



Public Health
England

Protecting and improving the nation's health

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

Revised March 2018

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 Social Care, 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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Key partners

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



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1. Introduction

This is one of 4 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.

2. 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**. 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 7 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 Marmot¹ and the Chief Medical Officer² 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 including 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

¹ www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510094/ARTICLE

² www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

³ webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publichealth/Healthinequalities/DH_094770?PageOperation=email

Programme⁴, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people.

Ensuring that every child has the Best Start in Life: “ready to learn at two and ready for school at five” is a national priority for Public Health England. Delivering this vision is reliant upon a wide range of organisations and key stakeholders working together and embracing change to:

- ensure high quality services for children, young people and families from actions to improve women’s health before, during and after pregnancy ([Maternity Transformation Programme](#))
- give every child the best start in life
- support school readiness and improve resilience for school-aged children
- support young people transition to adult services

Key public health priorities are supported by national enabling actions in shaping local services to plan the design and delivering for the populations identified health needs. For example the Social Mobility Action Plan for Education (Department for Education, 2017): “[Unlocking Talent, Fulfilling Potential](#)” includes a plan for the early years with a focus on improving early language acquisition.

2.1 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 robust 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)
- www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
- Healthy Child Programme rapid review to update evidence (PHE, 2015)
- www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence
- Healthy Child Programme: From 5-19 years old (DH/DCSF, 2009)
- webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

⁴ www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf

PHE have published a **rapid review** of the evidence in relation to safeguarding guidance in the Healthy Child Programme for 5 -19 year olds. The review focuses on the areas of child abuse and neglect, child sexual abuse and exploitation, intimate partner violence (IPV), female genital mutilation (FGM) and gang violence. In line with the remit of the Healthy Child Programme for 5 -19 year olds, the focus is on prevention and early intervention (publication expected early 2018).

The 0-5 element of the Healthy Child Programme is led by health visiting services and the 5-19 element is led by school nursing services, providing place-based services and working in partnership with education and other providers. 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
- support parents in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- focus on the health needs of children and young people ensuring they are school ready (**SEND Code of Practice 0 – 25 years, 2017**)
- 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'⁵

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
- become independent in eating, getting dressed and going to the toilet
- take turns, sit still and listen and play
- 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

⁵ Milestones of normal child development age ~4years (based on the work of Mary Sheridan From Birth to Five Years)

- have protection against vaccine-preventable infectious diseases, having received all childhood immunisations

Continued support through school age years for every child to:

- be supported to thrive in school years, gaining maximum benefit from education, driving the high educational achievement of our children and young people, and by identifying and helping 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

2.2 Support for children in mainstream education with additional health needs

Children with additional or complex health needs often require additional support to ensure a seamless transition into school, and that they feel supported to learn within an education setting.

Commissioning arrangements should be developed to clarify local commissioning arrangements between health, social care and education to ensure children with additional or complex needs are school ready and supported within education settings. Commissioning guidance 2, appendix 2 provides an overview local areas may wish to consider. This is underpinned by the Healthy Child Programme 0-19 ([Healthy Child Programme 0-5](#) and [Healthy Child Programme 5-19](#)) and [SEND Code of Practice 0-25 Years](#).

Local commissioning arrangements should focus on the needs of children and young people and ensuring children are ready for school within:

- mainstream education for those with additional health needs, for example mobility issues, asthma or continence (bladder or bowel) problems
- special schools for those with complex health needs, for example a child with respiratory support needs or complex learning disabilities

3. 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.

This guidance supports 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. For example, health visiting and school nursing teams. Consequently, this guidance:

- describes the health visiting and school nursing **4-5-6 service model, 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
- offers quality and standardisation of service delivery whilst recognising the need for local adaptability

4. Key drivers

4.1 Commissioning responsibilities for child health and wellbeing

Under the terms of the Health and Social Care Act 2012, upper-tier local authorities are 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
- providing or commissioning oral health improvement programmes and oral health surveys to improve the health and wellbeing of children and young people ([NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations Statutory Instrument SI3094](#) (United Kingdom, 2012))

