



Department
of Health &
Social Care



Public Health
England

Overview of the 6 early years and school aged years high impact areas. Health visitors and school nurses leading 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.

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Why have these 6 high impact areas been developed?

The early years and school aged years high impact area documents were developed in 2014 and updated in 2016, when the high impact areas for the school aged years were introduced to provide a continuum from ages 0-19. They have been developed to maximise and focus the health visiting and school nursing impact as leaders of the respective elements of the **Healthy Child Programme: Pregnancy and the first five years of life** and **Healthy Child Programme: From 5 to 19 years old** to provide a comprehensive picture of 0-24 services. The 6 high impact areas for early years and the 6 high impact areas for school aged years have been revised to link to current policy drivers and recent evidence.

The documents will support local authorities' decision-making relating to the commissioning of the health visiting service, integrated children's early years services and school nursing services. The early years high impact areas support delivery of the **Healthy Child Programme: Pregnancy and the first five years of life**. The documents for school aged years high impact areas support delivery of **Healthy Child Programme: From 5 to 19** and commissioning of school nursing services. Together this enables seamless support across the 0-19 life course.

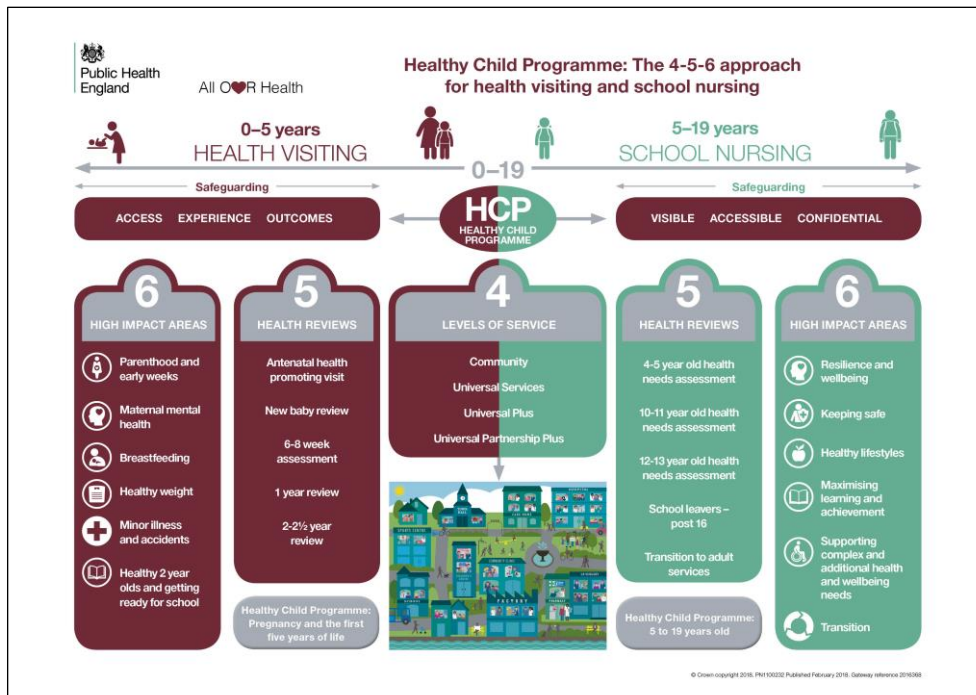
The purpose of the high impact area documents is to illustrate the contribution of health visitors to the Healthy Child Programme (0-5) and school nurses to the Healthy Child Programme (5-19) and to describe areas where health visitors and school nurses have a significant impact on health and wellbeing and improving outcomes for children, young people, families and communities.

The high impact areas are part of the **4-5-6 model** shown in figure 1. The 4-5-6 model provides an evidence-based framework on which health visitors and school nurses, as leaders of the Healthy Child Programme, can maximise their contribution.

