



Department
of Health &
Social Care



Public Health
England

Early years high impact area 4: Healthy weight, healthy nutrition. Health visitors leading to the Healthy Child Programme



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.

Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Wendy Nicholson.

For queries relating to this document, please contact: HEChiefNurseTeam@phe.gov.uk



© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogp.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: November 2018

PHE publications

gateway number: 2018582

PHE supports the UN

Sustainable Development Goals



This guidance has been developed with our key partners, including Department of Health and Social Care, Health Education England and Local Government Association. NHS England supports this work and has advised on key areas.

Contents

About Public Health England	2
Healthy weight, healthy nutrition	4
Context	4
Health visitors' role	6
Improving health and wellbeing	8
Individual and family	8
Community	10
Population	10
Using evidence to support delivery	12
Measures of success/outcome	14
Connection with other policy areas and interfaces	16
How will we get there?	16
Associated tools and guidance	18

Healthy weight, healthy nutrition

Context

In 2016, the Government launched **Childhood Obesity: A Plan for Action**. This was followed in 2018 by **Childhood Obesity: A Plan for Action: Chapter 2**. This sets out the ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. The document also recognises that this will require sustained collaboration across the political divide, across society and across public and private sector organisations. The **Childhood Obesity Plan** recognises the role that health and social care professionals can play in supporting children with their weight and pledges to provide them with the latest tools so that they can support children, young people and families with their weight.

Childhood obesity is a significant health inequality, with higher rates amongst children of overweight parents, those in disadvantaged areas and some ethnic groups. **Obesity is a priority area** for the government. Government policy on **obesity and healthy eating** sets out a whole systems approach. Healthy weight maintenance can be improved through good maternal and family diet, breastfeeding, timely and appropriate introduction to solid foods and physical activity in line with guidelines.

Children who are overweight are at increased risk of poor health outcomes such as type 2 diabetes and poor mental health. High sugar consumption is a risk factor for being overweight and for dental decay, with a quarter of 5 year olds in England starting school with tooth decay. Overweight and obesity in childhood is associated with overweight and obesity in adulthood, with subsequent increased risk of cardiovascular disease and other obesity related non-communicable diseases. In turn this leads to increased health and social care costs.

Research shows that women who are obese when they become pregnant face an increased risk of complications during pregnancy and childbirth. Obese women may also experience reduced choices about where and how they give birth. There may be restrictions on home births, the use of birthing pools and types of pain relief that can be given.

Babies born to obese women also face several health risks, for example a higher risk of foetal death, stillbirth, congenital abnormality and future childhood obesity (**Heslehurst et al, 2007**).

The early years are a crucial time for children's development. 1 in 5 children are already overweight or obese before they start school and only 1 in 10 children aged 2 to 4

meets the UK chief medical officers' physical activity guidelines for this age group (PHE, 2017).

Obesity is a complex problem with many drivers, including behaviour, environment, genetics and culture. Obesity is caused by an energy imbalance: taking in more energy through food than we use through activity. Physical activity is associated with numerous health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight. Physical activity plays an important role in the prevention of becoming overweight and obese in childhood and adolescence, and reducing the risk of obesity in adulthood.

Addressing obesity requires a life course approach. Maternal overweight is an indicator for future childhood overweight. Health visitors, midwives, general practice nurses and other professionals work together to address maternal weight as women prepare for and are fit for pregnancy and during the antenatal period.

Early identification, supporting health promotion and change management around healthy lifestyles, and using evidence-based techniques such as motivational interviewing, are offered by health visitors during routine and opportunistic contacts.

