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
About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Published January 2016
PHE publications gateway number: 2015610

This guidance has been developed with our key partners, including SOLACE, Association of Directors of Public Health and the Local Government Association.
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Introduction

This is one of four supporting guides to assist local authorities in the commissioning of health visiting and school nursing services to lead and co-ordinate delivery of public health for children aged 0-19.
Section 1: Background

Public Health England supports local authorities and the NHS in securing the greatest gains in health and wellbeing and reductions in health inequalities through evidence-based interventions. In October 2014, PHE published From Evidence into Action: Opportunities to protect and improve the nation’s health and this is intrinsically linked to the NHS Five Year Forward View. Both documents put prevention at the heart of the NHS and public health systems. Ensuring every child has the best start in life is one of PHE’s seven key priorities. Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life.

Professor Sir Michael Marmot\(^1\) and the Chief Medical Officer\(^2\) have highlighted the importance of giving every child the best start in life and reducing health inequalities throughout life. The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

Professor Marmot and the Chief Medical Officer both recognise the importance of building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support.\(^3\) There will be challenges within a child’s or a young person’s life and times when they need additional support. Universal and targeted public health services provided by health visiting and school nursing teams are crucial to improving the health and wellbeing of all children and young people.

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme\(^4\), with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people.

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\(^1\) http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE
1.1 The Healthy Child Programme

Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is firm evidence about what is important to achieve this through strong children and young people’s public health. This is brought together in the national Healthy Child Programme 0-19, which includes:

- Healthy Child Programme: Pregnancy and the first five years of life (DH/DCSF, 2009)
- Healthy Child Programme rapid review to update evidence (PHE, 2015)
- Healthy Child Programme: From 5-19 years old (DH/DCSF, 2009)

The safeguarding element of the Healthy Child Programme 5-19 is currently part of a rapid review and the findings should be available in Spring 2016.

The 0-5 element is led by health visiting services and the 5-19 element is led by school nursing services. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child’s life to identify families that are in need of additional support and children who are at risk of poor outcomes.

The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:

- help parents develop and sustain a strong bond with children
- encourage care that keeps children healthy and safe
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health issues early, so support can be provided in a timely manner
- make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be ‘ready for to learn at two and ready for school by five’

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5 Milestones of normal child development age ~4 years (based on the work of Mary Sheridan From Birth to Five Years)
Ready for school is assessed as—every child will have reached a level of emotional development which enables them to:

- communicate their needs and have good vocabulary
- be independent in eating, getting dressed and going to the toilet
- be able to take turns, sit still and listen and play
- be able to socialise with peers and form friendships and separate from parent(s)
- have physical good health, including dental health
- be well nourished and within the healthy weight for height range
- be protected against vaccine-preventable infectious diseases, having received all childhood immunisations
- be supported to thrive in school years, gaining maximum benefit from education, driving the high educational achievement of our children and young people
- identify and help children, young people and families with problems that might affect their chances later in life, including building resilience to cope with the pressures of life

1.2 Purpose of the guidance

The Health and Social Care Act 2012 sets out a local authority’s statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years. Responsibility for children’s public health commissioning for 0-5 year olds, specifically health visiting, transferred from NHS England to local authorities on 1 October 2015. The move to commissioning of children’s public health services by local authorities is an opportunity to take a fresh look at ensuring coherent, effective, life course services for children and young people aged 0-19.

This guidance is designed to support local authorities in commissioning ‘public health services for children and young people’ and in particular delivering the Healthy Child Programme 0-5 and 5-19. The Healthy Child Programme aims to bring together health, education and other key partners to deliver an effective programme for prevention and support.

Whilst recognising the contribution of other partners, there will be some elements which require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce, ie health visiting and school nursing teams, consequently this guidance:

- describes the health visiting and school nursing 4-5-6 service models, high impact areas and related outcomes
- provides a national template for local authorities to use/adapt to meet local needs
- supports integrated delivery and provides opportunities for local authorities to consider integration and co-commissioning
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- offers quality and standardisation of service delivery whilst recognising the need for local adaptability

1.3 Key drivers

1.3.1 Commissioning responsibilities for child health and wellbeing

Under the terms of the Health and Social Care Act 2012, upper-tier local authorities are now responsible for improving the health of their local population. Local authorities are key commissioners and hold an array of statutory duties for children, including:

- establishing arrangements to reduce child poverty
- promoting the interests of children in the development of health and wellbeing strategies (joining up commissioning plans for clinical and public health services with social care and education to address identified local health and wellbeing needs)
- leading partners and the public to ensure children are safeguarded and their welfare promoted
- driving the high educational achievement of all children
- leading, promoting and creating opportunities for co-operation with partners to improve the wellbeing of young people

The core public health offer for all children includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection, immunisation and screening
- information, advice and support for children, young people and families
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multi-disciplinary team
- defined support in early years and education settings for children with additional and complex health needs
- additional or targeted public health nursing support as identified in the Joint Strategic Needs Assessment, for example support for looked after children, young carers, or children of military families

1.3.2 Commissioning public health services for children and young people 0-19

Local authorities are responsible for commissioning public health services for children aged 0-19; this presents new opportunities for bringing together a robust approach for improving outcomes for children and young people across both health and local
authority led services for children and young people aged 0-19. Local authorities are well placed to ensure a wide range of stakeholders, including the NHS and the voluntary and community sector. Figure 1 sets out the commissioning responsibilities for local authorities, clinical commissioning groups and NHS England for the health and wellbeing of children aged 0-19. Public health services for children aged 0-19 are predominantly led and delivered by health visitors and school nursing teams, with input from other partners as appropriate.

