



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 commissioning of the healthy child programme 0 to 19.
Guide 1: Background information on commissioning and service model

Contents

Introduction	3
The Healthy Child Programme	4
Support for children in mainstream education with additional health needs	6
Purpose of the guidance	6
Commissioning responsibilities for child health and wellbeing	7
Commissioning public health services for children and young people 0 to 19	7
Health visiting and school nursing services (public health nursing workforce)	8
Regulation and employer issues	13
Safeguarding	13
Associated tools and guidance	14

Introduction

This is one of 3 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 to 19.

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 closely linked to the NHS Long Term Plan, the Prevention Green Paper and the NHS Five Year Forward View.

Ensuring every child has the best start in life is one of PHE's key priorities. Best Start in Life has been identified as a priority within *Public Health England's 5-year strategy*, which runs from 2020 to 2025.

A major contribution to achieving these ambitions and strategies is the modernisation of the Healthy Child Programme. 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.

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. Sustaining this across the life course for school-aged children and young people is important to improve outcomes and reduce inequalities through universal provision and personalised response. There may be challenges within a child's or a young person's life and times when they need additional support (*No Child Left Behind*, PHE 2020). Children in care, for example, experience more frequent moves of home and school so may face additional challenges (Stability Index, *Children's Commissioner*, 2019).

Modernising the Healthy Child Programme is intended to enable effective, focused services where additional needs are identified along with use of the latest evidence on effective practice and helping to bring councils, the NHS and partners together to achieve priority outcomes for children and families. Delivering this vision is reliant upon a wide range of partners working together and embracing change in order 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 (childhood obesity, speech, language and communication, immunisations)
- support school readiness and improve resilience for school-aged children.
- support young people transitioning 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. The importance of effective outcomes relies on strong collaborative partnerships with the child, family or carers and all partners in health (primary and secondary), local authority including early years services, and voluntary sector services.

The Healthy Child Programme

Good health, wellbeing and resilience are vital for all our children now and for the future of society. There is good evidence about what is important to achieve this through improving children and young people's public health. This is brought together in the national Healthy Child Programme 0 to 19, which includes:

- **Healthy Child Programme: Pregnancy and the first five years of life** (DH and DCSF, 2009)
- **Healthy Child Programme rapid review to update evidence** (PHE, 2015)
- **Healthy Child Programme: From 5 to 19 years old** (DH and DCSF, 2009)

PHE have published a **rapid review** of the evidence in relation to safeguarding guidance in the Healthy Child Programme for 5 to 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 to 19 year olds, the focus is on prevention and early intervention.

The 0 to 5 element of the Healthy Child Programme is led by health visiting services and the 5 to 19 element is led by school nursing services. Together they provide place-based services and work in partnership with education and other providers where needed. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that may need 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. It aims to:

- help parents, carers or guardians develop and sustain a strong bond with children
- support parents, carers or guardians 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
- promote oral health
- support resilience and positive maternal and family mental health
- support the development of healthy relationships and good sexual and reproductive health
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- make sure children are prepared for and supported in all childcare, early years and education settings and are especially supported to be 'ready to learn at 2 and ready for school by 5

Being ready for school is assessed as every child reaching a level of 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, form friendships and separate from parent(s)
- have good physical health, including dental health
- be well nourished and within the healthy weight for height range
- have protection against vaccine-preventable infectious diseases, having received all childhood immunisations

It also involves

- continued support through school age years to help every child to thrive and gain maximum benefit from education, driving high educational achievement
- 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

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 to feel supported to learn within an education setting (Children with special educational needs and disabilities, **SEND**).

Commissioning arrangements should be developed to clarify the contributions from partners in health, social care and education to ensure that children with additional or complex needs are school ready and supported within education settings.

Commissioning guidance 2, appendix 2 provides an overview which local partners may wish to consider. This is underpinned by the Healthy Child Programme 0 to 19 (**Healthy Child Programme 0 to 5 and Healthy Child Programme 5 to 19**) and **SEND Code of Practice 0 to 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, emotional or behavioural issues, 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 and or neurodevelopment issues, autism or ADHD

Purpose of the guidance

The **Health and Social Care Act 2012** sets out a local authority's statutory responsibility for commissioning public health services for children and young people aged 0 to 19 years.

This guidance supports local authorities in commissioning 'public health services for children and young people'. 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 **high impact areas** and related outcomes
- provides a national template for local authorities to use and 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

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 and parents or carers to improve the wellbeing of young people
- safeguarding and promoting the welfare of looked after children
- 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))

Commissioning public health services for children and young people 0 to 19

Regulation requires all families with babies to be offered **5 mandated health visitor reviews** before their child reaches 2 and a half years old.

The early years reviews are offered to all families. However, this is not the extent of the health visiting service offer for families who may also require additional support from the health visiting team, for example a nursery nurse. There are no mandated reviews for

school aged children. However, there are opportunities to develop a framework of reviews based on evidence, intelligence, professional judgement and service user voice which provides opportunities to review health and wellbeing needs, support behaviour change and influence outcomes. 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 to 19.