The 4-5-6 model is based on:

- 4 levels of services, depending on individual and family need
- 5 key contact points - these are existing contacts which can be utilised to identify needs and to develop a support offer, or signpost to specialist services if required, and are mandated for health visiting
- 6 high impact areas, where health visitors and school nurses can make the biggest difference

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



Health visitors **lead** the Healthy Child Programme 0-5 and the 6 early years high impact areas:

- transition to parenthood
- maternal mental health
- breastfeeding
- healthy weight, healthy nutrition
- managing minor illnesses and reducing accidents (improving health literacy)
- health, wellbeing and development of the child aged 2: Ready to learn, narrowing the word gap

School nurses **lead** the Healthy Child Programme 5-19 and the 6 school aged years high impact areas:

- resilience and emotional wellbeing
- reducing risky behaviours
- improving lifestyles
- maximising learning and achievement
- supporting complex and additional health and wellbeing needs
- seamless transition and preparation for adulthood

The 12 high impact areas **do not** describe the entirety of the role and of the health visiting and school nursing services. There is still a requirement to deliver all elements of the Healthy Child Programme within the service model: **Community, Universal,**

Universal Plus and **Universal Partnership Plus**, and support is tailored to individual and community needs.

These documents cover the **Healthy Child Programme: Pregnancy and the first five years of life** and **Healthy Child Programme: From 5-19 years old**, and in light of recent policy directions include reference to the **Maternity Transformation Programme**, **Mental Health Green Paper**, **Childhood Obesity Plan** and **Childhood Obesity: a plan for action, chapter 2**. They also encourage consideration to be given to including young people aged 19-24, especially the most vulnerable, including those with **Special Educational Need and Disability (SEND)**.

The high impact areas provide an opportunity to consider areas which provide the biggest impact in improving outcomes for children, young people and families, using the universal reviews and key contact points to improve individual, community and population health.

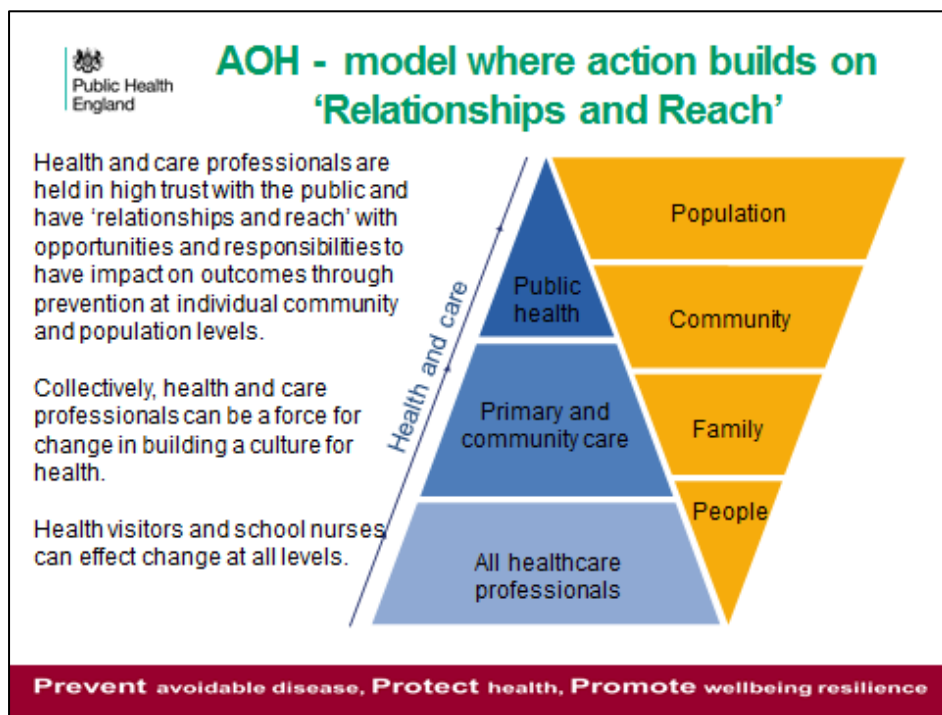
These documents should be read alongside the **Healthy Child Programme 0-19: health visitor and school nurse commissioning**, **Public health nursing workforce: guidance for employers** and **All Our Health**, to ensure the Healthy Child Programme can be delivered, to improve outcomes and reduce inequalities, by an effective workforce sustaining high quality outcomes for children, young people, families, carers and local communities.