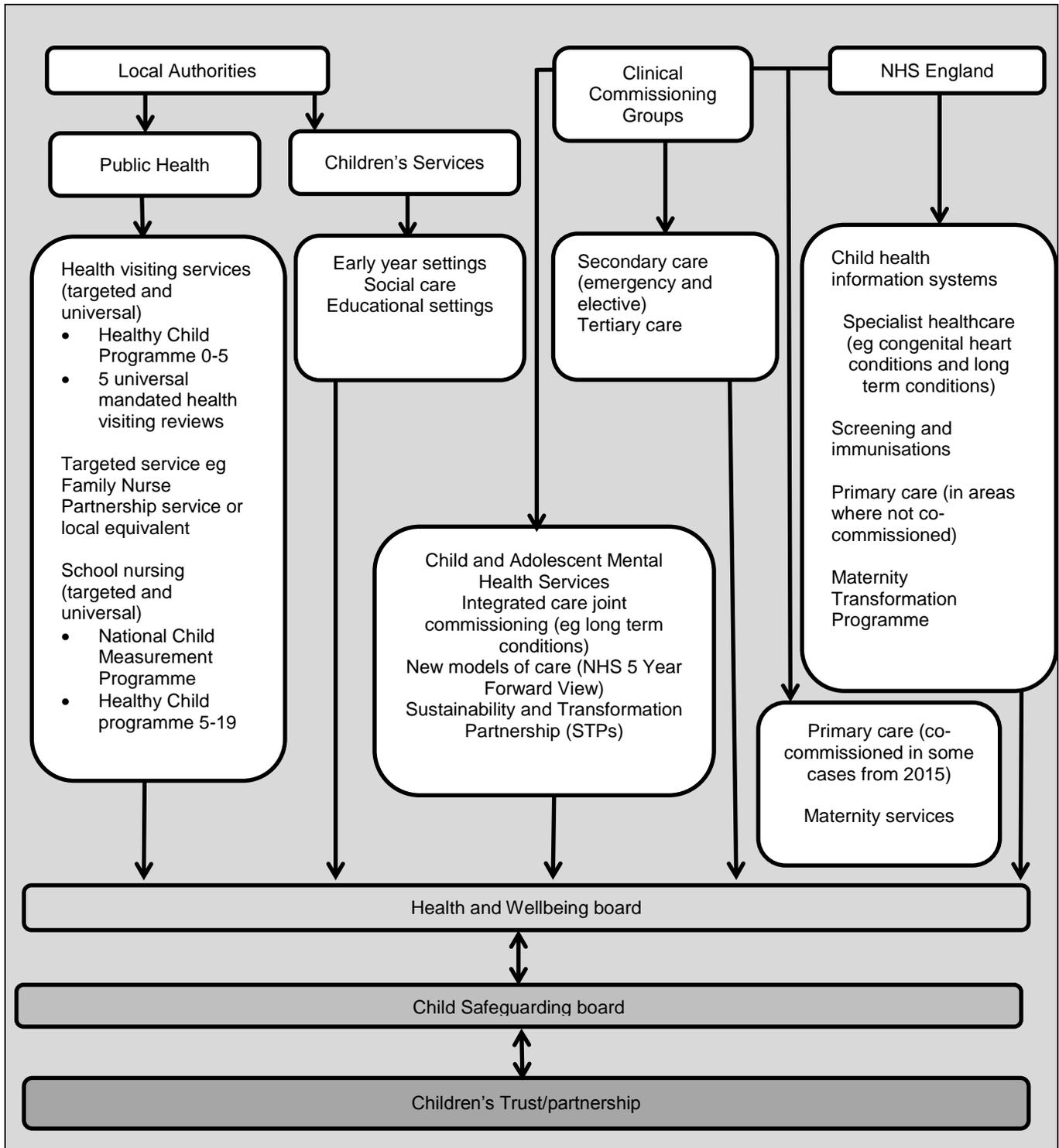
4.2 Commissioning public health services for children and young people 0-19

Local authorities are responsible for commissioning public health services for children aged 0-19. [Regulation](#) requires all families with babies to receive five health visitor checks before their child reaches 2 and a half years old as described in the Healthy Child Programme 0-5 years.

This presents 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 integrated delivery with 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.

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 screening programmes, mental health, sexual health, smoking, substance misuse and dental health services.



