



Department
of Health &
Social Care



Public Health
England

Early years high impact area 5: Managing minor illnesses and reducing accidents (improving health literacy). Health visitors 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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Managing minor illnesses and reducing accidents (improving health literacy)

Context

On average, annually 55 children under the age of 5 die due to an unintentional injury, 370,000 children attended accident and emergency (A&E) and 40,000 children were admitted to hospital as an emergency (PHE, 2018).

Illnesses such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, and poor oral health are the leading causes of attendances at A&E and hospitalisation amongst under 5s.

Unintentional injuries are also a major cause of morbidity and premature mortality for children and young people in England.

Unintentional injuries for the under 5s tend to happen in and around the home. They are linked to a number of factors including:

- child development
- the physical environment in the home
- the knowledge and behaviour of parents and other carers (including literacy)
- overcrowding and homelessness
- the availability of safety equipment
- consumer products in the home

5 causes account for 90% of unintentional injury hospital admissions for this age group and are a significant cause of preventable death and serious long-term harm. These are choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning; therefore, taking action in these areas will make a significant difference. Understanding local 'other causes' can help focus local action. Furthermore, hazards change, especially as new products such as hair straighteners or liquid detergent capsules emerge, and the risks will vary according to the developmental age of the child. Recently, concerns have been raised about harm caused by swallowing powerful button batteries and the dangers of **cot bumpers** and sleeping pods (PHE 2018), around 240 babies die each year of Sudden Infant Death Syndrome in the **UK**.

Key facts

Around 1 in 11 children utilise hospital outpatients and 1 in 10-15 are admitted overall, with emergency hospital admission rates for unintentional injuries among the under 5s 38% higher for children from the most deprived areas compared with children from the least deprived areas.

Data showing local authorities' child injury rates that are similar to those for England may mask significant inequalities between smaller geographical areas, for example districts or wards which need addressing through child injury prevention actions.

[Reducing unintentional injuries in children and young people](#), Public Health England, 2018

Dental extractions are one of the most common reasons for anaesthesia in under 5s and tooth decay is a leading cause of parents seeking medical help and advice. ([PHE](#), 2017)

Research shows:

- the average NHS short-term financial cost of a hospital admission for ≥ 2 days for a burn, poisoning or fall in the under-fives (the 3 most common causes of hospital admissions in this age group) ranges from £2,500-£3000
- the NHS cost of an admission for ≤ 1 day from £700-£1,000 and for an emergency department attendance without admission from £100-£180

These figures do not include costs for NHS or social care for longer term follow-up of more severely injured children, and will therefore underestimate the true costs of these injuries ([Reducing unintentional injuries in children and young people](#), Public Health England, 2018).

- in 2014 all age NHS dental treatment costs were £3.4 billion with an estimated additional £2.3 billion in the private sector ([PHE](#), 2017)
- in the financial year 2015-16 the cost of tooth extractions in hospital was approximately £50.5 million among children aged 0-19 years; amongst the under 5s this cost of £7.8 million ([PHE](#), 2017)

The personal costs of an injury can be devastating and can have major effects on education, employment, emotional wellbeing and family relationships. The majority of unintentional injuries are preventable.

Health visitors' role

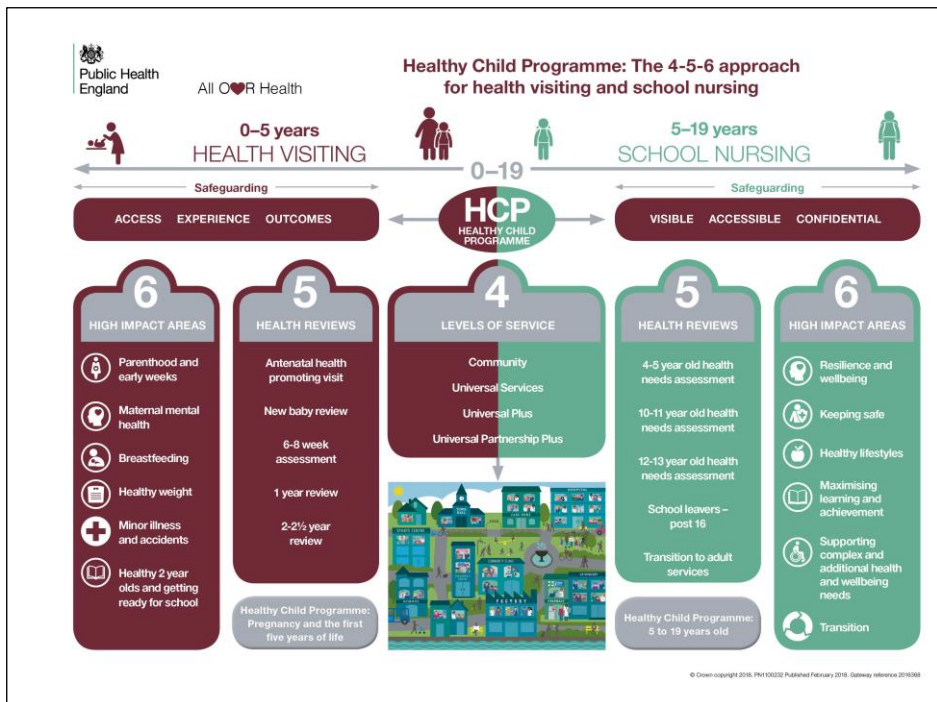
Health visitors as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with parents and families to support behaviour change, promote health protection and to keep children safe.

