ADPH London

Rapid evidence review to support the development of a sector-led improvement tool (SLI) for local authority public health commissioners of health visiting and school nursing services in London

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1. Introduction

1.1 Sector-led improvement

Overview

High quality public health functions and services play an integral role in helping people live healthier lives and in reducing health inequalities.

Quality in Public Health (2019) – A Shared Responsibility states 'A high quality public health system is collaborative; maximises investment in the public health system; ensures an asset-based approach; co-producing interventions with local communities; and has citizens at the heart of high quality functions and services.

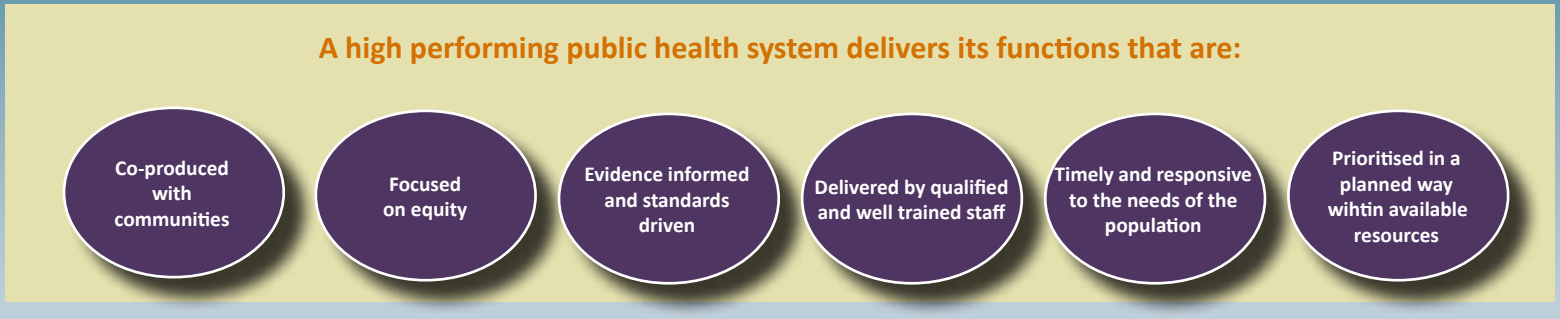
The Public Health Systems Group identified the key strategic and enabling characteristics of high performing public health systems:

Strategic Characteristics

- A shared goal of improving public health outcomes and reducing health inequalities with a strong ethos of accountability and collaboration among partners and communities.
- An asset-based approach, co-producing interventions with local communities and citizens.
- An approach that puts health outcomes at the heart of policy decisions to address the wider determinants of health.
- A proactive approach to enhancing and safeguarding health, keeping individuals and populations as healthy as possible and reducing threats to health.
- Early intervention, adopting a life course approach across primary, secondary and tertiary care settings and integrated services.
- A strong advocacy and influencing role for public mental health as well as physical health.
- An awareness and responsibility to future generations.

Enabling Characteristics

- Strong leadership (political and professional) which mobilises and leverages action by multiple actors at all levels to achieve a common vision.
- Investment in the public health workforce and their continuous development.
- Continuous learning, improvement and evidence generation.
- Measurement and evaluation with transparency about quality measures and outcomes.
- Decisions informed by evidence, needs, and insight, and translated into deliverable commitments.
- Use of innovative technology to stay ahead of the game.



Using sector-led improvement (SLI) can help provide confidence to internal and external stakeholders, and the public, in the quality of provision and outcomes. It is not and should not be seen as an inspection process, be competitive or used as a rating system, nor is it a tool to manage any individual's performance. It provides evaluation, challenge and measurement of improvement, not merely learning and knowledge.

ADPH London characterised SLI methodology into three headings:

- **Challenges:** including peer challenge and self-assessment
- **Problem solving:** including collaborative workshops to tackle wider issues
- **Sharing:** including best practice workshops, sharing innovation and learning

In 2015, ADPH UK carried out a review of regional SLI programmes. They found much variation and challenged regional teams to demonstrate the impact of their SLI programmes.

Greater Manchester Public Health Network had one of the most advanced programmes. They used benchmarking to support prioritisation of areas for thematic reviews. Unlike London, their process includes teams meeting privately with a peer review panel who review their self-assessment and advise on improvements. Cheshire and Merseyside Public Health Network take a similar approach.

North East DsPH, Yorkshire and Humber and East of England took approaches that did not include a formal self-assessment or peer review. The approaches included interviews to identify areas of focus, developing communities of practice, developing standards for good practice and running workshops.

Other local government professionals are also implementing sector-led improvement programmes, for example ADASS (London) has completed a three year programme which included self-assessments and peer visits to help identify and address local challenges.

Several of the reviews of SLI identify the importance and benefit of peer review. The effective elements of the process have included the characteristics and composition of participants and availability of perspectives from multiple local authorities. The outcomes of peer challenges have been used by local authorities to strengthen the basis for, or validate, decisions they planned to take in relation to their improvement journeys and restructure or redesign of elements of the systems or services.

However, the investment of time and energy in preparing for and conducting a challenge and the feedback and post visit/follow up activities need to be considered. The fact that local systems are experiencing unprecedented levels of stress and change needs to be recognised when identifying potential issues to be addressed and when developing the process. The process needs to be relatively simple and quick to apply with an ability to provide rapid and useful feedback and with access to learning that will support local development.