Health visitors' role

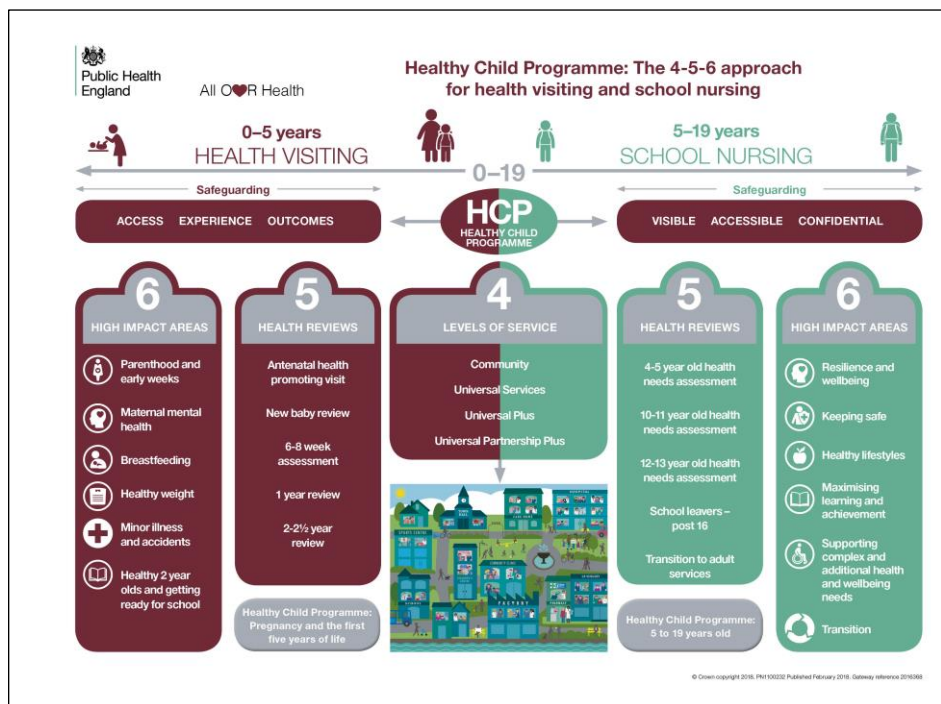
Health visitors as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with parents and families to support behaviour change, promote health protection and to keep children safe.

Health visitors undertake a holistic assessment in partnership with the family, which builds on their strengths as well as identifying any difficulties including the parents' capacity to meet their infant's needs and the impact and influence of wider family, community and environmental circumstances. This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered.

The health visiting service supports parents to identify the most appropriate level of support for their individual needs and provides consistent healthy weight messages. Although health visitors provide leadership, they will need to work with partners to deliver a comprehensive programme of support.

Health visitors have a clear, easily understood, national framework on which local services can build. The health visiting 4-5-6 model sets out 4 levels of service with increased reach from community action to complex needs, 5 universal health reviews for all children and the 6 high impact areas where health visitors have the greatest impact on child and family health and wellbeing (Figure 1).

Figure 1: The 4-5-6 approach for health visiting and school nursing



This high impact area interfaces with the other high impact areas and incorporates health visitors working in partnership with maternity, primary care, early years services, GP services, Troubled Families services, children's safeguarding services, mental health services, specialist and voluntary organisations.

Improving health and wellbeing

The high impact areas will focus on interventions at the following levels and will use a place based approach:

- individual and family
- community
- population

The place-based approach offers new opportunities to help meet the challenges public health and the health and social care system face. This impacts on the whole community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor/fragmented services, or duplication/gaps in service provision. Health visitors as leaders in public health and the Healthy Child Programme (0-5) are well placed to support families and communities to engage in this approach. They are essential to the leadership and delivery of integrated services for individuals, communities and population to provide **RightCare** that maximises **place-based systems of care**.



Individual and family

The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that need additional support and children who are at risk of poor outcomes. Health visitors have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. They work with key partners to deliver a comprehensive service.

The focus for early identification and prevention of obesity in children and families is:

- encouraging good maternal and family diet
- promoting exclusive breastfeeding
- delaying introduction of solid food until babies are around 6 months old
- introducing children to healthy foods
- controlling portion size
- limiting snacking on foods that are high in fat and sugar
- increasing physical activity
- decreasing screen time
- increasing sleep
- modifying parental attitudes to feeding and mealtimes

[Childhood Obesity Plan](#)

Health professionals play an important role in promoting healthy lifestyles and providing consistent healthy weight messages. Promotion of healthy weight starts in pre-conception, which offers opportunities for general practice nurses, contraceptive and sexual health nurses and midwives to offer support to women to achieve a healthy weight. Health visitors can encourage women to eat healthily and manage weight gain during pregnancy and monitor and achieve a healthy weight between and before subsequent pregnancies. Obesity in the mother can cause complications in and between pregnancies (NICE, 2010). Involving partners in conversations is important as paternal overweight is an indicator for childhood overweight.

During **all the 5 mandated visits**, including the antenatal visit, health visitors can provide consistent, evidence based messages on **nutrition, managing weight gain and physical activity**. Health visitors can use every opportunity to discuss the importance of a healthy weight and lifestyle with both parents, and signpost to relevant national resources such as **One You, Start4Life** and **Change4Life**, and to relevant local community activities.

