



Public Health  
England

Protecting and improving the nation's health

# **Supporting the public health nursing workforce: health visitors and school nurses delivering public health for children and young people (0-19)**

## **Guidance for employers**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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# 1. Introduction: An effective workforce for the healthy child programme

This guidance has been developed with the Local Government Association (LGA) and wider partners.

Public health is at the forefront of transforming population health for all communities; and giving children and young people the best start in life sets the foundations for wellbeing during the early years and throughout the life course. The **Healthy Child Programme: Pregnancy and the first five years of life** and **Healthy Child Programme: 5 to 19 years old** provide an evidenced based framework to support local public health delivery for children and young people (0-19). Local authorities are responsible for commissioning the programme; health visitors and school nurses are recognised as providing leadership and supporting a multi-disciplinary approach.

The current commissioning arrangements have given rise to a number of new ways of working and employment models. We have developed this guidance to support employers of health visitors and school nurses. This guidance compliments **the Standards for employers of public health teams in England** and addresses specific employment issues relating to health visitors and school nurses. Health visitors and school nurses are nurses or midwives registered with the NMC (on part 1 or 2 of the register), and who hold an additional specialist public health qualification and registered as such on part 3 of the NMC register.

Employers may wish to consider this guidance to support health visiting and school nursing teams to work safely and effectively. This guidance is being incorporated within self-regulation and improvement frameworks for public services and used by service regulators including the Care Quality Commission (CQC). All health visitor and school nursing services must be registered with CQC.

All employers providing health visiting and school nursing services should already have established a monitoring system by which they can assess their organisational performance against this guidance, together with a process for review and, where necessary, outline their plans for improvement. Employers should ensure their systems, structures and processes promote equality and do not discriminate against any employee.

## Purpose

This guidance has been developed by PHE in partnership with the LGA and wider stakeholders. The purpose of this guidance is to help employers support an effective workforce to sustain high quality outcomes for children, young people, families, carers and local communities. Good public health delivery can transform the lives of children, young people and families' and protect them from harm.

In order to achieve consistently high quality outcomes for service users, health visiting and school nursing services must have, and maintain, the skills and knowledge to establish effective relationships with; children, young people and families, professionals in a range of agencies and settings, and local communities that enable the healthy child programme to be delivered to improve outcomes and reduce inequalities.

Employers and employees can use this guidance along with an appropriate supervision framework and the resources identified in each section to help support recruitment and retention of health visitors and school nurses, which will underpin the quality and consistency of local service.

## Who the guidance applies to

This guidance applies to all employers of health visiting and school nursing teams. It relates to all registered health visitors and school nurses, together with other registered nurses within their teams who are employed within the organisation, as well as managers and Specialist Community Public Health Nurse (SCPHN) students. The landscape in which health visiting and school nursing services are delivered is changing, however we anticipate that this guidance will be relevant to and adopted in all settings where health visiting and school nursing teams are employed.

## The guidance for employers links to the Nursing and Midwifery Council (NMC) code

The **NMC code** provides the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK. The NMC code is intrinsic to the implementation of this guidance for employers. Both set out the expectations of health visitors and school nurses and, as such, they should be used in conjunction with each other.

This guidance should be read in conjunction with the **Standards for Employers of Public Health Teams in England**. This document provides additional specific guidance on health visiting and school nursing services.

## Public health services for children, young people and families

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 (HCP) 0-19, which includes:

- **Healthy Child Programme: Pregnancy and the first 5 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)