Learning from the afore-mentioned reviews has also included the benefits of involving stakeholders, especially when those stakeholders are key to the implementation of an evidence-based and whole systems approach to the issue e.g. smoking and tobacco control, childhood obesity, alcohol. There are potential risks to this approach but also potential benefits when improvement is dependent on the engagement of those stakeholders. Whilst leadership, governance, planning, commissioning and communication within the local authority is key, behaviour in partner organisations and service providers can greatly affect the impact of local authority vision and plans.

ADPH London has progressed its SLI programme since 2015. Early impacts are arising from the tobacco and childhood obesity work. Local areas have valued the process and feedback also suggests involving stakeholders has been very beneficial. This review will follow the principles and learning of the previous work around SLI, building on the learning.

This evidence review has been developed to inform the development of a self-assessment and peer review tool primarily for use by the commissioners of health visiting and school nursing services across London Councils in line with the principles of SLI. A collaborative approach has been afforded by offering the opportunity for the key stakeholders to shape the direction of the literature reviewed iteratively through consultation and sharing of progress.

It is important to recognise that this is not a systematic review, nor does it aim to provide an in-depth analysis of all the evidence presented, this is beyond the scope and capacity of the tender. The evidence has been focused on the scope as articulated within the tender document below:

What is in scope?

- The significant interfaces that HV and SN services have to manage for safe, effective and equitable delivery such as maternity, primary care, therapies, screening & immunisations, CAMHs and other LA children's services and adult services.
- Safe staff numbers and skill mix.
- Safeguarding.
- Self-assessment / peer review improvement methodology, congruent with current frameworks used by the Care Quality Commission (CQC) and Ofsted as well as service guidance, standards and best practice examples (e.g. PHE, NICE).

What is out of scope?

- An economic evaluation of HV and SN services.
- Development of self-assessment tools for CYP services outside of SN and HV and services exclusively commissioned by CCGs such as CAMHs.
- Collection of primary data (e.g. tool development will use routinely available/existing evidence).
- Applying the tool for SLI.
- Engagement with frontline SN and HV staff and the general public.

The term “school health” was derived from the tender documentation and aimed to reflect the variability of delivery models for school nursing across London. However, following agreement from the project board, for the purpose of this evidence review it is focused on the school nursing service as described by Public Health England.

1.2 Nature of the evidence available for this tool

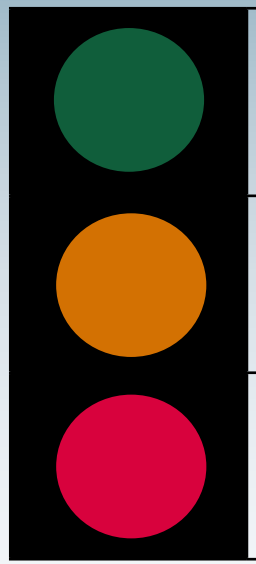
It is important to note that this is not a systematic review of the evidence, due to the limitations in time. We have presented an overview of the evidence to inform the development the tool. The search strategy targeted robust and peer-reviewed literature to add weight to the recommendations made. Evidence was considered from a range of recognised data bases including: the Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, ASSIA, Web of Science and Google Scholar Advanced for peer-reviewed published studies. We also considered key publications from governmental departments, including policy and guidance documents. Evidence from grey literature was also considered, for example non-peer reviewed journals, conference presentations and abstracts that would support the aim of the review. We have, as expressed in the tender document, drawn upon a consultative approach to inform the evidence, therefore where members of the project board and stakeholder group have advised us we have included their recomendations of evidence.

Evidence can be traditionally divided into hierarchies, in this case: 1) evidence-based practice (based on published research); 2) science or theory-based practice that may not be matched by the availability of specific or high quality research; and 3) best practice that makes use of a combination of 1 and 2 in policy guidance (e.g. PHE) or a specific service context. These categories will be applied as approximate ‘evidence ratings’ to the evidence included in this document. We have drawn upon this range to inform this review.

It is important to consider that more evidence is available for 0-5 services and health visiting than school-age health and school nursing, although the science base supports the same principles of practice.

Evidence may also apply to service models or programmes or to specific interventions or issues delivered within a wider service model or programme (e.g. approaches to oral health promotion within the Healthy Child Programme).

To structure this review we have considered the significance of the evidence to both health visiting and school nursing. This is depicted through the following colour coding:



Green - the evidence makes direct reference to health visiting / school nursing and the significance of their role in this area
Amber - the evidence has potential implications for health visiting / school nursing provision
Red – the evidence presents broader context and information that impacts on the systems in which health visiting and school nursing operate and is therefore important to consider

2. The service landscape for evidence review

Context of service delivery is an essential consideration of the delivery models afforded. Health visiting and school nursing form part of a broader service landscape of child and family Public Health in England. PHE has produced significant guidance for commissioners on what should be included within the 0-19 service provision by health visiting and school nursing including models of delivery and scope. They highlight that "Ensuring every child has the best start in life is one of PHE's 7 key priorities" (PHE, 2018, pg 5).

Operationally, the commissioning guidance, updated in 2018 (PHE) Commissioning Guide 1, presents the following key considerations:

- The 0-5 element of the Healthy Child Programme (HCP) is led by health visiting services and the 5-19 element is led by school nursing services, providing place-based services and working in partnership with education and other providers. These professional teams provide the vast majority of Healthy Child Programme services. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of 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.