During planned and opportunistic contacts, the health visitor can provide advice, support and guidance on healthy nutrition, physical activity and provide consistent healthy weight messages. Supporting mothers to continue breastfeeding is an important part of this. Where women decide not to breastfeed they should be supported in that decision. Mothers who are formula feeding should receive adequate information on how to make up a feed, preferably on a one-to-one basis, in the early postnatal period. They also require **information on the types of formula milk available**, with the objective of encouraging them to use first milk until the baby is one year old. Health visitors can engage mothers in conversations about the concept of **responsive feeding** and how this can make for a more contented baby and easier parenting in the long term.

Health visitors can discuss the importance of **Healthy Start**, including the fruit, vegetable and milk vouchers and vitamin supplements for all children under the age of 5, pregnant women, new mothers and fathers and those planning a pregnancy.

Health visitors can provide opportunities for parents to discuss issues or concerns, advice on behaviours, attitudes and family practices around food and physical activity (following **Chief Medical Officer guidance 2011**). Examples include encouraging families to eat and be active together and encouraging parents and carers to set a good example by the food choices and physical activity habits they make for themselves.

Health visitors monitor child weight where there is concern about growth through clinics and as part of the 2-2½ year review, encouraging parents to monitor growth and development as per guidelines in the Personal Child Health Record (Red Book). This includes being alert to, and assessing for signs of, under or overweight (including as a possible sign of neglect and faltering growth) and working with families to support them

in addressing the family and child's needs. Where needs are identified, health visitors can signpost and refer to additional support, based on clinical assessment of need.



Community

Health visitors can build community capacity for healthy eating and physical activity, by establishing or linking to community groups. Physical activity examples include working with the community to facilitate active lifestyles such as safe active play, outdoor and leisure activities. Promoting healthy food examples include community-led initiatives such as support for families on low income on how to feed their child well on a low budget, for example fruit and vegetable co-operatives and cook and eat groups.

Health visitors can have a lead role in promoting healthy nutrition and physical activity for infants and young children through early years services, for example by leading the implementation and delivery of evidence-based programmes such as the **UNICEF UK Baby Friendly Initiative** and **HENRY** (Health, Exercise Nutrition for the Really Young, a course on parenting, obesity and lifestyle strategies).

Health visitors can encourage parents to sign up for the **Information Service for Parents**, which offers a series of emails and text messages for parents covering pregnancy and children up to 4 years old. They promote uptake of **Healthy Start** vitamins and vouchers to parents who are eligible.



Population

Health visitors lead the Healthy Child Programme (0-5) and provide leadership at a strategic level to contribute to the development and improvement of policies, pathways and strategies. This supports the delivery of high quality, evidence-based, consistent care for children and families for improving healthy weight and healthy nutrition.

Health visitors can influence local pathways and support the development of health policies, ensuring that early years services promote clear, consistent messages about healthy eating and the benefits of physical activity, including provision of healthy snacks and drinks.

At a population level the **National Child Measurement Programme** provides a detailed picture of the prevalence of child obesity. This information is used locally to identify

areas of particular need in children starting school and supports the development of targeted multi-agency interventions for pre-school years.

The **National Dental Epidemiology programme** provides detailed information on the oral health of 3 and 5 year old children. Tooth decay is caused by poor nutrition, specifically increased consumption of sugar. The information can be used to support multi agency action to improve nutrition of pre-school children