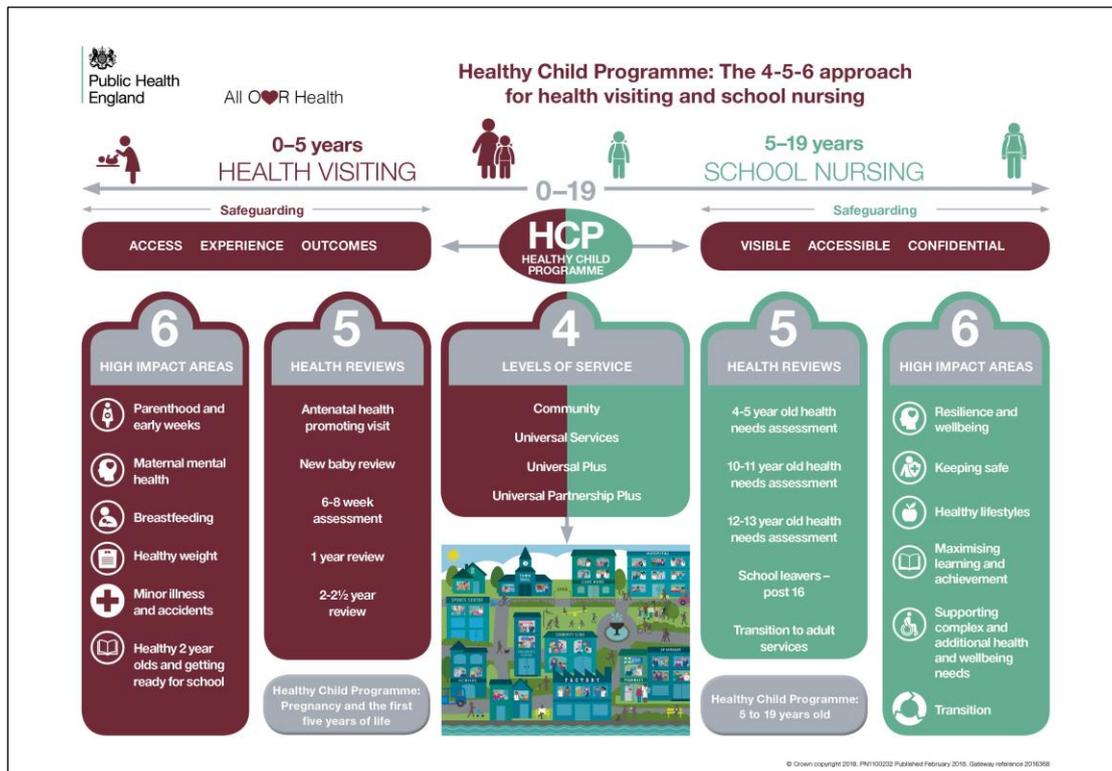
The **0-5 element of the Healthy Child Programme** is led by health visitors and the **5-19 element** is led by school nurses. Both work within a locally determined skill mix team. Health visiting and school nursing teams have specialist public health expertise and clinical skills and to assess needs and provide and/or secure appropriate early intervention. 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: Pregnancy and the first 5 years of life** and the **Healthy Child Programme: 5 to 19 years old** provide a framework to support collaborative work and a more integrated delivery. The programme (0-19) aims to:

- ensure children and young people 0-19 have access to evidence based interventions outlined in the Healthy Child Programme (0-19)
- help parents develop and sustain a strong bond with children
- support parents in keeping children healthy and safe, and reaching their full potential
- protect children from serious disease, through prevention, early intervention, 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 supported to be 'ready to learn' at 2 and 'ready for school' by 5
- 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

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 that require clinical expertise and knowledge that can only be provided through services led and provided by the public health nursing workforce. This is outlined in the **4-5-6 model** (figure 1), **high Impact areas** (table 1), **commissioning guide and professional guidance and pathways** for health visiting and school nursing.