Children's public health services are necessarily multi-professional and multi-agency and therefore the precise scope and limits or boundaries of the service landscape belie sharp definition. Nevertheless, it is possible to identify some defining features of this landscape with reference to the PHE commissioning guidance and the Healthy Child Programme 0-19 that highlights the leading role of health visiting and school nursing in the delivery and coordination of the HCP.

These defining features include:

- The foundational place of children within population health i.e. laying foundations for health and wider outcomes throughout the lifespan.

- The critical contribution of a life-course approach to child public health from conception, through the first 1000 days, readiness for school and key transitions in school age with their attendant risks and opportunities for health in adult life.

- The significance of developmental change from conception through to early adulthood.

- The impact of inequalities.

- The dynamics of the interaction between individual health and development and the social and environmental determinants of health and the importance of preventing and mitigating the impact of ACEs and other causes of vulnerability.

2.1 Distinctive features of the landscape in London

- The diversity of the population
- The high levels of population mobility
- The steepness of the social gradients (i.e. the wide inequalities) economically and in health and other social indicators

These need to be considered in the context of: The London Inequalities Strategy (2018)

2.2 Alignment of health visiting and school nursing with this landscape

It is also possible to identify some defining features of health visiting and school nursing that align well with this landscape and have co-evolved with it. These have been elucidated by a review of 25 years of research evidence in health visiting and they have been found to apply with equal validity to school nursing by a multi-stakeholder project to recommend a national curriculum for health visiting and school nursing (iHV, 2019).

Accumulated research evidence (Cowley et al, 2013) demonstrates a consistent orientation to practice in health visiting that practitioners and leaders in school nursing consider applies equally to them:

i. A health-creating ('salutogenic') approach: proactive, identifying and building strengths and resources (personal and situational) and being solution-focused.

ii. Demonstrating a positive regard for others (human valuing), through keeping the person in mind and shifting (the health visitor's or school nurse's) focus to align with the needs of clients / families, recognising the potential for unmet need, actively seeking out potential strengths, maintaining hope.

iii. Recognising the person-in-situation (human ecology) through a continuing process, always taking account of the individual and their personal and situational circumstances, whether acting in the client's space, the community or the workplace including the school or other setting.

2.3 Core practices

This philosophical orientation is expressed in the practice knowledge developed by health visitors and school nurses in their core practices:

i. Cultivating health visitor / school nurse-client relationships;

ii. Health visitor and school nursing home visiting and outreach within schools and other settings such as clinics, Children's Centres and non-formal community settings;

iii. Assessing health needs as both a process and mode of intervention at levels extending from individual through to population levels.

This orientation and unique combination of practices set apart health visiting and school nursing, with their focus on health rather than illness, from other workers in health and social care, making them the most appropriate workers to deliver and lead national child health promotion programmes such as the Healthy Child Programme (Department of Health, 2009). These components, within a proactive, relationship-based approach to personalised public health enhance and clarify the 'service journey' for parents/families, children and young people (Cowley et al, 2018). That is, it enables them to exercise their own agency to access and use health visiting and school nursing services and, through them, to more effectively utilise other services with which they manage critically important interfaces. This is of particular importance for families, children and young people who may otherwise find services hard to reach or access.

The service model needs to be based on proportionate universalism and ensure support is available for all children and their families at all levels of need. Movement between levels needs to be fluid, with a recognition that needs change over time and may emerge throughout the early years. Safeguarding the needs of the child is central to all service provision - the organisation and commissioning of services need to demonstrate effective measures to safeguard children across all levels of service.

Principles that should underpin the organisation of health visiting services and, by extension to school nursing services, include in summary:

- Universality is the fundamental basis for all health visiting services.
- Relationships are at the core of all health visiting and school nursing provision.
- Continuity and co-ordination are essential elements of team working.
- Professional knowledge and autonomy are necessary requirements, which enable health visitors and school nurses to provide a flexible service, tailored to individual need.

(Cowley et al, 2018a)

2.4 Emerging evidence on the experiences of service users

The unifying theme of evidence from service users is the high value they place on accessibility to health visiting and school nursing service in the context of a trusted relationship with someone they know and knows them and who has reliable knowledge and expertise on what matters to them. Continuity of relationship is a critical enabler. The voice of the child also forms a key component of this to ensure services are developed and commissioned with the user in mind.

(Cowley et al, 2018a; BYC, 2011)

Co-production can be defined as an "an equal and reciprocal partnership where everyone's experience, knowledge and skills are used to create better outcomes". There is a legal requirement to co-produce with families in the Children and Families Act 2014, the Care Act 2014 and in the NHS constitution. Families should be made to feel welcome in the process and understand that they have the right to be heard; they should be enabled and empowered to participate and be given all the relevant information in a way that they can understand; they should be engaged from the beginning of processes and remain involved right through to review and monitoring; and the services delivered should be person centred, tailored around the needs of the child and young person, not based on what is available.

2.5 Diversity in the models of service delivery and commissioning specifications

The impact of transfer of responsibility of commissioning to local authorities' public health teams for both health visiting and school nursing, in parallel with significant public health budget cuts, should not be underestimated. The landscape of the services has in some areas changed significantly with new models and providers being seen. This is particularly evident in school nursing where the commissioning and service models highlighted by PHE have not been mandated.

Traditional elements of the school nursing service model are, in some areas, no longer being delivered under one service model. For example, provision of immunisation is commissioned by NHS England not LA public health teams and in many areas is delivered under separate commissions and from providers outside the school nursing service. This is important for this review as, whilst recommendation for best practice can be made, not all provision is in the gift of the LA commissioners. Equally there are a variety of models emerging for health visiting dependent on the local configuration of services. The challenge is that the impact on outcomes of these new and emerging models is yet to be realised and reported.