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. Although health visitors provide the 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 four levels of service with increased reach from community action to complex needs, five 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



Early years high impact area 5: Managing minor illnesses and reducing accidents (reducing hospital attendance/admissions)

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 **Right Care** that maximises **place-based systems of care**.



Individual and family

Health visitors are accessible to all parents and provide a trusted source of knowledge, advice and information, and are often the first point of contact for parents who are unsure on the best course of action when their child is unwell. They can support families to be more confident. Health visitors play an important role in the primary care team and can help to reduce unnecessary visits to A&E and the burden on primary care and A&E departments.

Health visitors work using a health promoting approach, with a focus on prevention and self-efficacy rather than treatment or cure. For example, promoting breastfeeding, responsive infant feeding, hygiene awareness, immunisations, oral health, providing support for parents to give up smoking and messages such as **Choose Well** and **Smoke Free** can reduce attendances at A&E and prevent hospital admissions.

Health visitors can play an essential role in educating parents, children and family members in the importance of good food hygiene, hand hygiene, particularly targeted hygiene such as after using the toilet, before preparing food or eating and when family members are unwell. They can also play an important role in improving parental health

literacy to manage minor illnesses, including information relating to antimicrobial resistance and the **appropriate use of antibiotics**.

The health visitor's role is invaluable in improving uptake of immunisations. Working with key professionals, for example general practice nurses, to maintain a high uptake of the **national childhood immunisation programme**, including the flu vaccination programme for children, which provides vital protection to children and young people, and results in indirect protection to those around them, including infants, older people, and those in clinical risk groups.

Health visitors will encourage access to local health services, including registration with a GP and local dentist and the promotion of attending at the dentist as soon as the first tooth erupts via the **dental check by one campaign**.



Health visitors can provide advice, support, and signpost new parents on a range of common childhood illness such as fever, cough and colds, vomiting and diarrhoea, and oral health problems. This builds parental confidence and knowledge on self-management and when to seek help enabling them to manage childhood illnesses at home, access appropriate support/services and reduce unnecessary A&E attendances.

The Public Health England and Royal College of General Practitioners' patient information **Treating Your Infection** (for out of hours settings) is also a useful tool that can be used during consultations for patients with self-limiting infections such as coughs, colds or flu. It includes information on illness duration, self-care advice, warning symptoms and advice on when to consult a GP or NHS 111.

Services provided by health visitors are not intended to provide first line treatment or diagnostic services for acutely unwell children, they do however have the knowledge to support parents to make the decision about the most appropriate course of action take. Health visitors can advise and guide on the signs and symptoms of more serious diseases such as meningitis, bronchiolitis and chicken pox and can raise awareness of when to seek urgent medical treatment.

Health visitors play an important role with families, promoting awareness of **sepsis**, a rare but serious medical condition, helping parents to recognise early signs of the illness and provide advice or support to allay fears and concerns.

Health visitors can work with families in the home or in settings such as early years services and in the event of a local disease outbreak they will work with general practice nurses and the wider primary health care team.

Health visitors are community nurse prescribers, some being independent prescribers, and can support the management of diabetes, epilepsy, skin conditions and asthma, therefore stabilising symptoms through the correct use of medication and through patient education. They can also provide brief interventions and referral to specialist services if required.

