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# Health Visiting Programme and 0-5 Commissioning of Public Health Services

November 2014

**Title: Factsheet on Health Visiting and commissioning of public health services for 0 to 5 year olds**

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To provide background on the Health Visiting Programme and transfer of commissioning to local authorities from October 2015

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**Target audience:**

Providers, local government, health practitioners

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## Health Visiting Programme

The evidence-base for improved health, social and educational outcomes from a systematic approach to early child development, including early intervention and prevention, has never been stronger and has been described as 'a powerful equalizer which merits investment' (Irwin et al 2007, Marmot 2010).

Health visitors play a crucial role in ensuring children have the best possible start in life, and lead delivery of the 0-5 elements of the [Healthy Child Programme](#) in partnership with other health and social care colleagues. Investing in the health visiting service is having a profound impact on supporting the lifelong health and wellbeing of young children and their families.

[The Health Visiting Programme](#) started in 2011 as a National programme of work to deliver on the Government's commitment by 2015 to:

- Increase health visitors by 4,200 and
- Create a transformed, rejuvenated health visiting service providing improved outcomes for children and families with more targeted and tailored support for those who need it.

It represents a major investment in services for young children and families, and is intended to:

- Improve access to services;
- Improve the experience of children and families;
- Improve health and wellbeing outcomes for under-fives; and
- Reduce health inequalities.

The programme is delivered in partnership between the Department of Health (DH), NHS England (NHS E), Public Health England (PHE) and Health Education England (HEE). DH is the system lead and NHS E is responsible under the NHS Mandate and Section 7A for commissioning the additional capacity and service transformation. Professional leadership comes from both DH and PHE, while HEE is mandated to lead the delivery of students and CPD, and PHE has responsibility for evidence, information and wider public health.

### The role of health visitors

As leads on the Healthy Child Programme, health visitors provide all families with crucial evidence-based support, expert advice and intervention in the first years of life ([National Health Visiting Service Specification 2014/15](#)), as well as referring or directing them to other support services when required.

As public health practitioners, they work alongside other health professionals including early years practitioners, voluntary organisations, peer supporters, Family Nurse Partnership teams, GPs and primary and secondary care providers, as well as childrens' centres and early years' staff to ensure a holistic service focused on improving health outcomes and reducing inequalities at individual, family and community level.

Health visitors make a real difference to the lives of young children and their families. Research

has proven that through the interventions of health visitors – such as more relaxed mothering<sup>1</sup>, improved mother-child interactions<sup>2</sup> or early identification of post-natal depression<sup>3</sup> - there is a long-term positive impact on young children and their families.

A range of documents about the [High Impact Areas](#) has been developed to show where health visitors have a significant impact on health and improving health outcomes. These are:

- Transition to Parenthood and the Early Weeks
- Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)
- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school'

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<sup>1</sup> Wiggins, M., Oakley, A., Roberts, I., Turner, H., Rajan, L., Austerberry, H., et al. (2005).

<sup>2</sup> Puura, K., Davis H., Mäntymaa M., et al. (2005). The Outcome of the European Early Promotion Project: Mother-Child Interaction. *International Journal of Mental Health Promotion*, 7(1), 82-94.

<sup>3</sup> Brugha, T. S., Morrell, C., Slade, P., and Walters, S. (2011). Universal prevention of depression in women postnatally: cluster randomized trial evidence in primary care. *Psychological Medicine*, 41(4), 739.

## The Healthy Child Programme

[The Healthy Child Programme \(HCP\)](#) is a prevention and early intervention public health programme offered to all families that lies at the heart of the universal service for children and families. It aims to support parents, promote child development, reduce inequalities, improve child health outcomes and health and wellbeing, and ensure that families at risk are identified at the earliest opportunity. It also supports the [Joint Strategic Needs Assessment](#) for children.

It is underpinned by an up-to-date evidence-base such as set out in Health for All Children (Hall and Elliman, 2006) and is aimed at children up to the age of 19 and their families.

Core elements include health and development reviews, screening, immunisations, promotion of social and emotional development, support for parenting, and effective promotion of health and behaviour change. Health visitors deliver the Healthy Child Programme for under 5s.

## The transformation of the health visiting service

The [Health Visitor Implementation Plan 2011-15](#) was published in February 2011 and sets out the full range of services that families will be able to expect from health visitors and their teams as part of the rejuvenated and transformed health service.

This includes:

- Full delivery of the four-level health visiting service including universal elements of the Healthy Child Programme made up of the following elements:
  - Community: health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them.
  - Universal: health visiting teams lead delivery of the HCP. They ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.
  - Universal Plus: families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children.
  - Universal Partnership Plus: health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.
- Health visiting delivered in the context of effective public health services for 0-5s and embedded with commissioning of other early years services; and
- Improvement in defined public health outcomes.

Support is also being provided for commissioners, providers and health visitors to deliver this transformation including:

- Additional funding to NHS England Area Teams to work with providers on transforming the service in line with the [HV National Core Service Specification](#).
- A four-year transformation programme funded by the Department of Health of recruitment and retention, professional development and improved commissioning linked to public health improvement to support health visitors. This includes:
  - A project to develop and support post-qualification development and support for HVs will be commissioned from the institute of Health Visiting and Partners, 'Making the Most of Health Visitors'.
  - The publication of a number of professional guidance and pathway documents including the Health Visiting to School Nursing Pathway and Maternal Mental Health Pathway with more due for release and refresh. For more information visit <https://www.gov.uk/government/collections/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models>
  - [The Building Community Capacity](#) educational programme, created by a team at Northumbria University led by Professor Pauline Pearson, on behalf of the Department of Health is a professional development package for health visitors, combining learning through education materials and practical application in the workplace and local community.

