







Children's Public Health in the Foundation Years The health visiting programme

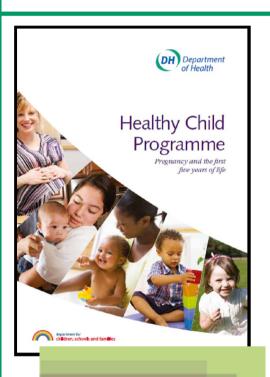
Viv Bennett DCNO DH 2011

What is new?

Policy

Evidence

Plan



Neuro-science

What works in prevention/ health promotion

Impact of early years on adult health

Impact of parenting in early years on life chances

Early intervention - a long term investment



Healthy Lives, Healthy People:

Update and way forward

Key messages

Importance of prevention
Importance of early help and early intervention

Healthy Child Programme (HCP): getting the best start

Universal

- Health and development reviews
- Screening and physical examinations
- Immunisations
- Promotion of health and wellbeing, e.g.:
 - smoking
 - diet and physical activity
 - breastfeeding and healthy weaning
 - keeping safe
 - prevention of sudden infant death
 - maintaining infant health
 - dental health
- Promotion of sensitive parenting and child development
- Involvement of fathers
- · Mental health needs assessed
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

Universal plus

- Emotional and psychological problems addressed
- Promotion and extra support with breastfeeding
- Support with behaviour change (smoking, diet, keeping safe, SIDS, dental health)
- Parenting support programmes, including assessment and promotion of parent- baby interaction
- Promoting child development, including language
- Additional support and monitoring for infants with health or developmental problems
- Common Assessment Framework completed

Higher risk

- High-intensity-based intervention
- Intensive structured home visiting programmes by skilled practitioners
- Referral for specialist input
- · Action to safeguard the child
- Contribution to care package led by specialist service

SAFEGUARDING

HCP and the role of health visitors

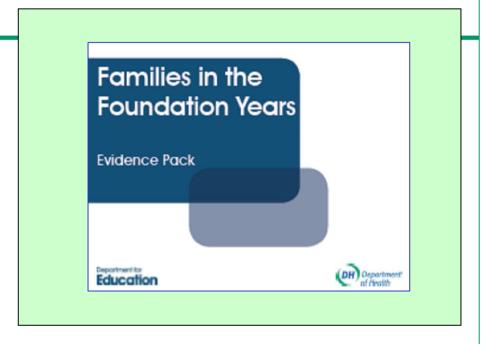
- •Health Visitors are qualified nurses &/or midwives with further training in child health and public health to degree level
- •There are around 8,000 wte HVs and government has committed to an additional 4,200 and an improved service for families
- •HVs provide a range of services to children families and communities at home in clinics/surgeries in Sure Start Children's Centres and other community facilities
- •They lead the local provision of the Healthy Child Programme. They have an important roles in public health and in safeguarding
- •The Health Visitor Implementation Plan sets out the actions to be taken nationally and locally



The Plan - National Health Visiting programme and progress



'A Call to Action' sets out what we need to do nationally and locally to overcome the challenges, rapidly grow capacity and embrace innovation to transform services including moving to a 4 level 'family offer'



DfE and DH jointly published Supporting Families in the Foundation Years in July 2011 as vision for services to parents, children and families in the foundation years (pregnancy to 5)

The Plan: challenges and priorities in 2012

Supply side: Getting nurses into HV training and expanding the range of placements and numbers of practice teachers

Demand side: Securing posts for newly qualified and RtP HVs qualified and gearing up for expansion

Systems: 2012 Operating Framework. Developing a a Commissioning Framework through NHS transition and towards LA commissioning in 2015

Cross Government: Joining up work on 'Families and Foundation years' Joint work DfE and partners: Focus area: review of children at 2 to 21/2 years

Service Transformation and Health Improvement: maximising contribution to improved health outcomes

Outcomes - Public Health outcomes framework and HV outcomes

Early Implementer Sites – 'Assessing Success' and further sites

Pathway development e.g. midwifery to health visiting and HV to school nursing

Leadership

Telling the story - narratives

Partnerships: within health, and with foundation years services and voluntary and community sectors nationally and locally

The Plan: recent progress

Cross government work – Family Policy and Public Health - and supporting local partnership working

Taskforce established

Early Implementer Sites: Now 26 EIS sites receiving ongoing and testing new policy services and approaches

Embedding HCP and new service model: test sites and partnership working

Building Blocks for Effective Commissioning

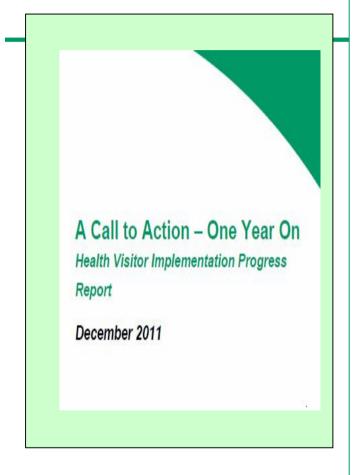
Mobile technology – scoping project and good practice

Professional mobilisation: Accelerated learning events DH – NHSI, SHA Local events. CPHVA Roadshows

Education: 1800 training places commissioned for this year - 1300 Sept remainder Jan March. 540 HVs qualifying now

CPD Building Community Capacity & HCP Elearning

First Annual Report Dec 11



The New Service: What do parents tell us they need?