Non-medical community prescribing needs to be considered in the context of different service delivery models. Traditionally both health visitors and school nurses complete a NMC qualification as non-medical prescribers as part of their SCPHN qualification. In some areas this no longer forms part of the curriculum, in others the staff have not been supported practically to fulfil their role. This is despite evidence to suggest the benefits of both HV and SN prescribing to the child and family (Bishop and Gilroy, 2015).

Relationships and Sex Education (RSE) has traditionally been delivered and supported by school nurses. However, following service reconfiguration this provision has in many areas been removed from service specifications. It is important to recognise the responsibility for RSE sits with Education providers, however, the recent reform (Relationships Education, Relationships and Sex Education (RSE) and Health Education) recognises the need for specialist support and school nurses are well placed to provide this.
https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education

There needs to be consideration of who provides support to school-aged children and young people with medical conditions and enuresis within schools. Since the transfer of funding for school nursing to local authorities there has been significant variation in this provision, where previously school nurses may have had a significant role. The risk is that in some areas there is no structured provision or pathways. Best practice recommends that LA commissioner work with CCGs to ensure provision is made for these children and young people.

For the purpose of this review, we have included both non-medical prescribing, RSE and pathways for children with medical conditions and enuresis, as these are areas where there is evidence that provision should be made for by either health visiting and/or school nursing as best practice.

2.6 Safe staff numbers and skill mix

There is significant debate within both commissioning and providers of health visiting and school nursing services on safe levels of staffing in combination with the key skills and competencies of the workforce. Cowley et al (2013) highlight this as "the most problematic aspects of designing and commissioning efficient health visiting services". This is compounded by a significant gap in robust evidence on either safe staff numbers or skill mix within health visiting or school nursing to guide decision makers, which has yet to be addressed. Evidence suggests that the quality of early childhood experiences and relationships with primary care givers are of central importance to outcomes (WAVE, 2013; Tickell, 2011). Also, key to promoting the quality of these relationships are the knowledge, skills and attitudes of the workforce engaging with children and families in whatever setting. Nutbrown (2012) underlines that it is the quality of the early years workforce and the settings that they create for children accessing care and/or education in the early years that promote better outcomes. There is no research available on health visiting and school nursing that is directly equivalent to Nutbrown's research on the early years workforce in 'settings'.

Whilst contemporary in nature, Wainwright et al's (2000) systematic review of school nursing makes a valid point "rather than concentrating on a search for evidence of the effectiveness of school nurses, there is a need to evaluate the effectiveness of specific interventions, before any consideration of the nature of the professional delivering the intervention." This statement can be applied to health visiting, where evidence on interventions may present as the best starting point to then consider the capacity and competency needed for effective delivery. However, beyond specific interventions, health visitors and school nurses require knowledge, skills and attributes of professional judgement for operating across the spectrum of need, complexity and risk experienced by children and families at some of the most formative and sensitive or vulnerable periods of life. Moreover, they utilise a very wide knowledge base to be able to respond effectively to the undifferentiated range of health issues within the client base and service context and manage interfaces with other services with and on behalf of clients. For these reasons, the consensus-based Recommended National Curriculum for Specialist Community Public Health Nursing – health visiting and school nursing (0-19) (iHV, 2019) and the Apprenticeship Standard in England (due for publication) recommend professional education at a minimum of one year postgraduate level.

For this reason and in the development of this assessment and peer review, we advocate that commissioners consider the evidence-base across the life course and best practice guidance (highlighted in the evidence review). Consideration should then be given to the competencies (as set out in the evidence review) required to deliver the intervention effectively and appropriately within contingencies of the lives of children and families, which will in turn support the development of safe staffing levels to deliver the intervention. This will equally inform the level of skill mix required.

Application of the evidence below should however be considered to inform decision making in this context:

- The Marmot Review (2010) "Fair Society Healthy Lives", highlights the need for proportionate universalism ensuring that the resourcing and delivery of universal services is at a scale and intensity proportionate to the degree of need.
- NHS England (2013) How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf
- Lord Laming (2009) recommended a maximum caseload of 300 families (or 400 children) per fulltime health visitor, with actual numbers being lower depending on caseload complexity and other factors.
- The RCN's (2011) position on health visiting in the early years and Cowley et al's (2013) reviews recognise that caseloads should be lower than 400 depending on the number of vulnerable families the health visitor has on the caseload, with CPHVA recommendation of a caseload of 250 maximum.

- The RCN (2011) states there should be a minimum of one qualified school nurse for each secondary school and its cluster of primary schools. (Defining staffing levels for children and young people's services RCN (2011) standards for clinical professionals and service managers).
- RCN (2017) The Best Start: The Future of Children's Health Valuing school nurses and health visitors in England: highlights the shift in delivery models and the need for the workforce to have capacity and support to deliver the service.
- Emond (2019) in Health for all Children, 5th Edition states: "The wide range of competencies needed mean that different practitioners can deliver different components of the child health programme. It is not cost effective to have all the tasks in the universal programme undertaken by practitioners who have the level of competencies needed for assessment of risk and need, and for delivering targeted interventions. However, it is not wise to skill-mix the point that staff do not have the knowledge, skills and attitudes to undertake holistic assessments, and risks are ignored and needs are missed. Having capacity to undertake needs assessment is essential to the concept of proportionate universalism – to identify children and families who need an enhanced or targeted service, or who need referral to specialists." (Emond, 2019: 6).