Public health services commissioned by local authorities form part of the 'whole system' of support for children and young peoples' health and wellbeing. Local authorities are well placed to ensure integrated commissioning and delivery with a wide range of stakeholders who provide support for physical and mental health and wellbeing, including the NHS and the voluntary and community sector, schools and colleges. Local commissioners should also consider the links and interface with screening programmes, mental health, sexual health, smoking, substance misuse and oral 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 or carers
- 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 children in care, young carers, or children of military families

This guidance is based on a public health pathway for children and young people aged 0 to 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 to 25 in line with the [NHS Long Term Plan](#) ambitions for 0 to 25 years.

Health visiting and school nursing services (public health nursing workforce)

Health visitors and school nurses are specialist public health nurse (SCPHN); they are either a registered nurse or midwife who has undertaken a year's further post-registration training in child health, health promotion, public health and education. Health visitors and school nurses are registered on Part 3 of the Nursing and Midwifery Council

Register as a specialist community public health nurse. As such, health visitors lead the 0 to 5 element of the Healthy Child Programme and school nurses lead the 5 to 19 element of the Healthy Child Programme. Health visitors visit families in their own home from the antenatal period up to school entry; the service is also delivered in several settings including families own homes, local community or primary care settings. School nursing services work with children and young people (5 to 19), both in and out of school settings for example through digital and other virtual support.

Whilst both services should be led by a registered SCPHN, the skill mix within the team should be led by local needs and underpinned by a robust workforce plan. The team will consist of a skill mix including community staff nurses and nursery nurses. Health visitors and school nurses utilise their clinical judgement and public health expertise in identifying issues early, determining potential risk, and providing early intervention to prevent issues escalating. Utilising the specialist public health nurse skills is cost effective and yields benefits for parents, children and young people including continuity of care and undertaking a 'navigating role supporting families through the health and social care system. Utilising the right skill set, at the right time, supports effective signposting and early intervention preventing issues escalating. To deliver the best possible service these staff require timely, accurate information at the point of care to plan and deliver and utilise their expertise

Public health nursing services provide universal support and due to their close relationships with families or carers 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.

Refreshing the health visiting and school nursing service model supersedes the 4-5-6 model and has been developed in response to changes in policy and commissioning in practice.

The Healthy Child Programme offers every family an evidence-based intervention programme consisting of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and wellbeing.

The Healthy Child Programme is universal in reach. It sets out a range of public health inputs in local places to build healthy communities for families and children and to reduce inequalities. It includes a schedule of interventions which range from services for all through extra help to intensive support.

The Healthy Child Programme is personalised in response. All services and interventions need to be personalised to respond to families' needs across time. For most families most of this will be met by the universal offer.

The service model is based on 4 levels of service – community, universal, targeted and specialist, depending on individual and family need. The use of community-based assets is central to the universal offer, where health visitors and school nurses are well placed to identify and signpost to local community support. Contact points or universal health and wellbeing reviews can be utilised to identify needs and to develop a support offer or signpost to specialist services if required.

The **high impact areas** 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, for example through the **Community Services Data Set (CSDS)**. 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.

Early years high impact areas are:

- supporting transition to parenthood and the early weeks
- supporting maternal and infant mental health
- supporting breastfeeding (initiation and duration)
- supporting healthy weight and healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development. Ready to learn, narrowing the 'word gap'

School-aged high impact areas build on early identification of children in need of support and focus on key priority areas, include:

- supporting resilience and wellbeing
- improving health behaviours and reducing risk taking
- supporting healthy lifestyles
- supporting vulnerable young people and improving health inequalities
- supporting complex and additional health and wellbeing needs
- supporting self-care and improving health literacy

Commissioning for outcomes

Figure 1 illustrates how health visitors and school nurses can use evidence and data to inform the commissioning process and improve outcomes. It summarises 4 interacting processes, namely:

Securing better outcomes

Assess current position by:

- understanding the question or hypothesis
- engaging with service users
- defining what is needed
- reflecting on current practice
- defining priorities

Evidence into action

Moving from planning to action by:

- collecting and analysing data
- understanding population health needs
- determining best practice
- reviewing current service provision

Improving access

Determining and identifying what works and doesn't work by:

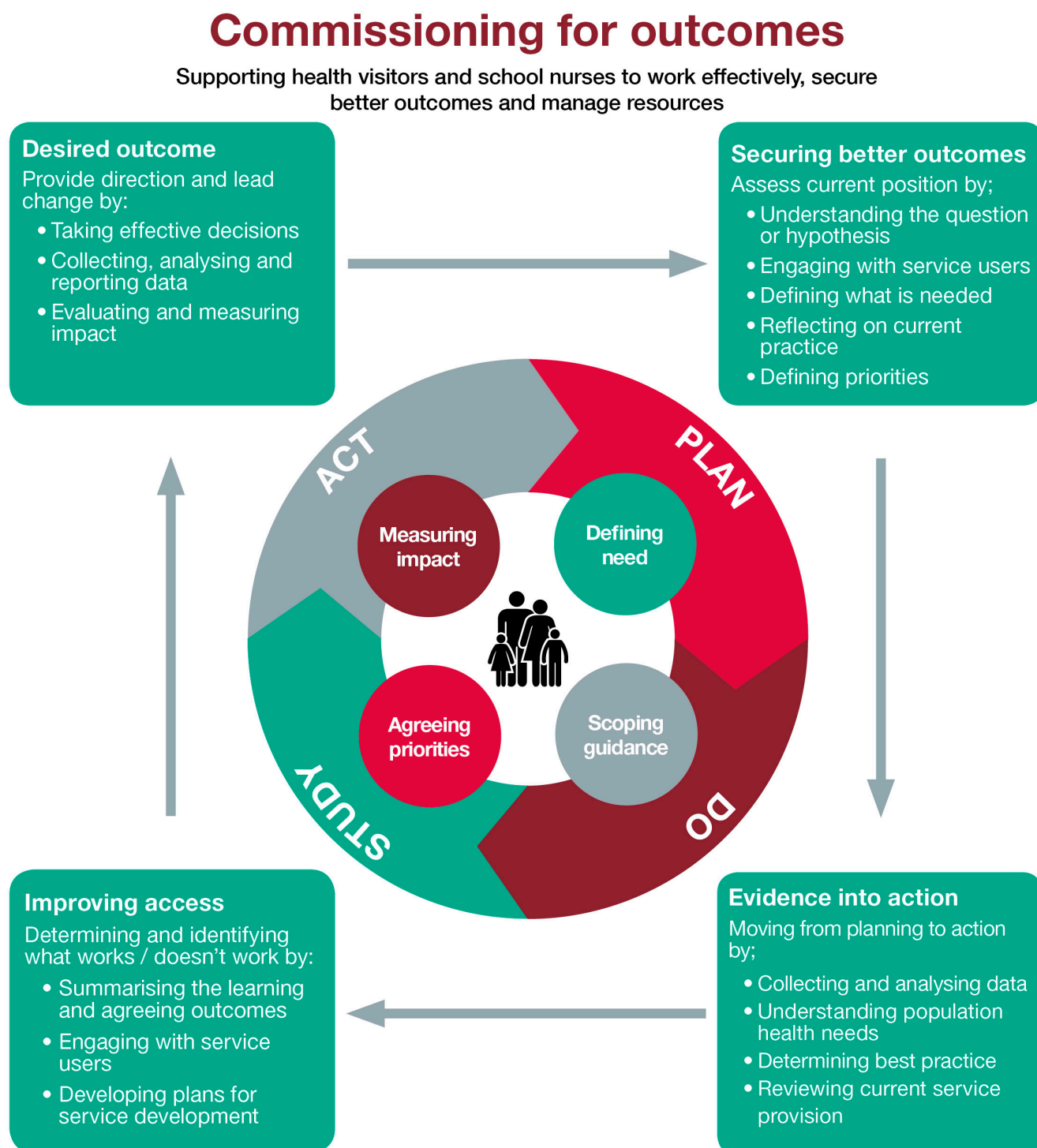
- summarising the learning and agreeing outcomes
- engaging with service users
- developing plans for service development

Desired outcome

Provide direction and lead change by:

- taking effective decisions
- collecting, analysing and reporting data
- evaluating and measuring impact

Figure 1. How health visitors and school nurses can use evidence and data to inform the commissioning process and improve outcomes



Regulation and employer issues

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.

The current commissioning arrangements have given rise to 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 to 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 complements [the Standards for employers of public health teams in England](#) and addresses specific employment issues relating to health visitors and school nurses.

Safeguarding

Safeguarding is a core part of the healthy child programme, which runs through the model for health visiting and school nursing. 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](#) and [Working Together to Safeguard Children](#).

Associated tools and guidance

SEND Code of practice: 0 to 25 years, Department of Education and Department of Health and Social Care, 2014

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, 2013

Health and Social Care Act 2012, The Stationery Office, 2012

Healthy Child Programme: From 5 to 19 years old, Department of Health and Department for Children, Schools and Families, 2009

Healthy Child Programme: Pregnancy and the first five years of life, Department of Health, 2009

Maternity and children's data set, Health and Social Care Information Centre, accessed January 2015

NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations Statutory Instrument SI3094 (United Kingdom, 2012) Dental Public Health

Health Equity in England: The Marmot Review 10 Years On, The Health Foundation, 2020

NHS Five Year Forward View, NHS England, 2014. Public Health Outcomes Framework

Rapid review to update evidence for the Healthy Child Programme 0 to 5, Public Health England, 2015

Statutory guidance on Joint Strategic Needs Assessments and joint health and wellbeing strategies, Department of Health, 2013

Troubled Families: Supporting health needs, Department of Health, 2014

Teenage Pregnancy Prevention Framework. PHE-LGA. 2018; updated 2019.

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, research, 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. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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