A community that supports children and families

Services that give our baby/child healthy start.
Best advice on a being a parent
To know our health visitor and how to contact them

A quick response if we have a problem and to be given expert advice and support by the right person

To be able to care for our child who is ill or has a disability at home within a normal family life





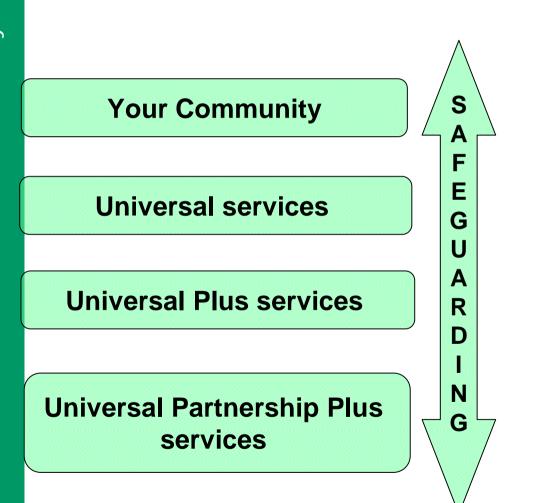


To have the right people to help over a longer term when things are really difficult

To know those people

To know those people and that they will work together and with us.

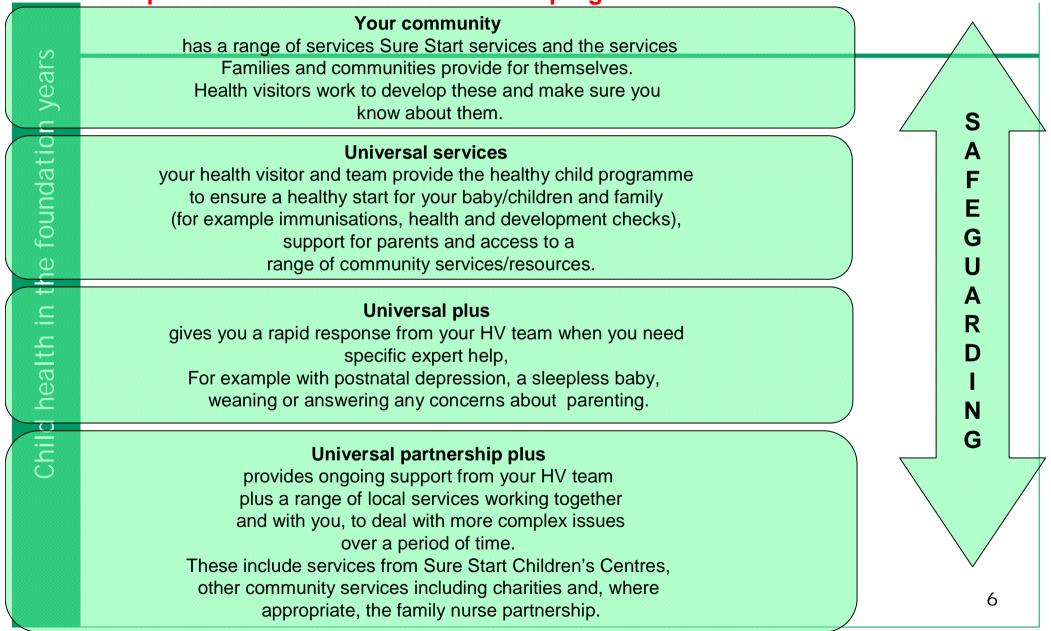
The New Service: 'National model'





The New Service

Service model being implemented through EIS, support to commissioning, leadership events and professional CPD and mobilization programme.



Priority Areas



Transition to parenthood:

Improving support in pregnancy and the early weeks of life (focus on including fathers)



Two years

- Includes new commitment to integrate health and education reviews for children aged 2 to 2 ½: Development Group of health and education experts now working with five Early Implementer Sites on models for integration, to be implemented from 2015.
- 2 year offer extends free early education to more children: 3 and 4 year olds' free entitlement to early education (15 hours a week, 38 weeks of the year) to be extended to 20% of two year olds by September 2013 and to 40% by September 2014 increases the 20,000 places LAs currently make available to 260,000.
- 2012 HV Programme priority: improving coverage quality and outcomes from 2 to 2half year review

Two – two half year review

- Evidence shows key time for assessing development and need
- Key time for providing addition help and support for school readiness and future health and wellbeing
- Integrates with increased early help and nursery place provision.
- Work going forward on 2-2.5
 population outcome measure for
 Public Health Outcomes framework
- Intention to join up with foundation years review.
- Joint review being piloted in some of the EIS sites.



What would success look like?



AND BEYOND



Growth in workforce is delivered and coverage relates to need

All communities have access to a full range of services from universal to support for vulnerable families to care for children with illness/disability at home and in local communities

Evidence based services and practice are provided by mobilized and supported professionals

Strong partnerships are built between local organisations and with families using services

Families receive joined up services to meet their needs and choices and express high levels of satisfaction

Needs/problems are identified early and the right service response provided

Children are 'ready for school'

Local health outcomes improve and inequalities reduce