2.7 Safeguarding

"Safeguarding is everyone's business" NHS England (2018). PHE (2018) offers guidance to commissioners on the importance of the role of health visitors and school nurses in safeguarding every child. Over the last three years there have been some significant strategic shifts in the policy supporting safeguarding within England. These include:

- The Wood review 2016: In December 2015, the Department for Education (DfE) asked Alan Wood CBE to lead a review of the role and functions of Local Safeguarding Children Boards (LSCBs) in England. As part of the review he also looked at Serious Case Reviews and Child Death Overview Panels.
- Children and Social Work Act 2017: significantly Section 30 removes the requirement for local areas to have Local Safeguarding Children's Boards. This is followed by Sections 16 – 23 which introduce a duty on three key partners (local authorities, police and CCGs) to make arrangements with other partners as locally determined to work together in a local area to protect and safeguard children.
- There have been changes to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) these included extending DoLS to all those aged 16 or above (DoLS only applied to those aged 18 or over). This needs to be considered when school nurses are working with young people between 16-18 especially those who are looked after.

The recommendations of these documents were translated into statutory guidance, Working Together (DfE, 2018).

The Royal College of Nursing Safeguarding Children and Young people, roles and competency for healthcare staff: intercollegiate guidance (2019) sets out the standards for the workforce to meet the revised safeguarding legislation following the Working together guidance and Liberty of Safe Guarding changes.

Relating this to the commissioning and provision of health visiting and school nursing is crucial to ensure there is strong alignment with LA children's service commissioners and the designated nurses within NHS England and CCGs. All healthcare commissioners and providers have a duty to support staff with the training, supervision and support to effectively fulfil their safeguarding responsibilities. It is essential that workloads are manageable to allow this role to be effective as set out by the CQC standards.

3. Development of sector-led improvement domains

3.1 What constitutes best practice in commissioning of health visiting and school nursing?

To support the development of the sector-led improvement (SLI) tool, it is essential to consider the matrix of areas that would both support and demonstrate an effective delivery system. A broad thematic analysis of the available literature including current assessment criteria used by the regulatory bodies (CQC and OFSTED) supported the identification of a series of domains. The purpose of these domains is to offer a structure for self-assessment and peer review process under standard headings that reflect key areas of practice and commissioning.

It is important to note that many of the domains are cross cutting and interdependent, the literature was therefore assigned where it had the strongest alignment. For some domains there is a strong overlap, for example Mode of Delivery and Preventative Focus, however due to the wealth of evidence to support these areas it was felt that they warranted separate focus to acknowledge their relevance for health visiting and school nursing. The selection of the domains was a qualitative judgement, validated by engagement with the project steering group. For each domain we have collated current evidence that underpins the premise for inclusion. It should be noted that, within some domains, there are sub themes, for example achieving outcomes includes monitoring. Each domain is supported by a set of statements of best practice and examples of evidence that could be provided to demonstrate this best practice statement.

Domains

1. System Leadership (vision and governance)

This domain was selected not only because being ‘well-led’ is a key indicator of quality for CQC, but also that the emphasis on ‘system’ leadership reflects the multiplicities of interdependencies at system level for achieving outcomes at population level (see domain 8). Health visiting and school nursing services are foundational to a wider public health approach to child and family health and wellbeing, requiring collective leadership to complex place-based approaches with responsibility to develop vision and assure governance.

2. Planning, commissioning and quality assurance

Current approaches to planning, commissioning and quality assurance are predicated largely by markets, metrics and management. While these mechanisms may continue to be applied, recent literature increasingly indicates that they need to be effectively aligned with vision and governance, spanning commissioning and provider functions through communication and engagement (domain 3) to deliver place-based services that improve health.

3. Communication and engagement

Partnership

The literature on health visiting and school nursing services overwhelmingly indicates that communication, engagement and partnership are not only essential to the public legitimation of these services, but that they are inherent to effectiveness and therefore quality. This applies at system level and at the level of service delivery for which relationship-based practice is crucial.

4. Mode of delivery

There is extensive recent literature on science and evidence-based approaches to preventative interventions and ways of working that can be embedded within and alongside the Healthy Child Programme by health visiting and school nursing services and their key interfaces with the wider system. Hence 'mode of delivery' interfaces with (clinical) governance (domain 1) and workforce development (domain 6) to ensure staff are adequately educated, trained and supported in practice.

5. Preventative focus (asset-based approaches)

Preventative focus is singled out from mode of delivery to indicate that health visiting and school nursing services are not primarily concerned with mitigating health and social problems but with creating health (salutogenesis), an 'upstream' focus on the 'cause of the causes' of health inequalities and mobilising the assets of communities, families and individuals.

6. Organisational learning

Innovation

This domain is included to reflect the rationale for Sector-led Improvement and the interdependencies involved in complex place-based approaches. Health visiting and school nursing services have a universal reach into homes, communities and schools that is unrivalled by other services identified by the public with either social problems (e.g. police) or authority (e.g. schools). Hence, they provide crucial intelligence about wider community health, wellbeing and the acceptability of public services.

7. Workforce development

The health challenges facing London, advances in the knowledge base available for practice, and changes in service delivery require investment in professional education and training. Workforce has been identified as a 'make or break issue' for the NHS in general and London has particular challenges in recruiting and retaining staff. 'Train people well enough so they can leave, treat them well enough so they don't want to' (attributed to Richard Branson) therefore applies to this key domain.