**Figure 1:** Health visitors and school nurses: Delivering the Healthy Child Programme



**Table 1:** The high impact areas

Early years high impact areas	School aged years high impact areas
<ol style="list-style-type: none"> <li>1. Transition to parenthood and the early weeks</li> <li>2. Maternal mental health</li> <li>3. Breastfeeding (initiation and duration)</li> <li>4. Healthy weight, healthy nutrition</li> <li>5. Managing minor illnesses and reducing accidents (reducing hospital attendance/admissions)</li> <li>6. Health, wellbeing and development of the child aged 2 (2 year old review: Integrated review)</li> </ol>	<ol style="list-style-type: none"> <li>1. Resilience and emotional wellbeing</li> <li>2. Keeping safe; Reducing risky behaviours</li> <li>3. Improving lifestyles</li> <li>4. Maximising learning and achievement</li> <li>5. Supporting complex and additional health and wellbeing needs</li> <li>6. Seamless transition and preparation for adulthood</li> </ol>

## Overview of the guidance

The guidance covers 4 key areas outlined below:

### 1. Accountability and governance and partnership working

- ensuring there is a clear clinical governance framework including risk assessment and action to minimise and prevent risk
- informed by knowledge of effective health visitor and school nurse practice and the experience and expertise of service users, carers and practitioners
- ensuring access to appropriate tools and resources that health visitors and school nurses need to practice effectively;
- supporting partnership working with others to deliver the Healthy Child Programme

### 2. Effective workforce planning

- ensuring workforce planning systems are in place to determine the right number of health visitors and school nurses, and other skill mix within the team with the right level of skills and experience are available to meet current and future service demands
- ensuring safe and manageable workloads to meet service demands

### 3. Professional registration and supervision

- supporting health visitors, school nurses, and the wider team to maintain their professional registration and revalidation (revalidation is a public protection measure and legal requirement for nurses, midwives and health visitors to practice in the UK)
- ensuring access to regular and appropriate clinical supervision

### 4. Continuing Professional Development and training

- providing opportunities for effective continuing professional development (CPD), as well as access to research and relevant knowledge
- developing effective partnerships with higher education institutions and other organisations to support the delivery of education and continuing professional development

## 2. Accountability, governance and partnership working

This section is about accountability, governance and reducing risk; this is underpinned by enabling the workforce to deliver evidenced based public health within an accountable framework. All health visiting and school nursing services must be registered with the **Care Quality Commission**. This is a legal requirement as defined by the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**.

It is important to have a clear understanding of what constitutes good health visiting and school nursing practice; this includes the theories, skills, research and evidence that underpin health visiting and school nursing practice and the ways in which employing organisations can achieve and maintain it at strategic and operational levels through clear accountability and governance.

The 4-5-6 model and high impact areas developed by PHE illustrate the service model and areas where health visitors and school nurses can make the biggest difference.

The 4-5-6 model provides a structured approach to delivering the Healthy Child Programme 0-19 and identifies the areas where both professional groups can make the biggest impact on outcomes for children and young people and families.

The Guidance to support the commissioning of the healthy child programme 0-19: Health visiting and school nursing services provides more in-depth information on the Healthy Child Programme delivery by health visiting and school nursing teams.

**Employers may wish to consider the following**

**Strategic accountability:**

- developing a strategy to monitor the effectiveness and responsiveness of their health visiting and school nursing service delivery
- ensuring clinical audit and risk assessment processes are in place
- ensuring clear lines of accountability within the organisation for health visiting and school nursing service delivery
- establishing and maintaining effective strategic partnerships with partner agencies, higher education institutions and other organisations

### Operational accountability:

- ensuring health visitors, school nurses and their teams can do their jobs safely and have access to appropriate tools and evidence based resources to support their practice
- identifying a lead professional health visitor/school nurse who will be responsible for implementing and leading **the Standards for employers of public health teams in England**
- liaising with external professional leads to support the implementation of these standards
- completing, reviewing and publishing an annual 'health check' or audit to assess whether the practice conditions and working environment of the organisation's health visiting and school nursing workforce are safe, effective, caring, responsive and well led
- ensuring service delivery is underpinned by research and evidence (including NICE guidelines)
- ensuring health visiting and school nursing teams' feedback and views are taken into account in how services are planned and organised
- working with professional bodies and professional organisations and supporting of all health visiting and school nursing teams to be engaged in the work of such bodies
- ensuring that processes are in place to seek and collate the views of service users, carers and practitioners
- implementing a system to analyse and act upon the views of service users, carers and practitioners, so that continuous feedback informs and supports the delivery of quality services, for example, **Friends and Family Test** or use of the 'You're Welcome'