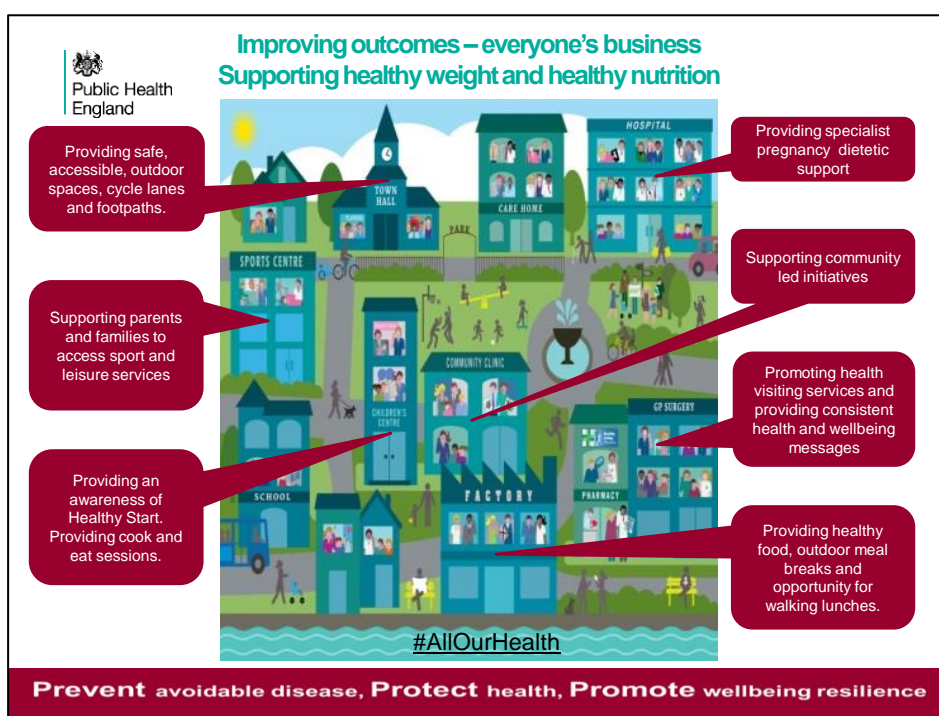
In August 2016, the Government launched the first chapter of the **Childhood Obesity Plan**, setting out the approach to prevent and reduce childhood overweight and obesity, working with local communities, the food industry, schools and the NHS. Building on the first chapter of the childhood obesity plan, the new measures included within **chapter 2 childhood obesity** plan focus on improving the nutritional content of the food and drink our children consume, strengthening the information available to parents about these products and changing the way that unhealthy food and sugary drinks are promoted. The plan calls for action in relation to enabling health and care professionals to raise the issue and support families to be a healthier weight.

Tackling obesity is complex and will require co-ordinated action and integration across multiple sectors including health, social care, planning, housing, transport and businesses. Health visiting teams form part of the whole system approach to tackling obesity by supporting children and their families to make healthier choices to reduce the risks of preventable ill-health.

Using evidence to support delivery

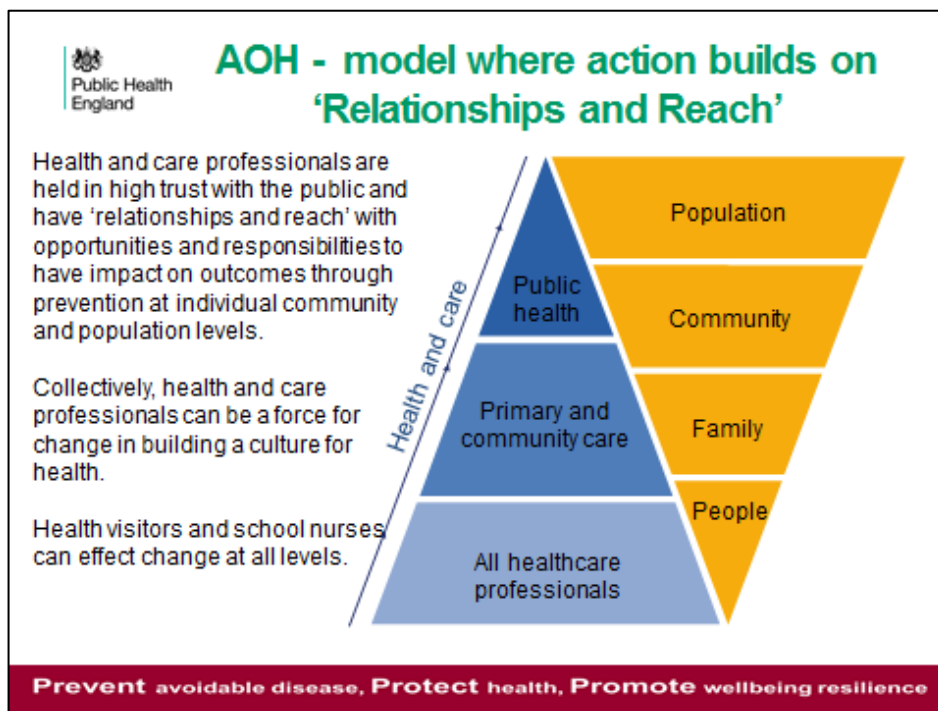
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin good health. This is illustrated in Figure 2, which uses the **All Our Health** townscape to demonstrate how improving outcomes is everyone's business, working across both traditional and non-traditional settings such as the workplace, green spaces and community centres.