8. Achieving outcomes for the population

Health visiting and school nursing services operate across a very wide range of issues including, but not limited to, 12 ‘High Impact Areas’. In this domain recognition is given to the importance of agreeing outcomes, the collection, sharing and use of data, as well as ‘measuring what matters’. Achieving outcomes at population level for complex place-based interventions inevitably involves both reaping what others have sown and vice versa. There is obvious interdependency with System leadership (vision and governance) (domain 1) and Planning, commissioning and quality assurance (domain 2).

DOMAIN		What is the literature to support this Domain?
1.	System leadership (vision and governance)	Click here to view
2.	Planning, commissioning and quality assurance	Click here to view
3.	Communication and engagement Partnership	Click here to view
4.	Mode of delivery	Click here to view

DOMAIN		What is the literature to support this Domain?
5.	Preventatve focus (asset-based approaches)	Click here to view
6.	Organisational learning Innovation	Click here to view
7.	Workforce development	Click here to view
8.	Achieving outcomes for the population Monitoring Outcomes Priority indicators	Click here to view

3.2 The evidence review

DOMAIN 1 - System leadership (vision and governance)

Evidence	Evidence rating	Key messages / relevance to health visiting and school nursing
A School Nurse Framework for Wales (2018)	3	This document sets out the Welsh Government's framework for a school nursing service for children and young people that is safe, accessible and of a high standard. It provides key messages on the role of school nurses which can inform other nations.
A Vision for health visiting in Wales	3	The importance of clear articulation of the service model both internally and externally with partners is evident.
Emond, A (Ed) (2019) Health for all Children 5th Edition (HFAC5) Recommendations of HFAC5 for 'Delivering and managing an effective child health programme across the UK	3	This book which provides a far reaching evidence review makes direct reference to governance of services that support the health for all children. They advise the following: • Consider use of a formal implementation framework e.g. CIRF could be used to identify and control facilitating and impeding factors in the implementation of the CHP in each locality. (evidence- moderate) • Use an accreditation system to ensure Child Health Programme (CHP) integrity and sustainability and that the workforce is appropriately trained. (evidence- strong) • Learning Sets should be used to support the implementation of the CHP and adaptation to local circumstances. (evidence- strong) • Nominate a senior clinical professional with public health expertise as coordinator in each locality, consider developing a local Child Health Programme strategy and implementation group accountable to local commissioners and the national public health body (good practice) • Quality of the Child Health Programme should be assessed by such a steering group (good practice)
Healthcare Leadership Model: Nine Dimensions of Leadership Behaviour (NHS leadership Academy 2019)	3	The document describes the Healthcare Leadership Model aimed at supporting all those who work in health and care to become better leaders. Nine areas are identified that would need to be present in the commissioners and providers of services.
HEE East of England	3	This document provides a good example of a vision for the delivery of the HCP in a group of LA areas. The role of HV and SH are highlighted along with other aspects of good practice applicable to SLI.
Kings Fund documents on leadership	3	The Kings Fund provides a range of documents over the last decade highlighting the need for collective and shared leadership, these principles apply to the leadership within HV and SH.
LGA (2018) A Better Start Supporting child development in the early years	3	This guide sets out concisely the reasons that the early years are so essential to future outcomes and wellbeing; the measures being taken by local authorities to bring together health, social care and early education services to create a more holistic approach to identifying and meeting the needs of young children and their families – making provision more efficient and effective services. Case studies are provided to support decision makers.

Evidence	Evidence rating	Key messages / relevance to health visiting and school nursing
Paediatric Continence Commissioning Guide A handbook for the commissioning and running of paediatric continence services (RCN,RCPH 2018)	3	Provides an evidence-based guide on what should be in place to support paediatric continence provision including clinical guidance and staffing pathways .
PHE (2018a) Best start in life and beyond: Improving public health outcomes for children, young people and families. Commissioning Guidance 1	3	This guidance states that health visiting and school nursing teams will be led by a registered and qualified health visitor or school nurse (Specialist Community Public Health Nurse), who is professionally accountable for assessments of health and care delivered, assessing and responding to local need (population health). Health visiting and school nursing are key in supporting the local authority area's early help system, which encompasses early intervention, and the Troubled Families Programme or local equivalent. Highlights 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. The crucial role of health visitors is highlighted within the Best Start in Life (BSL) guidance HV as leaders of the HCP are ideally placed to offer universal support to all families. Highlights need for building on the support in the early years and sustaining this across the life course for school-aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support.
PHE(2018) Overview of the 6 early years and school aged years high impact areas. Health visitors and school nurses leading the Healthy Child Programme	3	Advocates the approach needed to support delivery of the 6 High Impact areas: • Ensuring that key local decision-makers are involved in governance arrangements for the programme. through structures at different levels. • Being prepared to regularly revisit and refine governance structures. • Anticipating staff and sectoral changes that will require re-engagement and renewing of relationships. • Building strong and inclusive professional peer networks around the local programme for staff at all levels.
Rigorous governance and quality assurance	1	Example / Specimen: A Better Start: http://betterstart.dartington.org.uk/wp-content/uploads/2013/07/BEBS-Governance-framework-FINAL-copy.pdf
School nursing and integrated teams NHS Scotland (2018)	3	This report forms part of a series of papers that share the learning from the Scottish Transformation Programme of school nursing and health visiting. It provides early outcomes from the evaluation of the transformation model which has focused the service on prevention. Key learning can be applied to the models in England. It provides care pathways for school nursing including cross-cutting issues of safeguarding and mental health.

