



Public Health  
England

Protecting and improving  
the nation's health



# Overview of the six early years and school aged years high impact areas

## 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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## Why have these six high impact area documents been developed?

The early years high impact area documents were developed in 2014 to support the transition of commissioning to local authorities and to help inform decisions around the commissioning of the health visiting service and integrated children's early years services. This is an updated version of the early years high impact areas, revised to encapsulate current policy drivers and evidence. The new school age high impact areas have been developed to support school nursing services and to ensure seamless support across the whole 0-19 age range.

The purpose of the high impact area documents is to articulate the contribution of health visitors to the 0-5 agenda and school nurses to the 5-19 agenda and to describe areas where health visitors and school nurses have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

The six early years high impact areas are:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (to include physical activity)
- Managing minor illnesses and reducing hospital attendance/admissions
- Health, wellbeing and development of the child aged 2: Two year old review (integrated review) and support to be 'ready for school'

The six school aged years high impact areas are:

- Resilience and emotional wellbeing
- Keeping safe: Managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Seamless transition and preparation for adulthood

The areas do not describe the entirety of the role and work of the health visitor or school nurse. There is still an expectation to deliver all elements of the Healthy Child Programme within the service model; Community, Universal, Universal Plus and Universal Partnership Plus.

The documents are informed by NICE guidance and underpinned by the 4 principles of public health nursing. The four contemporary principles were first published in 1977.

They are:

- search for health needs
- stimulation of an awareness of health needs
- influence policies affecting health
- facilitate health enhancing activities

They complement and area aligned with the [Early years foundation stage profile: 2016 handbook](#) and the resources for school aged children published in the school aged children profiles published by the [National Child and Maternal Health Intelligence Network](#) in 2015.

### Who is the intended audience/who have the documents been developed for?

Local authorities, elected members, early years professionals, schools, service providers (health visitors and school nurse), NHS and local authority commissioners and the public.

### Who has been involved in the development of the Six High Impact Areas

The early years high impact areas and school aged years high impact areas build on work undertaken in partnership between Public Health England, Department of Health, Local Government Association, NHS England, Health Education England and other key stakeholders, including the professional organisations supporting public health nurses.

Both sets of high impact areas are complimented by more detailed guides, for example [professional pathways](#).

## Key policy drivers

- Health visitor implementation plan 2011-2015: A call to action, Department of Health, 2011
- Fair society, healthy lives, The Marmot review, 2010
- Chief Medical Officer's annual report 2012: Our children deserve better: Prevention pays, Department of Health, 2013
- Healthy lives, healthy people: Our strategy for public health in England, Department of Health, 2010
- Healthy lives, healthy people: Update and way forward, Department of Health, 2011
- Healthy lives, healthy people: Improving outcomes and supporting transparency, Department of Health, 2013
- Early intervention: The next steps, Department for Work and Pensions and Cabinet Office, 2011
- Five Year Forward View, NHS England, 2014
- From evidence into action: Opportunities to protect and improve the nation's health, Public Health England, 2014
- Healthy Child Programme 0-19: Health visitor and school nurse commissioning, Public Health England, 2016
- Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action, Department of Health, 2012
- Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health and NHS England, 2012

## Core principles

There are a number of core principles that are common and assumed in each of the high impact area documents:

- Universal services are essential for primary prevention, early identification of need and early intervention Universal services lead to early support and harm reduction
- Early intervention evidence-based programmes should be used to meet the needs and to ensure that needs are identified in a timely way.
- All areas focussing on improving health outcomes and reducing inequalities at individual, family and community level
- Outcome measures align between health and education/other early years providers and there should be shared outcomes across the system
- Safeguarding is a thread throughout all of the high impact areas ranging from identification or risk and need, to early help and targeted work, through to child protection and formal safeguarding
- Clinical judgement will be used alongside formal screening and assessment tools
- Health visitors and school nurses have an important role as leaders of the Healthy Child Programme which should form part of the multi-professional care pathways and integration of services for children aged 0-5 and 5-19
- Public health, health promotion, prevention and safety is covered during every contact

- It is recognised that early years practitioners, schools, voluntary organisations, peer supporters, Family Nurse Partnerships, GPs and primary and secondary care providers all have an important contribution to make towards delivery of child health outcomes
- Partnership, integration, communication and multi-agency working are key to improving outcomes
- Outcomes are measured in line with national outcome frameworks and commissioning reporting requirements, however other reporting requirements and measures are for local determination
- Additional outcome measures should not add burden to data collection, should be collected within current systems and align to national reporting requirements
- Engagement with the whole family is an important component of the Healthy Child Programme