This guidance is based on a public health pathway for children and young people aged 0-19. Local authorities may also wish to consider the transition to adulthood, especially for young people who are vulnerable or needing additional support, including the interface with services for young people aged 16-25.
**Figure 1:** Commissioning responsibilities of local authorities, clinical commissioning groups and NHS England for the health and wellbeing of children aged 0-19. Local commissioners should also consider the links and interface with mental health, sexual health, smoking and substance misuse services.
Section 3, Table 1 provides a summary of the core elements of the Healthy Child Programme, together with key providers and commissioning organisations. Health visitors and school nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme.

1.4 The Health Visiting and School Nursing Services (public health nursing workforce)

Public health nurses are registered nurses and/or midwives with specialist additional training to develop knowledge and skills that bring together individual, family and community interventions to improve health in populations by assessing and responding to local need (Figure 2).

**Figure 2:**

Assessing and responding to local need (‘population health’)

Public health nursing services provide universal support, and due to their close relationships with families and community settings, including early years and education settings, health visitors and school nurses are key in supporting the local authority area’s Early Help system, which encompasses early intervention, and the Troubled
**Families programme.** Figure 3 sets out the service offer provided to children, young people and families by health visiting and school nursing teams.

**Figure 3: The service model for health visiting and school nursing**

Public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with their population (children, young people and families) to support behaviour change, promote health protection and to keep children safe. Figure 3 illustrates the service model for health visiting and school nursing services and what parents, children and young people can expect to receive. Health visiting and school nursing teams will be led by a qualified health visitor or school nurse.

### 1.4.1 The transformed health visiting service

Over the past five years the health visiting service has undergone rapid growth and transformation. This is set out as the 4-5-6 model for health visiting in Figure 4 and includes the five mandated reviews.
1.4.2 School nursing services

The model for school nursing services to support the delivery of the Healthy Child Programme 5-19 is currently in development and is shown in Figure 5:
The school nurse High Impact Areas build early identification of children in need of support and focus on key priority areas, including

- **building resilience and improving emotional health and wellbeing** as highlighted in *Future in Mind*, working closely with schools, parents and local services
- **keeping safe, managing risk and reducing harm** – including child sexual abuse and exploitation
- **healthy lifestyles** – including reducing childhood obesity and increasing physical activity
- **maximising achievement and learning** – helping children to realise their potential and reducing inequalities
- **supporting additional health needs** – supporting Special Educational Needs and Disability (SEND) reforms
- **transition and preparing for adulthood** – aligning with the NHS Five Year Forward View (self-care and prevention agenda)

The six High Impact Areas described in the 4-5-6 model (Figures 4 and 5) have been developed to improve outcomes for children, young people and families. They are based on evidence of where these services can have significant impact (for all children, young people and families and especially those needing more support) and impact of health inequalities. A bundle of indicators is available to measure performance and outcomes (*Public Health Outcomes Framework*) and will be further improved by the maternity and child dataset from 2017. Local authorities may wish to consider how their commissioning strategies can be directed to make an impact in these areas. Table 1 in Commissioning Guide 2 describes the health visiting and school nursing contribution to the Healthy Child Programme (0-19).

The new commissioning arrangements for children and young people aged 0-19 provide an excellent opportunity for councils to continue to develop relationships with health visitors, family nurses, midwives, dental teams and dentists, GPs, children’s centre staff, school nurses and clinical commissioning groups. This will support and develop their role in children’s health and wellbeing, not least in ensuring they understand the nature and availability of local services, joining them up and helping new parents, children and young people access appropriate support.

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[https://www.gov.uk/illness-child-education](https://www.gov.uk/illness-child-education)
Health visitors and school nurses have a crucial leadership, co-ordination and delivery role\(^8\) within the Healthy Child Programme. They work with key partners to deliver a comprehensive service. Table 1 (Section 3) summarises the core elements of the Healthy Child Programme, together with key providers and commissioning organisations.

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\(8\) https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england
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Acknowledgements

- **Valerie Armstrong**, Head of Operations and Development, Screening, Public Health England
- **Viv Bennett**, Chief Nurse, Public Health England
- **Alison Burton**, Maternity and Early Years Lead, Public Health England
- **Nicky Brown**, Senior Nurse and Public Health Specialist in Children and Young People, Public Health England
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