Evidence	Evidence rating	Key messages / relevance to health visiting and school nursing
Specific clinical leadership roles for High Impact Areas: e.g. the role of mental health lead in school setting; perinatal mental health specialist; non-intentional injuries etc.	3	There is evidence that identified clinical leadership roles support the effectiveness of commissioning intentions in relation to High Impact Areas e.g. Keeping Children Safe at Home (unintentional injuries) https://www.nottingham.ac.uk/research/groups/injuryresearch/projects/kcs/index.aspx Breast Feeding (UNICEF Baby Friendly Standards); Perinatal Mental Health https://www.hee.nhs.uk/our-work/specialist-health-visitors; the Green Paper on Children's Mental Health identifies a dedicated leadership role in schools.
System place-based leadership and commissioning across child and family health	2	Example of place-based leadership and commissioning which highlight the importance and evidence for this approach.
UNICEF Child Friendly Healthy Cities	2	This programmes aims help cities & communities to put children's rights into practice. The key principles behind the programme support vision and leadership across the system.

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DOMAIN 2 - Planning, commissioning and quality assurance

This section provides a range of evidence to be considered to inform commissioning of both school nursing and health visiting provision to support a life course approach to public health.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Better Births: Improving outcomes of maternity services in England NHS England (2016)	3	Key messages which form part of the maternity transformation plan apply to health visiting with direct reference: Continuity of care, clear transfer of care, holistic approaches, multi-agency approaches.
Childhood obesity plan chapter 1 and 2	3	The plan aims to halve childhood obesity rates by 2030 and to significantly reduce health inequalities. Chapter 1 Highlights the unique position of Health Visitors and School Nurses which enables them to identify weight issues in children early on.
Early adolescence: applying All Our Health (PHE, 2015)	3	Highlights the importance of school nursing in supporting this agenda and clear evidence that services need to work with all children and young people in their transition to adulthood.
Early Intervention Foundation Range of Reports	1	EIF reports on the topics of Domestic Violence, Social and Emotional Learning, Gangs and Youth Violence and Inter-parental Relationships, and Best Start at Home. All these reports have relevance and should be considered in the wider context to inform commissioning and planning.
Emond, A (Ed) (2019) Health for all Children 5th Edition (HFAC5) Recommendations of HFAC5 for 'Delivering and managing an effective child health programme across the UK'	3	Quality assurance and data requirements of the child health programme: • Each country should agree a core set of indicators for their child health programme which localities would be expected to report to on a periodic basis. Additional local measures may be collected as necessary to support continuous quality improvement of the child programme and support benchmarking across areas and between countries over time. (evidence: strong) • Integration of existing information systems with the aim of unifying the child health record should be prioritised to optimise patient safety, efficiency and effectiveness in the delivery of the Child Health Programme. (evidence: strong) • Integrate existing information systems to unify the child health record and optimise patient safety, efficiency and effectiveness in the delivery of the Child Health Programme. (evidence: strong) • Regular feedback of performance measures to practitioners should be a function of all local CHP steering groups and could be linked to professional certification (MOC). (evidence: strong) • Develop of a national measure to capture parent experience as part of child health programme. (evidence: strong).