The core public health offer for all children includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection 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

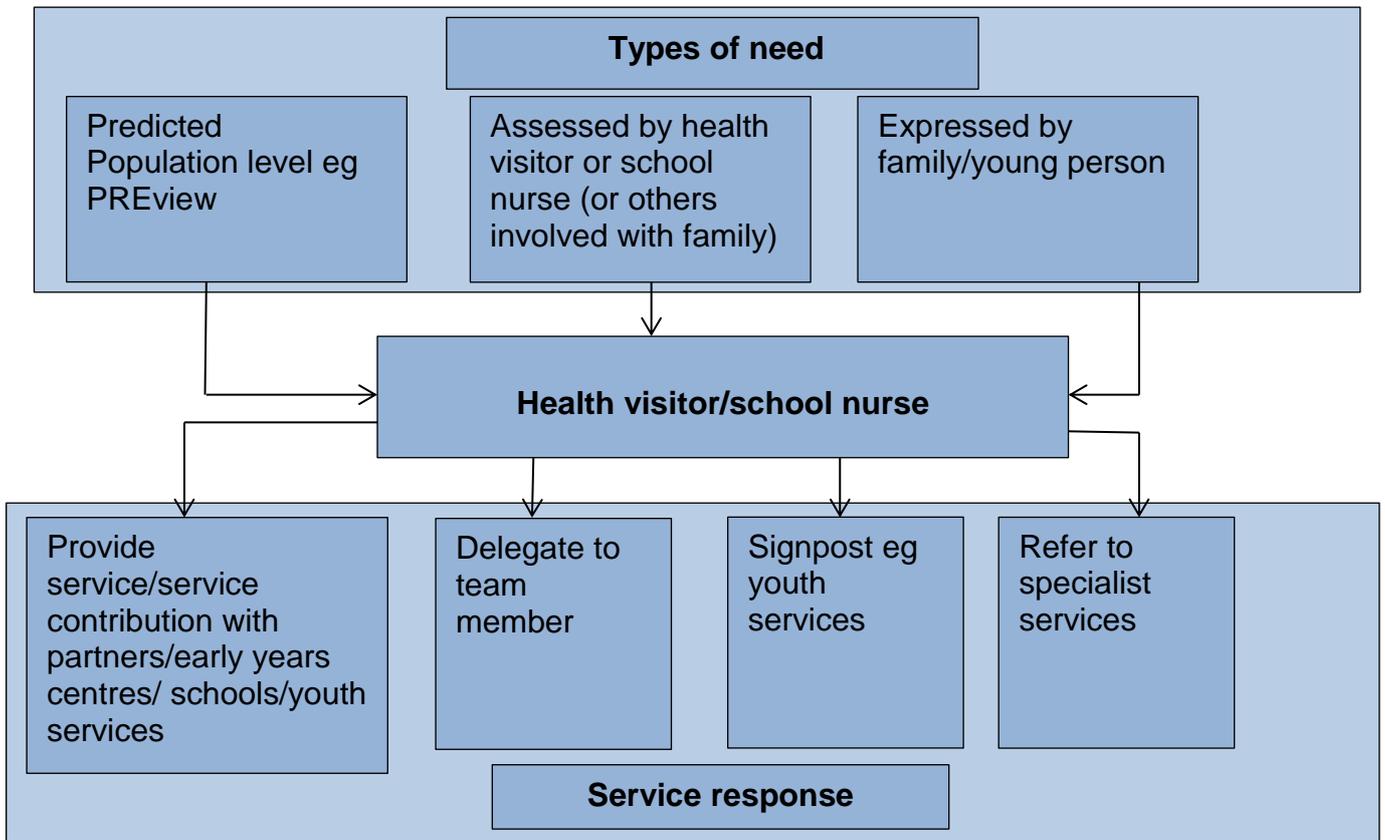
This guidance is based on a public health pathway for children and young people aged 0-19. Local authorities may also wish to consider the transition to adulthood, especially for young people who are vulnerable or needing additional support, including the interface with services for young people aged 16-25.

4.3 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.

Health visiting and school nursing teams will be led by a registered and qualified health visitor or school nurse (Specialist Community Public Health Nurse), who is professionally accountable for assessments of health and care delivered as outlined in figure 2 assessing and responding to local need (population health).