- A [Preceptorship Charter](#) developed by the Institute of Health Visiting on behalf of DH, outlines the best practice quality markers for newly qualified health visitors entering employment as a health visitor in England.
- A number of training programmes and support materials have been developed to enhance the skills of all health visitors. These have included Perinatal Mental Health and Domestic Violence and Abuse training and e-learning materials, and a range of guidance documents and leaflets. A successful suite of 10 to-day workshops was delivered on Domestic Violence and Abuse between January to March 2014, a further stage in facilitating spread of this training has begun, with three interactive e-learning modules due to be launched on the e-Learning for Healthcare portal in respect of Domestic Violence and Abuse. Peri-natal Mental Health e-learning training is already available on the e-learning for health portal.
- An [Education Initiative](#) developed by DH and HEE providing an enhanced range of CPD training opportunities designed to support both newly qualified and experienced health visitors to gain additional skills to deliver this transformed service.
- Guidance produced by NHS Employers to support providers to enhance recruitment and retention and support re-engagement of health visiting teams.



## The Family Nurse Partnership (FNP)

The [Family Nurse Partnership](#) is a licensed programme for first time parents aged 19 and under, starting in early pregnancy and continuing until the child is 2. Their work complements the health visiting service and is another service based on the child and family's needs. This more intense support gives the most disadvantaged children and families the foundations for the best start in life, reducing their health inequalities and helping children reach their potential.

The programme uses in-depth methods to work with young parents on attachment, relationships and psychological preparation for parenthood, helping them to overcome adverse life experiences.

The health visitor service, general practice and local Sure Start Children's Centre will be kept informed of which families are receiving FNP and all families are handed over to the Health Visitor service when the child reaches two years.

## Changes to how 0-5 services are commissioned

From 1 October 2015 the responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to local authorities:

- [The 0-5 Healthy Child Programme](#) includes health visiting services (delivery of the service vision, four stage model including universal, community and targeted services) and Family Nurse Partnership services (targeted service for teenage mothers).

After October 2015, NHS area teams will no longer have the responsibility to lead on commissioning the above services, though it will remain important that they continue to work closely with local authorities.

The following commissioning responsibilities will not transfer to local authorities:

- Child Health Information Systems, to be reviewed in 2020; and
- The 6-8 week GP check (also known as the Child Health Surveillance).

### Benefits of the change to how services will be commissioned

Local authorities know their communities and understand local need so can commission the most vital services to improve local children's health and wellbeing. One of the benefits of councils commissioning health visitor services is that it offers opportunities to link with wider systems, such as housing, early years education providers and to enable the integration of children's services. This in turn will provide a more joined-up, cost effective service built around the individual needs, paving the way to deliver across a wider range of public health issues.

Local authorities understand the huge impact that primary prevention, early identification of need and early intervention have on ensuring positive outcomes for young children and families. Public health services play a key role in ensuring that needs are identified in a timely way and families are supported to access the services they need. Health visitors will be part of an integrated, seamless service across both health and social care.

Local authorities are already responsible for commissioning public health services (and education and social care services) for children aged 5-19. Public health responsibility was successfully transferred from NHS England to local authorities in 2013. In addition, many local authority areas are already involved with NHS England Area Teams and providers in the discussions around commissioning of health visiting services showing their commitment to this agenda. The transfer in 2015 will mean that services are commissioned and delivered in a joined-up way.

### Funding for services

The transfer of commissioning responsibilities from NHS England will include funding for 0-5 public health services. Funding for the 0-5 budget will sit within the overall ring-fenced public health budget. Further information is available [here](#).

## Requirements for local government

Building on the mandate of services outlined above, the Government now intends to mandate certain universal elements of the 0-5 HCP namely:-

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2½ review

- Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions). These elements are delivered by health visitors or (less often) through FNP as part of an ongoing relationship with families and communities.
- These universal services will be legally mandated as part of the transition to local authority commissioning with a 'sunset clause' at 18 months and a review at 12 months. They are crucial connection points where health visitors and their teams have powerful opportunities to support families, leading to better outcomes for children. The Department of Health is drawing up a process of regulations.

Further information is available in the DH [factsheet](#).

Both health visitors and family nurse practitioners will continue to be employed by their provider – in most cases this is the NHS. It is only the commissioning responsibility which is being transferred, not healthcare staff.

## Support for local authorities

Work is underway to ensure local authorities are well prepared to take on their new commissioning role and understand the leadership role of health visitors, the new service model for health visiting and the Healthy Child Programme (0-5). Jointly published material will provide advice and guidance to local authorities and health visitors.

There is extensive engagement at both national and local level between the NHS and local authorities to achieve this, including encouraging a period of joint commissioning and building on existing joint work. Local authorities already commission public health services involving health professionals, for example for 5-19 year olds which includes the Healthy Child Programme (5-19) delivered by school nurses. Directors of Public Health, the local leads for public health commissioning, and their teams are already working in local authorities and will have a good understanding of the role of health visitors.

Presentations from recent LGA events to support the transfer are available [here](#).