### Working with partners and promoting multi-disciplinary working:

- promoting health visiting and school nursing practice awareness amongst service directors and strategic managers, local politicians, community leaders, voluntary sector stakeholders and professionals in universal services such as early years settings, schools, wider health, social care and the police
- explaining and promoting the role of health visiting and school nursing roles to the public, improve accessibility and encourage children, young people and families to seek early help
- ensuring there are links between health visiting and school nursing teams and the relevant local authority member; and Public Health England Centre Lead, the local Health Trust, Clinical Commissioning Groups, Higher Education Institutions and other organisations to support partnership working

## Useful resources

Clinical audit, Kings Fund

Clinical audit, NHS England

High impact areas for health visiting and school nursing

Record keeping guidance, Nursing and Midwifery Council

The 4-5-6 approach for health visiting and school nursing

The fundamental standards, CQC

What to expect from a nurse or midwife, Nursing and Midwifery Council

## 3. Effective workforce planning

This is about having appropriate workforce planning systems in place in order to meet the needs of local service users now and in the future. Effective workforce planning systems should determine immediate staffing requirements and help to ensure that sufficient numbers of health visitors and school nurses are trained to meet future demand, working with both Health Education England and Higher Education Institutions.

Workforce planning should be based on an understanding of the factors that influence need and demand, including the size and specific circumstances of the local population. Workforce planning procedures should be regularly monitored and reviewed.

Employers may wish to consider the following:

### Workforce planning

- undertaking an assessment of current and future need and engage with local, regional and national supply and demand systems
- ensuring that workforce planning systems involve effective and strategic partnerships with higher education institutions, local health partners and other agencies
- contributing to efforts to recruit and retain health visitor and school nurse students

### Safe staffing

- ensuring health visiting and school nursing teams operate within their field of practice and expertise, for example, health visitors 0-5, school nurses 5-19
- using an evidence based or validated workload management system which sets transparent benchmarks for safe workload levels in each service area
- ensuring each health visiting and school nursing workload is regularly assessed to take account of work complexity, individual worker capacity, and time needed for supervision and Continuing Professional Development
- ensuring that cases are allocated transparently and by prior discussion with the individual health visitor or school nurse, with due consideration of newly registered health visitor and school nurses having access to appropriate [preceptorship](#)
- providing health visiting and school nursing teams with appropriate evidence based tools to do their job including effective case recording and other IT systems, databases, access to the internet and mobile communications

- ensuring all health visitors and school nurses and their teams have access to high quality supervision to protect them from harm, arising from managing the complexity of their allocated cases as part of maintaining a safe workload
- taking contingency action when workload demand exceed staffing capacity; reporting regularly to strategic leaders about workload and capacity issues within services
- publishing information about average caseloads for health visiting and school nursing within the organisation
- providing administrative support to health visitors and school nurses, and help to maximise the time they are able to spend working directly with children, young people and families
- taking account of the recommendations of the [NICE Guidance \[NG13\] Workplace health: management practices](#), making employee welfare services available for all health visitors and school nurses and their teams

## Learning and development

- engaging with the health visitor and school nurse education sector in order to facilitate exchanges of personnel and expertise
- facilitating further learning and development across partner agencies and regional networks or local Communities of Practice and with higher education partners
- providing good quality practice placements, other types of practice learning, and effective workplace assessment to help ensure that the right numbers of new health visitors and school nurses of the right calibre are trained, developed and supported