Health visitors provide consistency of safety advice to parents who attend child health clinics, baby groups and other parenting activities, by using evidence-based information. Having regard for, and anticipating, child development and its consequences for safety cuts across virtually all safety programmes, regardless of the injury topic being addressed, paying attention to the most at risk, for example those living in hostels or who may be homeless. Exploring child development with parents within and beyond the home provides a foundation for prevention of unintended injuries.



Community

The health visitor will also lead and support delivery of preventative programmes for infants and children through the Healthy Child Programme (0-5). This programme includes regular advice on oral health at each of the mandated contacts, accident prevention and links to safety schemes and wider community resources. They can signpost to local authority commissioned oral health programmes such as fluoride varnish and **supervised brushing** programmes in early years services and nurseries.

Health visitors can work with early years services to ensure that safety messages are promoted across early years services and are tailored to the needs of the local population, for example ethnic minority families, young parents and homeless families.

Poor housing and overcrowded conditions can lead to increased numbers of accidents. Health visitors can work with local authority housing options and homelessness services to identify and target populations at particular risk of homelessness, and/or households who are homeless, such as families living in temporary accommodation and people living in hostel accommodation and develop pathways out of homelessness and to improved health, wellbeing and wealth outcomes.

Health visitors can **Make Every Contact Count** to raise health issues, offering awareness-raising, health education and immunisation opportunities to prevent ill health and protect from disease.



Population

Health visitors make links and work with the local authority and multi-agencies on wider determinants of health, such as housing, health and safety. Their role supports the development of local pathways aimed at keeping children out of hospital and they have an important role to play in primary and secondary prevention.

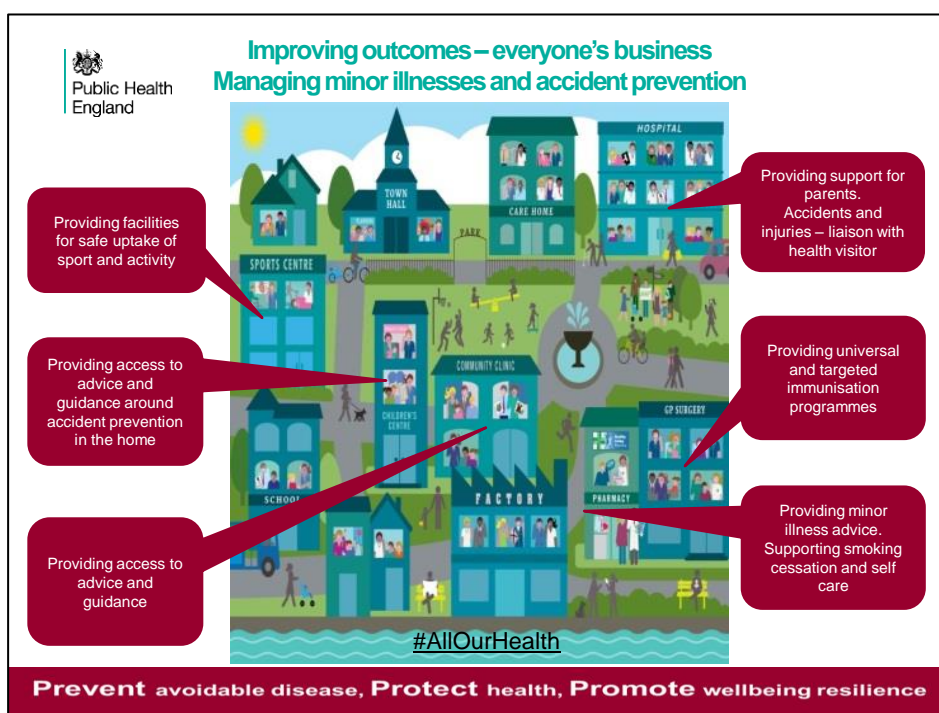
Health visitors lead the Healthy Child Programme (0-5) and provide leadership at a strategic level to contribute to the development and improvement of policies, pathways and strategies to support delivery of high quality, evidence-based, consistent care for children and families for improving health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

At a population level, this data will provide a measure of children's development and wellbeing as part of the Public Health Outcomes Framework and generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes.

