1. Who are health visitors and what is their role?

Answer:
Health visitors are key public health professionals. They are specially trained nurses or midwives – they train for an extra year to become practitioners in public health. They lead and deliver the national Healthy Child Programme (HCP) for children 0-5 years of age, a universal and targeted service for children and families to support the early life stages. The HCP also incorporates services for children aged 5 – 19, led by public health school nurses. This Q & A is focused specifically on the role of health visitors, who deliver the HCP for children aged 0-5 years.1

Their role is about prevention, helping children and families to stay healthy and avoid illness. They work alongside GPs, midwives and other health and social care professionals, the voluntary sector and with families and communities to help parents to prepare for birth and adapt to the time ahead. Health visitors can make major contributions to responding to public health challenges, and as cited in a number of evidence-based reviews.

2. What is the Healthy Child Programme and how does it differ from the Child Health Surveillance Programme?

Answer:
The Healthy Child Programme (HCP) was launched in October 2009. It incorporates the previous Child Health Surveillance programme.

The HCP is the early intervention and prevention public health programme that lies at the heart of our universal and targeted service for children and families. It is a programme of screening, immunisation, health and development reviews for children and parenting support.

The HCP for children aged 0-5 years is led by health visitors and places a major emphasis on parenting support and enabling mothers and fathers to provide sensitive and effective parenting during the first months and years of life. The new model for health visitor services brings improved access and time with families - providing services where they are best suited - at home, in health settings including GP surgeries, Sure Start Children’s Centres, as well as other non-traditional settings. By increasing the number of health visitors by 4,200 additional posts by 2015, the health visitor workforce will in coming years, be better able to support all families with children under 5 in England.

Implementation of the HCP is designed to drive the development of high-quality services that make a measurable contribution to the prevention of ill health, the reduction of health inequalities and to improving the school readiness of children. Through their work with families and children, health visitors can contribute to changing the life course of a young child at a very early developmental stage through early intervention. This can in turn can lead to potential savings in health and social care costs.

1 For information about the Healthy Child Programme for children aged 5 – 19 please use the link below: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidanc e/DH_107566
3. **Who delivers the Healthy Child Programme for children, from pregnancy to five years within the NHS workforce?**

**Answer:**
Health visitors lead delivery of the HCP for children 0-5 years of age, working closely with other health, education, early years and social care practitioners, the voluntary sector and with families and communities.

At a strategic level, local authorities and commissioners have the lead responsibility for the breadth of services covered by the HCP, the shared purpose for whom is the improvement of children and young peoples’ lives.

Operationally, the HCP (which may be delivered by one or more providers), is delivered by the local, multi-disciplinary HCP Team, including health visitors. This team works across primary care, Sure Start Children's Centres, in schools, in early years settings, in the community and with safeguarding professionals. One of the HCP team roles is to facilitate access to specialist support services where required.

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4. **What services can health visitors offer families, especially new parents and their children?**

**Answer:**
The new model for health visiting services ensures a universal service for all, a rapid response from the health visitor team when parents need specific expert help, and a targeted service to provide ongoing support to deal with more complex needs over time, including services from Sure Start Children’s Centres, other community services and, where appropriate, the Family Nurse Partnership.

The service vision was developed with the health visiting profession and sets out a universal offer for all families across England. This plays into the unique position and strengths of the health visitor role and shaped around the job they are trained and skilled to do. Many in the profession see the model as a return to what is at the core of health visiting – improving public health, promoting wellness, and preventing illness.

The service model places health visitors into roles that predict the needs of the local population, using established and new tools such as PREview and Pregnancy, Birth and Beyond (PBB). They will lead and deliver a universal service to all families, ensuring access to all the development reviews and interventions that make up the 0-5 elements of the Healthy Child Programme.

Health visitors assess and deal with parents' needs and make sure additional, specialist services are available and accessible for those who need them. They will work with families and communities to build resilience and confidence, helping them
take control of their own health; developing their abilities and knowledge, and allowing them to take full advantage of the range of resources that are available to them.

One of the key areas where health visitors are able to intervene effectively is in the area of maternal mental health. According to evidence, overall, children of mothers with mental ill health are five times more likely to have mental health problems themselves, resulting in both emotional and behavioural difficulties. Parental mental illness (including substance abuse) particularly in the mother is also associated with: poor birth outcomes, increased risk of sudden infant death and increased mortality in offspring. By signposting mothers to support at an early stage, health visitors can play a crucial role in ensuring good maternal mental health. This forms part of their wider role of contributing to the well-being of families and communities, leading to a potential overall reduction in formal safeguarding issues.

