

Healthy Child Programme Update

Purpose of report

For information.

Summary

Children and young people's health is a joint priority between the Children and Young People (CYP) and the Community Wellbeing Board. This paper is designed to provide background on the Healthy Child Programme and recent policy developments, ahead of the presentation on the Healthy Child Programme Refresh lead by Public Health England.

Recommendation

That Children and Young People Board Members note the contents of the report and the ongoing work to improve and modernise the Healthy Child Programme alongside Public Health England.

Action

Officers to take forward any actions arising from discussion of the report and presentation.

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Healthy Child Programme Update

Background

1. The Healthy Child Programme is designed to support the healthy physical and emotional growth of every child. Delivery is led by health visitors for the 0-5 population and by school nurses from 5-19. The programme comprises child health promotion, child health surveillance, screening, immunisations, child development reviews, prevention and early intervention to improve outcomes for children and reduce inequalities.
2. Responsibility for commissioning the Healthy Child Programme transferred from the NHS to local government in 2015. Since then, many councils have redesigned the programme to integrate services from 0-19. 16 councils have now brought their services in-house and services and checks are increasingly offered at a range of different settings, such as schools and nurseries.
3. Since the transfer in 2015, a number of key outcomes of the Healthy Child Programme (0-5) have improved. The number of children judged as 'school ready' aged 4-5 has increased by 10 per cent, however this masks high variation and inequality across the country and nearly a third of children are still deemed not to be 'school ready.'
4. Since 2017 there has been increasing focus on the importance of the First 1000 days in childhood (conception to age two) in establishing the right foundations for children and families to thrive. The LGA has submitted evidence both to the Health and Social Care Select Committee enquiry into the First 1000 Days (Nov 2018) and to Rt. Hon Andrea Leadsom's cross-government working group on improving support in the first 1000 days.
5. In our submissions we highlighted the key role of local government in delivering the Healthy Child Programme (0-5) and the opportunity to build integrated teams linked in with children's services, housing and education. We stressed the impact of cuts to the public health and early intervention grant on the ability of councils to deliver the programme. We also called for the Healthy Child Programme to be reformed to reflect new pressures and priorities in supporting infants and families.
6. In the Government's Prevention Green Paper [Advancing our health: prevention in the 2020s](#), published in July 2019 they responded with a commitment to modernise the Healthy Child Programme, initially focussed on the first 1001 days and early years. PHE will lead the review and the update is due to be published in March 2020. The LGA will be key consultees in this process.

Issues

7. Workforce:

- 7.1 Local government's performance in delivering the Healthy Child Programme continues to be closely scrutinised. A key focus of this has been the decline in the number of qualified health visitors and school nurses since 2015.
- 7.2 A combination of qualified nurses retiring or moving to other roles within the NHS, as well as too few trainees entering the profession has led to a significant decline in the workforce. As a result many local authorities have struggled to recruit and retain sufficient numbers and vacancy rates remain high. In March 2019 the LGA published a [press release](#) calling for urgent investment in the health visiting workforce
- 7.3 The responsibility for training health visitors and school nurses sits with the NHS and Health Education England. However, whilst the [Interim NHS People Plan](#) has sought to address shortages in the wider nursing workforce, there has so far been no provision for *specialist public health nurses* such as health visitors and school nurses. The LGA has called for future iteration so the plan to address the equally important shortages across the local government health and care workforce.
- 7.4 Whilst it is important that DHSC maintain and invest in the specialist public health workforce, it is equally important to recognise the success of many local authorities in delivering an integrated Healthy Child Programme with a greater use of skill-mix. In many cases the inclusion of nursery nurses and early years practitioners in delivering some aspects of the programme has resulted in positive skill-sharing, better outcomes and a more efficient and targeted use of health visitor and school nurse time.

Implications for Wales

8. Health and social care policy are devolved to the Welsh Assembly.

Financial Implications

9. This work will be undertaken from within existing LGA budgets.

Next steps

10. Children and Young People Board members are asked to note and provide a steer on activities proposed in the report.