Using evidence to support delivery

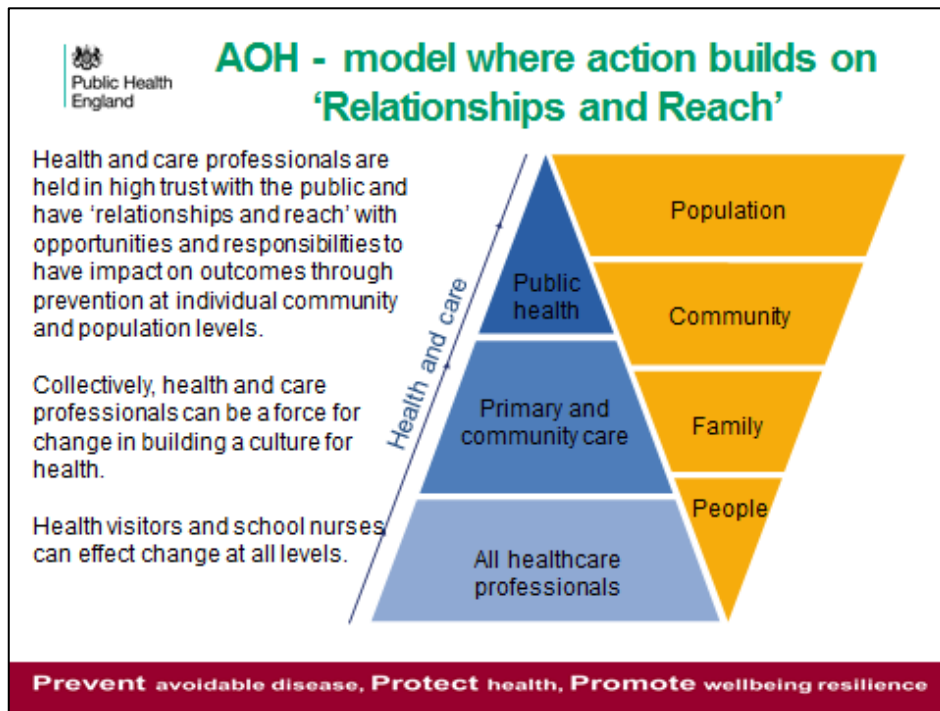
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin 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 impact of improved outcomes. This can be achieved using local measures:



Access:

- universal contacts of the Healthy Child Programme
- percentage of births that receive a face-to-face New Birth Visit within 14 days by a health visitor
- percentage of children who received a 6-8 week review by the time they were 8 weeks
- percentage of children who received a 12 month review by the time they turned 12 months
- percentage of children who received a 12 month review by the time they turned 15 months
- percentage of children who received a 2-2½ year review

The above are reported monthly via Community Services Dataset.



Effective delivery:

- evidence of implementation of locally devised pathways
- evidence of interagency training on the prevention of accidents, promoting oral health and managing minor illness
- health visiting teams to review all A&E and routine hospital attendances for children aged 0-5 and identify children who require further assessment or intervention
- health visiting teams to follow up where concerns are highlighted or in accordance with local procedures, for example repeat A&E attendances, families where there are known vulnerabilities, delayed presentation of injury, inconsistent explanation, serious head injuries, burns and fracture or dental injuries
- neglect and trauma to the teeth or bruising of a non-mobile child, or where parenting was noted as an integral factor to the accident

- referral to partner agencies to provide and fit home safety equipment in low income families for example Royal Society for the Prevention of Accidents and the Fire service
- signpost parents to online resources and apps to improve parental confidence in managing minor illnesses eg Wessex Healthier Together app, Start4Life, NHS Choices
- develop toolkits which empower parents to assess their own safety issues and needs
- health visiting services being accessible to parents who are worried about diseases such as meningitis and sepsis
- health visiting services which identify and raise awareness of when to seek urgent medical attention



Outcomes:

- attendances at any A&E department by a child under 5 years resident in the area, in Early Year Profiles
- local data can be obtained and set out to monitor the top ten primary admissions to hospital
- hospital admissions for dental caries in children aged 0-4 years, in Public Health Outcomes Framework
- 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
- rate of hospital admissions for unintentional injuries and deliberate injuries (0-4 years) via trusts' routine reporting, reported in Public Health Outcomes Framework

Other outcome measures include:

- uptake of dental check by one
- dental access rates for 0-2 years (NHS Digital)
- increased immunisation uptake
- number of women known to smoke at time of delivery, via maternity dataset and quarterly reporting by NHS Digital at clinical commissioning group level and in 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 community services dataset and reported in Early Years Profiles and Public Health Outcomes Framework
- improved early access to medical treatment for urgent situations



User experience:

- feedback from **NHS Friends and Family Test** and service user experience questionnaires on satisfaction, increased knowledge of managing minor illnesses, accident prevention and intended behaviour change
- development of an evaluation tool to measure impact of health visiting service in reducing accidents and increasing parents' confidence in managing minor illnesses in the community