More info is available on these resources on the Department of Health website at www.dh.gov.uk

5. Who is responsible for the commissioning of services under the Healthy Child Programme in my local NHS at present?

Answer: At present, commissioning of health visitor services is managed by NHS PCT Cluster commissioning teams.

6. How will commissioning of services under the Healthy Child Programme work in future?

Answer: The NHS Commissioning Board will retain oversight of the services for children from pregnancy to five years of age until 2015.

From 2013, local government will assume responsibility for the component of the HCP for children aged 5 - 19 years.

In relation to health visitors, and the element of the HCP that they lead for children aged 0 - 5 years, planning should begin now for the transfer of commissioning responsibility for this, in anticipation of this being transferred from the NHS Commissioning Board Authority to local government in 2015.

This arrangement is designed to ensure continuity of service for parents and their young children and to support the national campaign to revitalise and expand the health visitor profession by 4,200 posts by 2015. The transfer of commissioning of public health services from pregnancy to 5 years of age to local authorities remains a national commitment, on track to be in place by 2015, and our priority is to ensure a smooth, practical and patient centred approach to transition.

Therefore, and subject to passage of the Health and Social Care Bill (2011), the NHS Commissioning Board will be responsible for commissioning services for children and families in the short-term, allowing us the necessary time to develop a stable, secure and seamless service for all parents and their young children in the future.

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We have listened to concerns around fragmentation of responsibility for the HCP and we will continue working with our national and local partners to ensure these concerns are addressed in the design of commissioning structures.

7. How do health visitors help to address health inequalities, as outlined in the Marmot review?

Answer:
Health visitors can help to deliver improvements in public health outcomes for children through the HCP for children aged 0-5, an evidence-based public health programme for children and young people that provides a range of health interventions and support beginning in pregnancy and continuing through early childhood.

The HCP is part of the government’s wider public health agenda to improve the health of the public and reduce inequalities, as outlined by Sir Michael Marmot in his review on health inequalities.

8. What do local authorities need to understand about health visitors and the Healthy Child Programme, in relation to the wider public health agenda?

Answer:
Under locally-led systems, health visitors and school nurses will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and leadership in promoting good health and addressing inequalities. In their wider public health role, health visitors deliver a crucial contribution to improved public health outcomes, building community capacity by addressing local health and well being needs at an early stage.

Local authorities need to gain an understanding of the requirements for the Healthy Child Programme for children aged 0 – 5 including setting aside resources for the training and education of health visitors to lead this service, as well as ensuring posts are available in their workforce plans for hiring of health visitors.

Essential to the planning for the transfer of the HCP for children ages 0-5 will be ensuring that these have been considered by Health and Well Being Boards and the relevant implications addressed, and included in their joint Health and Wellbeing Strategies, where appropriate. An assessment of the issues affecting children’s health locally will be a key element of the Joint Strategic Needs Assessment and this information will be vital to shaping the future of children’s services including those of the HCP.

More information is available at the links below:

Healthy Child Programme for children ages 0-5:

Health Visitors:
www.dh.gov.uk/healthvisitors

New Partnerships, New Opportunities - a resource to assist in setting up Health and Wellbeing Boards:
http://www.idea.gov.uk/idk/core/page.do?pagId=31196365
9. Where is more information available about the Healthy Child Programme, and about the health visiting service in local communities?

Answer:
For local information, the best place to begin is with your local NHS PCT cluster organisation’s commissioning team.

The Department of Health publishes information on its website about both the Healthy Child Programme and the Health Visitor Programme. The Health Visitor Implementation Plan 2011-15 – ‘A Call to Action’ sets out how DH will work with partners to deliver its ambition. Information about the programme, including a review of the first year’s activity is available on the Department of Health’s Health Visitor webpage:
www.dh.gov.uk/healthvisitors

10. What professional learning resources have been developed to support the delivery of the Healthy Child Programme?

Answer:
The Royal College of Paediatrics and Child Health led the work to produce the new and innovative e-learning package to support healthcare professionals deliver the evidence based Healthy Child Programme during pregnancy and the first five years of life. NHS staff can find more information and register to gain access at www.e-lfh.org.uk/healthychild