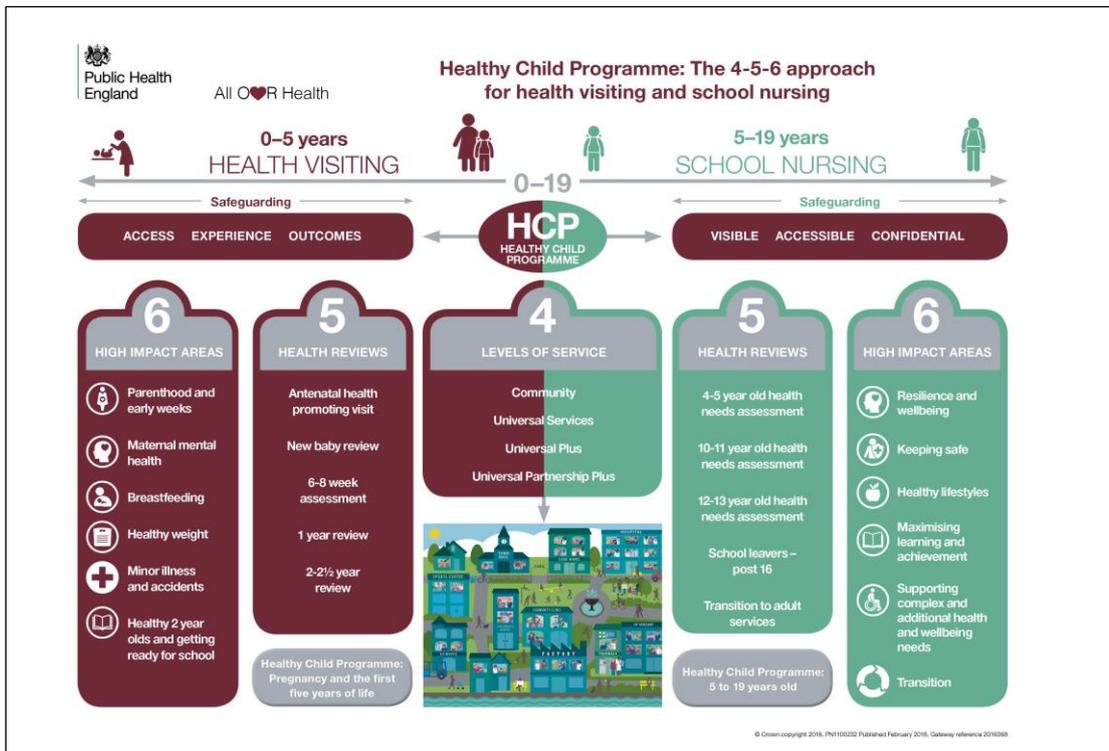
Figure 2: Assessing and responding to local need (population health).



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** or local equivalent.

Figure 3 sets out the service offer provided to children, young people and families by health visiting and school nursing teams, illustrating what parents, children and young people can expect to receive.

Figure 3: The 4-5-6 approach for health visiting and school nursing



4.4 The public health nursing workforce

Health visitors and school 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. This is the only workforce that has the opportunity of engaging with all families in their own homes. This is essential for early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in areas of statutory requirements.

Health visitors and school nurses have a crucial leadership, co-ordination and delivery role⁶ within the Healthy Child Programme. They work with key partners to deliver a comprehensive service.

The 4-5-6 model is an evidence based approach to deliver the healthy child programme. It encompasses the reach and impact of health visiting and school nursing services through:

- 4 tier offer
- 5 universal reviews
- 6 high impact areas

⁶ www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england

The 6 High Impact Areas described in the **4-5-6 model** (Figure 3) 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 services dataset (MSD)** and **community services dataset (CSDS)** (formally the children and young people's data set **(CYPHS)** from 2017. Public health profiles are also available from the Child and Maternal **Fingertips**. Local authorities may wish to consider how their commissioning strategies can be directed to make an impact in these areas. Figure 3 describes the health visiting and school nursing contribution to the Healthy Child Programme (0-19).

The 6 health visiting - 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 6 school nursing – school aged years - high impact areas build on 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
- promoting healthy lifestyles - including reducing childhood obesity and increasing physical activity
- maximising achievement and learning – helping children to realise their potential and reducing inequalities⁷
- supporting additional health needs – supporting Special Educational Needs and Disability (SEND) reforms⁸