Figure 2: All Our Health: Community and place-based approach to health and wellbeing



The **All Our Health** framework brings together resources and evidence that will help to support evidence based practice and service delivery; **Making Every Contact Count** and building on the specialist public health skills of health visitors.

Figure 3: All Our Health (AOH) – model where action builds on ‘Relationships and Reach’



Health visitors' contribution to the Healthy Child Programme (0-5) using the 4-5-6 model and incorporating the evidence base through All Our Health, is achieved from individual to population level.

Measures of success/outcome

High quality data, analysis tools and resources are available for all public health professionals to identify the health of the local population. This contributes to the decision making process for the commissioning of services and future plans to improve people's health and reduce inequalities in their area including **Public Health and NHS Outcomes Frameworks for Children** or future Child Health Outcomes Framework measure/placeholder, interim proxy measure, measure of access and service experience. Health visitors and wider stakeholders need to demonstrate the impact of improved outcomes. This can be achieved using local measures:



Access:

- evidence of use of up to date, evidence-based, multi-agency infant feeding policies, setting out best practice in relation to breastfeeding support, introduction of solid foods and dietary guidelines in early years services that would reduce obesity and tooth decay
- evidence of a local multi-agency 0-5 healthy weight pathway setting out best practice on assessment, identification and interventions for healthy weight for 0-5 via local commissioner and provider data



Effective delivery:

- evidence of implementation of infant feeding policies (**Unicef guidance/standards**) and healthy weight pathways via local commissioner and provider data



Outcomes:

- maternal obesity rates, collected via Public Health England (interim solution) and NHS Digital's **Community Services dataset** (strategic solution) and published in the **Public Health Outcomes Framework** and **Early Years Profiles**
- breastfeeding initiation rates, collected via Public Health England (interim solution) and NHS Digital's **Community Services dataset** (strategic solution) and published in the **Public Health Outcomes Framework** and **Early Years Profiles**
- breastfeeding prevalence at 6-8 weeks after birth – number of infants who are totally or partially breastfed at 6-8 week review, collected via Public Health England (interim solution) and NHS Digital's **Community Services dataset** (strategic solution) and published in the **Public Health Outcomes Framework** and **Early Years Profiles**

- percentage of children aged 4-5 in reception class classified as overweight or obese in the academic year, collected via local authority public health teams reporting to the National Child Measurement Programme - in the annual report by the National Child Measurement Programme, Public Health Outcomes Framework and Early Years Profiles
- percentage of children aged 5 years with one or more obviously decayed, missing (due to decay) or filled teeth, collected through the National Dental Epidemiology Programme for England - in the Early Years Profiles and Public Health Outcomes Framework
- the number of children aged 2-4 meeting the **Chief Medical Officer guidelines for physical activity**



User experience:

- feedback from **NHS Friends and Family Test** and from health visitor service user experience questionnaire on satisfaction with breast-feeding
- introduction of solid foods, sugar reduction and nutrition support via local commissioner and provider data

Other measures can be developed locally and could include measures such as initiatives within health visitors' building community capacity role, such as developing peer support, engaging fathers, joint developments with parent volunteers and early years services.

Connection with other policy areas and interfaces

How does this link to and support wider early years work?

The high impact area documents support delivery of the Healthy Child Programme and 0-5 agenda, and highlight the link with a number of other interconnecting policy areas such as the **Maternity Transformation Programme**, **childhood obesity**, **mental health**, **Social Mobility Action Plan**, and **Speech, Language and Communication**. The importance of effective outcomes relies on strong partnership working between all partners in health (primary and secondary), local authority including early years services, and voluntary sector services.

How will we get there?

Approaches to improving outcomes through collaborative working

- public Health Outcomes Framework indicator reported and benchmarked by Public Health England and local commissioning information sharing agreements in place across all agencies
- integrated commissioning of services
- early years services play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approach.
- partnerships can use information from Joint Strategic Needs Assessment (including Early Years Foundation Stage Profile data, health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify need and respond to agreed joint priorities.
- data feedback to inform Joint Strategic Needs Assessment on obesity in reception aged children, breastfeeding, dental decay in 5 year olds, hospital admissions due to tooth decay (NHS Outcomes Framework indicator) nutrition and exercise to develop partnership healthy weight strategies with clear pathways for support for parents and young children at risk from obesity
- demonstrate value for money and Return on Investment

Improvements

- improved accessibility for vulnerable groups as health visitors access all families
- integrated IT systems and information sharing across agencies
- development and use of integrated pathways to include prevention and early intervention