Using evidence to support delivery

All Our Health

There is an abundance of resources and information available and this can be time consuming for health care professionals to access. **All Our Health** is an evidence-based framework bringing together resources and evidence in one place for easy access. Using the All Our Health framework will help to support evidence-based delivery, **Making Every Contact Count** and building on the specialist public health skills of health visitors and school nurses.

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



Building on the relationship, reach and opportunities healthcare professionals have to influence and impact on the population's health and well-being, the high impact areas focus on interventions at the following levels and will use a place-based approach:

- individual and family
- community
- population

The place-based approach offers 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 or fragmented services, or duplication or gaps in service provision. Health visitors and school nurses, as leaders in public health and of the Healthy Child Programme, 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**.

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 3, 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 3: All Our Health: Community and place-based approach to health and wellbeing



This approach is aligned with the **Early years foundation stage profile: 2018 handbook** and the resources for school aged children published in the school aged children Public Health England **Public Health Profiles**.

NICE guidance to local government on health visiting and delivery of the Healthy Child Programme has been produced. By implementing these guidelines local authorities can ensure that an effective and cost effective health visitor and school nursing service is

delivered that acts as a key public health resource and can also help to achieve indicators in the **Public Health Outcomes Framework**.

Core principles

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

- health visitors and school nurses have an important role as leaders of the Healthy Child Programme, which should form part of multi-professional care pathways and integration of services for maternity and healthy pregnancy and for children aged 0-5 and 5-19 years
- 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 needs and to ensure that changing needs are identified in a timely way
- all areas are/should be focussing on improving health outcomes and reducing inequalities at individual, family and community level
- outcome measures need to align between health and education/other early years and school age providers and there should be shared outcomes across the health and social care system
- safeguarding is a thread through all of the high impact areas ranging from identification of risk and need, to early help and targeted work, through to safeguarding and formal child protection
- health needs will be identified in partnership with parents, children and young people using an approach that builds on their strengths as well as identifying any difficulties. Clinical judgement will be used alongside formal screening and assessment tools
- engagement with the whole family is an important component of the Healthy Child Programme
- public health, health promotion and health prevention issues are discussed during every contact
- early years, education, voluntary organisations, social services, peer supporters, GPs and primary care teams, oral health and secondary care providers all have an important contribution to make towards improving 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, it should be collected within current systems and central to national reporting requirements

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

Directors of Public Health, elected members, early years professionals, schools, service providers (health visiting and school nursing teams), 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 and Social Care, 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 complemented by more detailed guides, for example [professional pathways](#) and [commissioning guidance](#).

Key policy drivers

Summary of current policy drivers to support development and delivery of health visiting and school nursing services to improve outcomes for health and wellbeing:

- [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](#), Public Health England, 2018
- [Chief Medical Officer's annual report 2012: Our children deserve better: Prevention pays](#), 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, 2017
- [Childhood obesity: A plan for action, chapter 2](#), Department of Health and Social Care, 2018
- [Early intervention: The next steps](#), Department for Work and Pensions and Cabinet Office, 2011
- [Fair society, healthy lives](#), The Marmot review, 2010
- [From evidence into action: Opportunities to protect and improve the nation's health](#), Public Health England, 2014
- [Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing](#), Department of Health and Social Care and NHS England, 2012
- [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 and Social Care, 2012

- [Health visitor implementation plan 2011-2015: A call to action](#), Department of Health and Social Care, 2011
- [Healthy Child Programme: From 5-19 years old](#), Department of Health and Social Care, 2009
- [Healthy Child Programme: Pregnancy and the first five years of life](#), Department of Health and Social Care, 2009
- [Helping school nurses to tackle child sexual exploitation](#), Department of Health and Social Care and Department for Education, 2015
- [Improving outcomes and supporting transparency part 2: Summary technical specifications of public health indicators](#) Public Health England, 2017
- [Improving social mobility through education](#), Department for Education, 2017
- [Language as a child wellbeing indicator](#), Early Intervention Foundation, 2017
- [NHS Five Year Forward View](#), NHS England, 2014
- [Rapid review on safeguarding to inform the healthy child programme 5 -19](#), Public Health England 2018
- [Rapid review to update evidence for the healthy child programme 0-5](#), Public Health England 2015
- [Transforming children and young people's mental health provision: a green paper](#), Department of Health and Social Care, Department for Education, 2017

Acknowledgements

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