors and teams, and the 'Healthy Child Programme 5-19', led and provided by school nurses and teams. Provision of five key child development reviews was mandated through *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015*.

This reflected the need for these services, often regarded as the backbone of the Healthy Child Programme, to be provided in the context of a national/standard format, so as to ensure universal coverage and improvement to public health. Indeed, local authorities are expected to act with a view to securing continuous improvement in the uptake of the 5 mandated reviews.

Turning specifically to the issue of health visiting, the focus will be on realising the benefits of the investment in health visiting and the transfer of commissioning to local authorities. There is a clear role for Public Health England (PHE) as system leader for children's and young people's public health, including the sustainability agenda. One of PHE's national priorities is to ensure that every child has the best start in life, so that they are ready to learn at two and ready for school at five. As part of this, PHE is providing support to local authorities in their new commissioning role.

Collaboration between key partners will be orchestrated by PHE's the Best Start in Life (BSiL) initiative. Further information on the BSiL initiative can be found on the Gov.uk website (<https://publichealthmatters.blog.gov.uk/category/priority4>). You may be interested to note that PHE, the Local Government Association (LGA) and the Department of Health have put in place new Governance arrangements for BSiL, following the completion of the Government's Major Projects Portfolio programme.

Leadership for this programme rests with a board co-chaired between the PHE Chief Nurse, the lead for Best Start and a local authority chief executive. This will be the ideal platform to deliver the momentum derived from of the national Health Visitor programme, to develop evidence and impact measures, to provide system and professional leadership and products to support effective commissioning. The model commissioning specification requested by local authorities has been produced by PHE working with LGA and other partners. Further information can be found on the Gov.uk website (<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>).

Finally, I acknowledge your concerns about the level of funding available to local authorities for these services. Local authorities need to play their part in putting public finances on a sustainable footing. I appreciate the scale of the task, but they have already made good progress in showing how it is possible to do more for less. PHE can provide support and advice to help individual authorities in their endeavours. It is also important to note that local authorities will still receive over £16 billion to spend on public health over the next five years. This is in addition to what the NHS will continue to spend on vaccinations, screening and other preventative interventions – including the world's first national diabetes prevention programme. Public health allocations for 2016/17 and 2017/18 are due to be announced shortly. For the longer term we will be consulting in due course on options to fully fund local authorities' public health spending from their retained business rates receipts, as part of the move towards 100% business rate retention.

A copy of this letter will be placed in the House library.

*Yours sincerely*  
*David*

**LORD FREUD**

**MINISTER OF STATE FOR WELFARE REFORM**