- systematic collection of user experience e.g. NHS Friends and Family Test, local authority led consultation exercises with parents and carers on local services to inform action
- increased use of evidence-based interventions for example **HENRY** (Health, Exercise and Nutrition for the Really Young) and links to other early years performance indicators
- improved partnership working, for example maternity, school nursing and early years services
- consistent information for parents and carers on obesity, nutrition, portion control and activity
- identification of risk factors and indicators for obesity
- appropriate alignment to breastfeeding priority area
- ensure local processes to enable smooth transfer of records during transition to school to ensure continuity of programmes
- high coverage of Healthy Child Programme (0-5) and weight, height and BMI centile measurements at 2-2½ year review

Professional/partnership mobilisation

- multi-agency training on risk factors and root causes of obesity and how they relate to tooth decay
- multi-agency training for healthy weight, including nutrition and activity
- effective delivery of universal prevention and early intervention programmes
- improved understanding of data within the Joint Strategic Needs Assessment to inform the Joint Health and Wellbeing Strategy and at the local Health and Wellbeing Board to better support integrated working of health visiting services with existing local authority arrangements to provide a holistic, joined up and improved service for young children, parents and families
- identification of skills and competencies to inform integrated working and skill mix
- analyse data from the National Child Measurement Programme and the National Dental Epidemiology Programme to target delivery of services
- closer links with early years services, education settings, school nursing and oral health services
- role of health visitors in supervising peer mentor programmes

Associated tools and guidance

(including pathways)

Information, resources and best practice to support health visitors – healthy weight, healthy nutrition

Policy

[Chief Medical Officer Report: Prevention pays: Our Children Deserve Better](#), Department of Health and Social Care, 2013

[Childhood obesity: A plan for action](#), Department of Health and Social Care, Prime Minister's Office, 10 Downing Street, HM Treasury and Cabinet Office, 2016

[Childhood obesity: A plan for action, Chapter 2](#), Department of Health and Social Care, Prime Minister's Office, 10 Downing Street, HM Treasury and Cabinet Office, 2018

[Delivering better oral health: An evidence-based toolkit for protection](#), Public Health England, 2014

[Early Years Foundation Stage Profile: 2018 Handbook](#), Standards and Testing Agency, 2017

[Guiding principles for complementary feeding of the breastfed child](#), World Health Organisation, accessed September 2018

[Healthy Child Programme: Pregnancy and the first five years of life](#), Department of Health and Social Care, 2009

[Health Matters: Child dental health](#), Public Health England, 2017

[Child oral health: applying All Our Health](#), Public Health England, 2018

[Improving oral health: An evidence-informed toolkit for local authorities](#), Public Health England, 2014

[Infant feeding: Commissioning services](#), Public Health England, 2016

[NHS Five Year Forward View](#), NHS England, 2014

[Start active, stay active: Infographics on physical activity](#), Department of Health and Social Care and Social Care, 2017

Research

[Children and young people's health benchmarking tool](#), Public Health England, 2014
[Healthy Start](#), accessed September 2018

[HENRY](#), accessed September 2018

[National breastfeeding helpline](#), Association of Breastfeeding Mothers and the Breastfeeding Network, accessed September 2018

[The baby friendly initiative](#), Unicef, accessed September 2018

Guidance

Breastfeeding help and support, Start4Life, accessed September 2018

Health visiting and school nursing partnership: Pathways for supporting health visitor and school nurse interface and improved partnership working, Public Health England, 2015

Healthier weight promotion: Consistent messaging, Public Health England, 2018

Information service for healthcare and childcare professionals, Start4Life, accessed September 2018

Latest technology supports new mums to breastfeed, Public Health England, 2018

NHS information service for parents, Start4Life, accessed September 2018

Planning for pregnancy tool, Tommys, accessed September 2018

NICE Guidance

Behaviour change: general approaches, NICE Public Health guideline [PH6], 2007

Behaviour change: individual approaches, NICE Public Health guideline [PH49], 2014

Maternal and child nutrition, NICE Public Health guideline [PH11], 2014

Obesity in children and young people: prevention and lifestyle management programmes, NICE Quality Standard [QS94], 2015

Oral health, Local authorities and partners, NICE Public Health guideline [PH55], 2014

Oral health promotion: general dental practice, NICE Guideline [NG30], 2015

Weight management before, during and after pregnancy, NICE Public Health guideline [PH27], 2010