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**, **Speech, Language and Communication**, **mental health** and **Social Mobility Action Plan**. 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 or local agreements to improve service pathways and co-ordination of care
- 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 and respond to agreed joint priorities - Children and Family Centres provide a good focus for co-ordination on this
- collation of local data by top 10 primary diagnoses
- commission partnership preventive support programmes to avoid hospital admissions based on local data
- primary care and community services to support out of hospital care
- demonstrate value for money and Return on Investment

Improvements

- improved accessibility to services as families are aware of how to contact their named health visitor
- integrated IT systems and information sharing across agencies

- development and use of integrated pathways including primary care and community services to avoid admissions and demonstrate a reduction in inequalities in unintentional injuries.
- systematic collection of user experience eg NHS Friends and Family Test to inform action
- increased use of evidence-based interventions with incorporated local evaluation methods and links to other early years performance indicators
- improved partnership working eg maternity, school nursing and early years services
- consistent, evidence based, information on accident prevention for parents and carers, for example blind cord safety
- identification of repeat attendance for non-elective admissions
- development of systems to capture interventions to reduce injuries
- development of evaluation tools to measure impact of health visiting service in reducing accidents

Professional/partnership mobilisation

- multi-agency training to identify common themes and advice on appropriate accident prevention
- continued multi-agency safeguarding training
- effective delivery of universal prevention and early intervention programmes
- improved understanding of data within the Joint Strategic Needs Assessment 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
- health visitors to be aware of how the Child Protection Information System works in hospitals
- understanding barriers to primary care access

Associated tools and guidance

(including pathways)

Information, resources and best practice to support health visitors – managing minor illnesses and reducing accidents

Policy

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

Child oral health: [applying All Our Health](#), accessed September 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

[Fever in children](#), NHS Choices, accessed September 2018

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

[Healthy Child Programme: Rapid review to update evidence](#), Public Health England, 2015

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

[Preventing unintentional injuries: A guide for all staff working with children under five years](#), Public Health England, 2017

[Reducing unintentional injuries in and around the home among children under five years](#), Public Health England, 2018

[Working Together to Safeguard Children](#), Department of Health and Social Care, 2018

Research

[Antibiotic awareness: Treating your infection leaflets](#), Public Health England, 2016
[Antibiotic Guardian](#), accessed September 2018

[Child Accident Prevention Trust](#), accessed September 2018

[Children's food: Safety and hygiene](#), NHS Choices, accessed September 2018

[Health Matters: Child dental health](#), accessed September 2018

[How to prevent germs from spreading](#), NHS Choices, accessed September 2018

[Improving outcomes for patients with sepsis: A cross-system action plan](#), NHS England, 2015

[Reducing antimicrobial resistance](#), e-Learning for Healthcare, accessed September 2018

[RoSPA](#), accessed September 2018

Think sepsis: A film for all healthcare workers involved in the care of sick children, Health Education England, 2016

Why Children Die, Royal College of Paediatrics and Child Health, National Children's Bureau and British Association for Child and Adolescent Public Health, May 2014

Guidance

Promoting emotional health and wellbeing and positive mental health of children and young people, Department of Health and Social Care and Public Health England, 2014

Sepsis in children: Advice for health visitors and school nurses, Public Health England, 2017

NICE Guidance

Brief interventions and referral for smoking cessation, NICE Public Health guideline [PH1], 2006

Bronchiolitis in children: Diagnosis and management, NICE Guideline [NG9], 2015

Diarrhoea and vomiting caused by gastroenteritis in under 5s: Diagnosis and management, NICE Clinical Guideline [CG84], 2009

Fever in under 5s: Assessment and general management, NICE Clinical Guideline [CG160], 2013

Head injury: Assessment and early management, NICE Clinical Guideline [CG176], 2014

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

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

Postnatal care up to 8 weeks after birth, NICE guideline [CG37], 2006

Preventing unintentional injury in under-15s, NICE Quality Standard [QS107], 2016

Reducing differences in the uptake in immunisation, NICE guideline [PH21], 2009

Smoking: stopping in pregnancy and after childbirth, NICE Public Health guideline [PH26], 2010

Unintentional injuries in the home: Interventions for under-15s, NICE Public Health guideline [PH30], 2010

Unintentional injuries: Prevention strategies for under-15s, NICE Public Health guideline [PH29], 2010