## Whistleblowing

- fostering a culture of openness and inclusion in the organisation that empowers health visitors and school nurses to make appropriate professional judgements within a supportive environment
- enabling health visiting and school nursing teams and managers to raise concerns through incident reporting/whistleblowing, including concerns about inadequate resources, operational difficulties, workload issues or their own skills and capacity for work without fear of recrimination
- having in place effective systems for reporting and responding to concerns raised by health visiting and school nursing teams and managers so that risks are assessed and preventative and protective measures are taken
- ensuring that the risks of violence, harassment and bullying are assessed, minimised and prevented. Where such instances do occur, there should be clear procedures in place to address, monitor, resolve and review the situation

## Useful resources

All Our Health: personalised care and population health

Creating a culture of compassionate and creative leadership, NHS Improvement

Emotional resilience toolkit, Mental Health Foundation

Health Education England

Preceptorship, Royal College of Nursing

Public health contribution of nurses and midwives: Guidance

Public health matters

Supporting NHS providers to deliver the right staff, with the right skills, in the right place, at the right time: Safe sustainable and productive staffing, NHS England

Viv Bennett blog

Workforce and HR support, LGA

Work-related stress, HSE

You are not alone: A Unison guide to lone working in the health service

## 4. Professional registration and supervision

This is about supporting health visitors, school nurses and their teams to meet the NMC legal requirements and professional standards. Employers should have an organisational policy that supports professional regulation, for example, on recruitment and throughout employment. Additionally they need to understand their role and take appropriate steps to inform the NMC, as the regulator, of any concerns over fitness to practice, co-operate with investigations and hearings carried out by the NMC, and respond appropriately to its findings.

Employers may wish to consider the following:

Ensuring health visitors, school nurses and their teams meet the legal requirement for professional registration and revalidation. This must be in line with statutory requirements for practice issued by the NMC on revalidation requirements, which includes:

- ensuring health visitors, school nurses and their teams have relevant indemnity insurance to cover the services they provide, in order to maintain their registration with a professional regulatory body, and to meet individual and an organisational responsibility for when staff are delivering services
- supporting employees to achieve mandatory requirements of revalidation, for example, offering constructive practice-related feedback to employees and ensuring access to CPD
- ensuring all health visitors, school nurses and their teams are able to undertake a timely, protected meeting time for confirmation meeting for their revalidation with their line manager
- ensuring that all line managers undertaking confirmation on behalf of health visitors or school nurse employees have read and understood their responsibilities in the [NMC guidance for confirmers](#)

### Supervision

This is about making high quality, regular supervision an integral part of health visiting and school nursing practise. This should start with students on placement; continue through SCPHN training and throughout the individual's health visitor and school nurses career. Supervision should be based on a rigorous understanding of the NMC Code. Supervision should challenge students and qualified practitioners to reflect critically on their practice and should foster professional curiosity and inquiry approach to public health nursing.

There is also a need for health visitors and school nurses to be open and honest when things go wrong. There is also a duty to be open and honest within organisations in reporting adverse incidents or near misses that may have led to harm (NMC **Duty of Candour**).

### Frequency of supervision

- Ensure that supervision takes place regularly and consistently and lasts for at least an hour of uninterrupted time
- monitoring actual frequency and quality of supervision against clear statements about what is expected
- making sure that supervision takes place: for students on placement - as agreed with student and Higher Education Institute
- for newly qualified health visitor and school nurses - at least weekly for the first 6 weeks of employment for a newly qualified health visitor and school nurse, at least fortnightly for the duration of the first 6 months, and a minimum of monthly supervision thereafter

### Quality of supervision

All employers should:

- making a quiet space available for formal supervision, informal confidential professional discussions between colleagues, and team meetings. There should also be a suitable space for confidential interviews with adequate safety measures to protect practitioners
- ensuring that health visitors and school nurses have regular and appropriate professional supervision from another NMC registrant, and provide additional professional supervision by a registered health visitor or school nurse for practitioners whose line manager is not a health visitor or school nurse. This should include:
  - safeguarding, non-medical prescribing, newly qualified health visitors/school nurses, line management, reflective practice and review of learning and development needs
- ensuring there are opportunities for regular safeguarding supervision from an appropriate supervisor
- ensuring that health visitor and school nurse supervision is not treated as an isolated activity by incorporating it into the organisation's health visitor and school nurse clinical governance and quality framework
- ensuring that supervision supports students and qualified health visitors and school nurses to meet the NMC requirements
- providing regular supervision training for health visitor and school nurse supervisors

