

This Q&A addresses questions about the role of health visitors and the Healthy Child Programme for pregnancy and early years (children aged 0-5).¹

1. What is the Healthy Child Programme and how does it differ from the Child Health Surveillance Programme?

Answer:

The Healthy Child Programme (HCP) was launched in October 2009.

The HCP for children aged 0-5 is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families. It is a programme of screening, immunisation, health and development reviews for children, and covers the period from pregnancy to 19 years of age. It incorporates the previous Child Health Surveillance programme.

The HCP (0-5 years of age), led by health visitors, places a major emphasis on parenting support and enabling mothers and fathers to provide sensitive and effective parenting during the first months and years of life. The new service model for health visitor services brings improved access and time with families – providing services where they are best suited – at home, in health settings including GP surgeries, Sure Start Children’s Centres, as well as other non-traditional settings. By increasing the number of health visitors to 4,200, the health visitor workforce will in coming years, be better able to support parents and children.

Implementation of the HCP is designed to drive the development of high-quality services that make a measurable contribution to the prevention of ill health and to the reduction of health inequalities.

2. Who delivers the Healthy Child Programme for children from pregnancy to five years of age within the NHS workforce?

Answer:

Health visitors lead delivery of the HCP (0-5), working closely with other health, education and social care professionals, the voluntary sector and with families and communities.

At a *strategic* level, local authorities and commissioners have the lead responsibility for the breadth of services covered by the HCP, the shared purpose for whom is the improvement of children and young peoples’ lives.

Operationally, HCP (which may be delivered by one or more providers), is delivered by the local, multi-disciplinary HCP Team, including health visitors.

¹ For information about the Healthy Child Programme for children aged 5 – 19 please use the link below:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566

This team works across primary care, in schools, in the community, with safeguarding professionals and in the youth justice system. One of its roles is to facilitate access to specialist support services where required.

3. Who is responsible for the commissioning of services under the Healthy Child Programme in my local NHS at present?

Answer:

At present, commissioning of health visitor services is managed by NHS PCT Cluster commissioning teams.

4. How will commissioning of services under the Healthy Child Programme work in future?

Answer:

The future commissioning route of the health visitor service and the wider children's public health service from pregnancy to 5 years of age, was subject to consultation in the Public Health White Paper, 'Healthy lives, healthy people: our strategy for public health in England'.

During this consultation there was concern over the potential for fragmentation of responsibilities during transition and beyond. Specifically, there were concerns about the splitting of responsibility for commissioning of children's public health services from pregnancy to 5 years of age, and those services for children aged 5 - 19.

The government's response in July 2011 acknowledged these concerns but concluded that the NHS Commissioning Board would be best placed to retain oversight of the services for children from pregnancy to 5 years of age.

This will not only to ensure continuity of service for parents and their young children, but will also support the national campaign to revitalise and expand the health visitor profession by 4,200 by 2015. The transfer of commissioning of public health services from pregnancy to 5 years of age to local authorities remains a national commitment, on track to be in place by 2015, and our priority is to ensure a smooth, practical and patient centred approach to transition.

Therefore, and subject to passage of the Health and Social Care Bill (2011), the NHS Commissioning Board will be responsible for commissioning services for children and families in the short-term, allowing us the necessary time to develop a stable, secure and seamless service for all parents and their young children in the future.

We have listened to concerns around fragmentation of responsibility and we will continue working with our national and local partners to ensure these concerns are addressed in the design of commissioning structures.

5. What services can health visitors offer patients, especially new parents and children?

Answer:

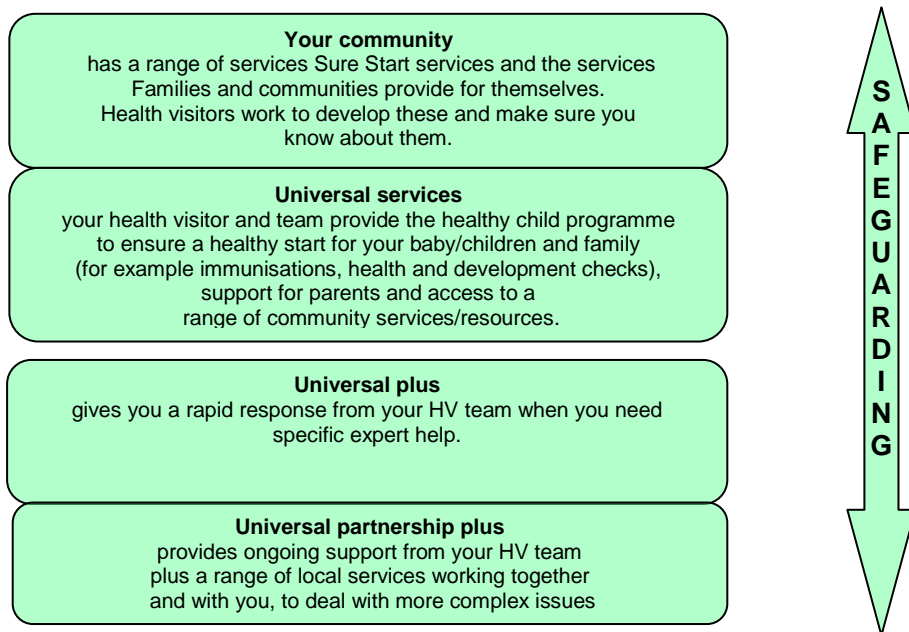
The new model ensures a universal service for all, a rapid response from the health visitor team when parents need specific expert help, and ongoing support to deal with more complex needs over time. It includes services delivered through Sure Start Children’s Centres, other community services and, where appropriate, the Family Nurse Partnership.

The service vision was developed with professionals, partners and those who use our services and sets out a universal offer for all families across England. This plays into the unique position and strengths of the health visitor role and is shaped around the job they are trained and skilled to do. Many in the profession see the model as a restatement of what is at the core of health visiting – improving public health, promoting wellness, and preventing illness.

The service model places health visitors into roles that predict the needs of the local population, using established and new tools such as PREview and Pregnancy, Birth and Beyond (PBB). They will lead and deliver a universal service to all families, ensuring access to all the development reviews and interventions that make up the 0-5 elements of the Healthy Child Programme. They will assess and deal with parents' needs and make sure specialist services are available and accessible for those who need them.

Health visitors will work with families and communities to help them to build the resilience and confidence they need to take control of their own health and develop their abilities and knowledge, enabling families to take full advantage of the range of resources that are available to them. The service model is displayed as below:

Transforming the service: Service Model
Service model being implemented through Early Implementer Sites, support to commissioning, leadership events and professional mobilization programme. Model has high levels of support from profession and stakeholders



6. How can GPs find out more about the Healthy Child Programme and about health visitors in their local area?

Answer:

For local information, the best place to begin is with your local NHS PCT cluster organisation's commissioning team.

The Department of Health publishes information on its website about both the Healthy Child Programme and the Health Visitor Programme. The Health Visitor Implementation Plan 2011-15 – 'A Call to Action'. sets out how DH will work with partners to deliver its ambition. Information about the programme, including a review of the first year's activity is available on the Department of Health's Health Visitor webpage:

<http://www.dh.gov.uk/health/category/policy-areas/public-health/health-visitors-public-health/>

7. What professional learning resources have been developed to support the delivery of the Healthy Child Programme?

Answer:

The Royal College of Paediatrics and Child Health led the work to produce the new and innovative e-learning package to support healthcare professionals deliver the evidence based Healthy Child Programme during pregnancy and the first five years of life. NHS staff can find more information and register to gain access at: www.e-lfh.org.uk/healthychild

8. I've heard that the numbers of health visitors is in decline. Is this true? What is the NHS doing to address this so that there are enough health visitors in each area to meet local need?

Answer:

We are committed to growing the health visitor workforce by 4,200 positions by 2015 and developing health visitor services to improve public health outcomes and reduce health inequalities. The vast majority of this growth stems from delivering an increase in the number of health visitor training places. We are making good progress against our targets with around 1200 health visitors in training and another 400 entering training in the next few months, with a further significant increase planned for September.

The government's commitment to increase the health visitor workforce and deliver a transformed service for children and families is supported by the insight of members of the Health Visitor Taskforce which includes the RCGP in its membership. The *NHS Operating Framework* sets this out as one of the highest priorities this year, with both SHAs and PCTs undertaking action to deliver the required growth in commissioning of training and in the service, in order to meet our commitment in 2015. We monitor action in line with these directives.