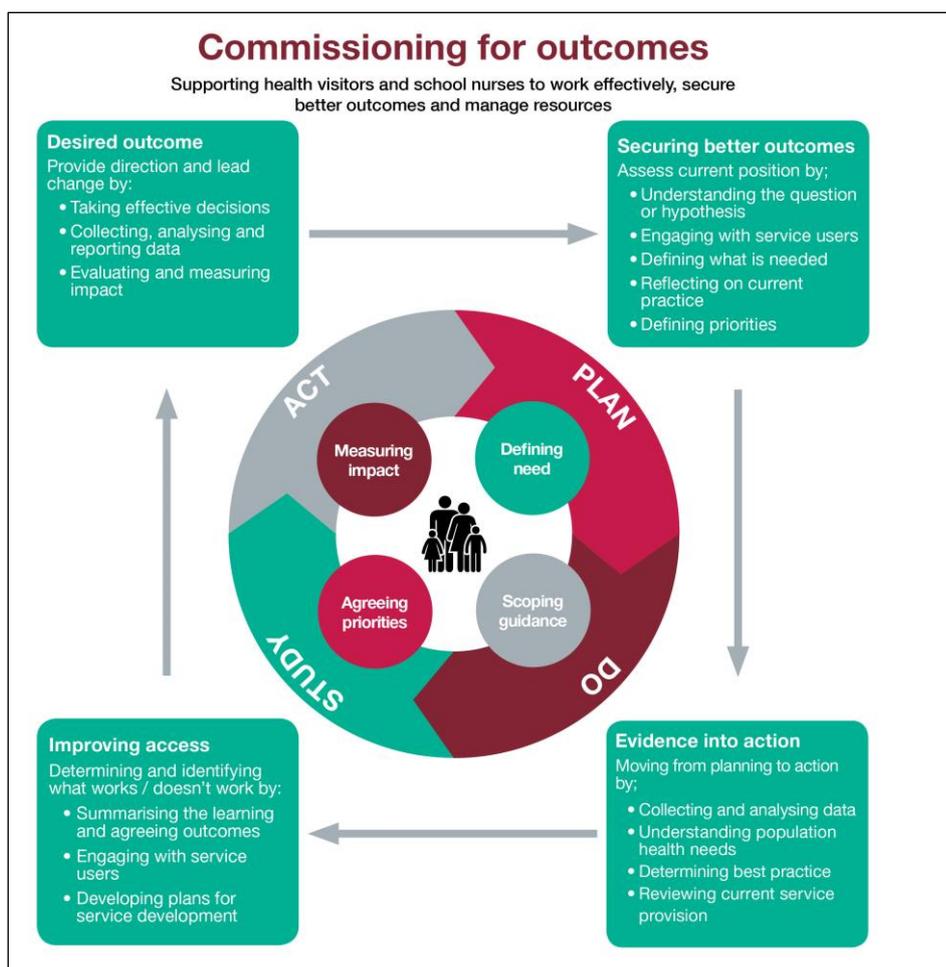
⁷ www.gov.uk/school-attendance-absence/overview

⁸ www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
www.gov.uk/illness-child-education

- supporting transition and preparing for adulthood – aligning with the NHS Five Year Forward View (self-care and prevention agenda)

Health visitors and school nurses have expertise in needs assessments and identification, which may provide valuable contributions to support local commissioning decisions. Figure 4 illustrates how health visitors and school nurse can use evidence and data to inform the commissioning process.

Figure 4: Commissioning for outcomes



5. Regulation and employer issues

5.1 Regulation

All health visitor and school nursing services must be registered with the Care Quality Commission (CQC). This is a legal requirement as defined by the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**.

5.2 Employer issues

The current commissioning arrangements have given rise to a number of new ways of working and employment models. Employers may wish to consider 'supporting the public health nursing workforce: health visitors and school nurses delivering public health for children and young people (0-19) Guidance for employers' which PHE have developed to support employers of health visiting and school nursing teams to work safely and effectively. Health visitors, school nurses and their teams must 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.

The guidance aims to help employers support an effective workforce to sustain high quality outcomes for children, young people, families, carers and local communities. The guidance compliments the **Standards for employers of public health teams in England** and addresses specific employment issues relating to health visitors and school nurses

6. Safeguarding

Safeguarding is a core part of the healthy child programme, which runs through the four levels of intervention. The provider will provide appropriate and effective safeguarding services and will be expected to adhere to relevant national and local requirements and guidance, and implement wherever necessary. Reference should be made to the revised supporting guidance to utilise the [safeguarding professional guidance](#). In addition, providers may wish to review the new [safeguarding strategy for unaccompanied asylum seeking and refugee children](#) (see [Guidance to support the commissioning of the Healthy Child Programme 0-19: health visiting and school nursing services \(commissioning guide 2\)](#))

7. References

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