- assigning explicit responsibility for the oversight of appropriate supervision and for issues that arise through supervision

### Useful resources

A national preceptorship framework for health visiting: The first 2 years, HEE

Concerns about nurses or midwives, NMC

Guidance for providing supervision in different settings, LGA

Guidance on the professional duty of candour, NMC

How to revalidate booklet, NMC (check website for latest version)

How to revalidate with the NMC: Requirements for renewing your registration, NMC

Revalidation: Information for confirmers, NMC

Revalidation/Resources: Forms and templates, NMC

Revalidation: Your step by step guide through the process, NMC

Standards of proficiency for specialist community public health nurses, NMC

## 5. Continuous Professional Development and training

Employers may wish to consider the following.

Supporting staff development:

- promoting continuous learning and knowledge sharing through which health visitors and school nurses are encouraged to draw out learning points by reflecting on their own practice in the light of experiences of peers
- ensuring that the NMC Code is used as the basis for evaluating capability and identifying development needs
- being able to exchange staff knowledge and expertise where appropriate with the wider health system, social care, and education sector
- having effective induction systems and put in place tailored support programmes as part of their Personal Development Plan (PDP), including protected development time, a managed workload, tailored supervision and personal development plans
- having an appraisal or performance review system which assesses how well professional practice is delivered and identifies a learning and development plan to support the achievement of objectives
- providing time, resources and support for CPD, including access to learning opportunities, such as [e-Learning for Healthcare](#) and other quality online training resources
- having fair and transparent systems to enable health visiting and school nursing teams to develop their professional skills and knowledge throughout their careers through an entitlement to formal and informal CPD, including practice educator and/or specialist training as appropriate
- encouraging health visiting and school nursing teams to plan, reflect on and record CPD activity, using recording tools, such as an e-portfolio to log their individual and participatory learning to support NMC revalidation requirements
- providing opportunities to engage in reflective practice and review your learning and development needs

Promoting research based practice:

- supporting their health visiting and school nursing teams to make decisions and pursue actions that are informed by robust and rigorous evidence, so that service users can have confidence in the service they receive

- enabling health visitors and school nurses to work with others engaged in research and practice development activities in universities, professional bodies and professional organisations to develop the evidence base for good practice
- ensuring that practice educators are able to contribute to the learning, support, supervision and assessment of students on qualifying and CPD programmes

## Developing leadership and networking

- ensuring that strategic leads for health visitors and school nurses understand and manage the organisational responsibility for this standard
- implementing formal partnership arrangements that promote and enable effective joint planning, shared communication and activities to further the delivery of health visitor and school nurse education and CPD
- supporting opportunities to engage in professional and informal networks to promote and share best practice and develop opportunities for joint research and evaluation
- having a clear policy for recruiting, training and supporting practice educators and practice development educators and mentors
- supporting staff to access qualifying health visitor and school nurse education and support through mentoring and preceptorships
- providing high quality placements and support for health visitor and school nurse students on those placements with placements with support from qualified, experienced and supported practice educators,
- providing funding for travel while undertaking duties on behalf of the organisation, and frequent supervision as agreed with the Higher Education Institution and workplace
- working collaboratively with partner organisations to develop the skills and knowledge required to deliver high quality health visitor and school nurse education

### Useful resources

Continuing Professional Development Frameworks, Institute of Health Visiting

The code for nurses and midwives, NMC

## 6. Other useful websites and resources

Local Government Association

NICE: National Institute for Health and Care Excellence

Public Health England

The Nursing and Midwifery Council

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