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Evidence based early years intervention 11th report of session 17 -19 (House of Commons Science and technology committee 2018)	3	This report summarises the key findings from a Parliamentary inquiry. It highlights the correlation between experience of adversity or trauma in childhood, and the prevalence of encountering a range of problems in later life, including physical and mental health problems, reduced educational attainment and increased involvement with the criminal justice system. The need for early intervention to reduce the chance of children encountering adverse experiences and to mitigate the long-term impact of such experiences. It reports on the potential for effective early intervention to save the Government money, with the cost of 'late intervention' estimated to be at least £16.6bn each year in England and Wales.
Fair Society: Healthy Lives (Marmot Review, 2012)	1	Reducing health inequalities will require action on six policy objectives: Give every child the best start in life — Enable all children young people and adults to maximise their capabilities and have control over their lives — Create fair employment and good work for all — Ensure healthy standard of living for all — Create and develop healthy and sustainable places and communities — Strengthen the role and impact of ill health prevention. This review highlights the direction for the PH services that are commissioned from both health visiting and school nursing.
Health Matters: Reproductive Health and Pregnancy Planning PHE (2018)	3	This guidance stresses that commissioners need to focus on a systems-led approach that ensures all health professionals: • have daily interactions with patients to offer advice on healthy behaviours; • take opportunities to "make every contact count" for contraception and preconception care including at cervical screening, pregnancy testing and postnatal appointments; • actively support those who are intending to become pregnant with advice on preconception health; • take into account past pregnancies when offering advice to those who intend to become pregnant again; • offer advice in line with NICE guidance.
Healthy beginnings: applying All Our Health PHE (2019)	3	This guide is part of 'All Our Health', a resource which helps health professionals prevent ill health and promote wellbeing as part of their everyday practice. The document makes direct reference to health visitors and also states that all Healthcare professionals should: • understand the needs of families, communities and population and the services available for children and young people; • think about the resources to support the best start in life available in the health and wellbeing system; • understand specific activities which can prevent, protect, and promote the best start in life.
Messenger, C., Molloy, D. (2014) Getting it right for families. A review of integrated systems and promising practice in the early years. Early Intervention Foundation	1	Highlights, in the evidence, the need to support and effectively commission integration of services in the early years. Shared outcomes are seen as a catalyst for agreeing joint work. The importance of focusing on the family as a whole, and to establish which programmes are effective.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
National Child Measurement Programme Operational guidance PHE (2018) NHS Digital Child Weight Management	2	The NCMP collection is a mandated service and key to monitoring the progress of the government's Childhood Obesity Plan. Successful local delivery of the NCMP is dependent on multi-disciplinary teamwork and support from key partners. The report highlights that school nursing teams and provider organisations play an important role in leading, co-ordinating and advocating for the programme. They can also help to influence the development of appropriate services that respond to identified need and support the implementation of effective follow-up and referral pathways.
Perinatal Mental Health Pathway NHS England (2018)	3	The guidance provides services with evidence on what works in perinatal mental health care, as well as case studies describing how areas are starting to make this a reality. It aligns to the NICE guidance and delivery of the Five Year Forward View. Direct reference to the role of health visiting and early identification and support.
PHE (2018) Best Start in Life and Beyond Commissioning Guidance (2018) Documents 1 -4 Best start in life: cost-effective commissioning (PHE, 2018)	3	Key policy guidance providing model service specifications and guidance to commissioners on what should be included within the commissioning of health visiting and school nursing based on the latest evidence. The second document aims to provide a useful resource for service planners within local authorities and CCGs to help prioritise maternal and child services (0-5 years).
Personal, Social, Health and Economic Education and Relationship, Sex, Education (RSE) a core component of PHSE	3	Evidence shows that strong and relevant PSHE supports children with both academic and non-academic outcomes. From 2020 every pupil in England will be guaranteed a PSHE education that covers health education and relationships education. (RSE). The national curriculum states that all authorities need to make provision for PSHE within all education settings, school nursing services are well placed to contribute to this programme. (Schools may work with subject experts to support the delivery of core aspects of this programme.) The programme does not make specific reference to school nursing, however HIA 1 for the School Aged Child PHE (2018) states that "School nursing teams and partner agencies are well placed to work collaboratively to offer health and wellbeing services. Individualised plans and support are developed following early identification of physical, emotional or mental health needs." This would suggest that the school nursing service should be involved in the schools vision for PSHE and RSE as best practice. The guidance provided by Department for Education 2017 provides a helpful summary.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Preconception Care: Making the Case (PHE 2018)	3	Preconceptual care needs to part of all services remit. Evidence supports that this care is also about ensuring that services can take a forward view to promote healthy behaviours and support early interventions to manage emerging risks across the life course, prior to first pregnancy, and then looking ahead to the next baby and beyond. Directly references and aligns to the role of the health visitors and school nursing.
Promoting emotional wellbeing and positive mental health of children and young people Health and wellbeing pathway (PHE, DH, 2015)	3	This pathway developed by PHE and DH highlights evidence-based approaches that can be integrated in to health visiting and school nursing provision.
Public Health Outcomes Framework (PHE, 2019)	3	Key indicators that need to be considered in the commissioning of local providers and delivery.
Realising the potential of early intervention: (EIF 2018)	3	This report sets out the current state of play for early intervention, including how it works to support child development and to improve outcomes for children and young people. It highlights significant barriers within the current system that inhibit the potential of early intervention, and a set of key actions – four at the national level, two at the local level – that are required to really push this agenda forward.
Rethinking School Readiness	3	Conceptualises preconditions of school readiness with important implications for enabling their linkage by health visiting and school nursing services.
School Readiness: a conceptual framework UNICEF (2012)	3	Highlights the importance and the evidence that school readiness is a clear predictor of future life outcomes. The importance of the public landscape in terms of public policy and provision that support school readiness. The readiness of the family and the home learning environment are raised alongside the schools readiness to support the child, arguably health visitors and school nurses can support this agenda.
SEND code of Practice (2015)	3	Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. This includes school nursing and health visiting.
Transforming Children and Young Peoples Mental Health, green paper next steps, DfE and DH &SC (2018)	3	Highlights the need for coordinated support across agencies to achieve the ambitions set out in Future in Mind. Recognised the role of health visitors and school nurses in promotion and support of the next steps in transforming Children and Young People's Mental Health (CYP MH).
UNICEF Baby Friendly Standards A commissioner Toolkit (PHE/ UNICEF, 2016)	2	Public Health England and UNICEF UK have developed this commissioning guidance to provide direction on how to ensure breastfeeding rates are addressed in the UK. They presented this as a toolkit which offers clear guidance on how to commission for improvement. There are clear statements which allow the commissioner to benchmark their performance.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
What Good Children and Young Peoples Public Health Looks Like	3	This publication represents the practical translation of the core guiding principles of the new Quality Framework for the Public Health system and features of what good children and young people's health looks like in any defined place. Developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.
What works to enhance the effectiveness of the Healthy Child Programme: An evidence update. EIF (2018)	1	This comprehensive review makes direct reference to the roles of health visitors and school nurses in the delivery of the HCP which this review concludes is; "The Healthy Child Programme is a good delivery mechanism for many of the interventions described in this report". Commissioners are guided to consider the evidence-based strategies highlighted to consider if these are commissioned locally.
What Works Review on Parent Child Interactions (E.I.F. 2016)	1	This review provides advice for policy makers and commissioners about how to help parents improve how they live and play with their children up to age 5 so as to improve their experience of childhood and enhance their ability to flourish and avoid harm. Key messages include: The commissioning of programmes should depend on an assessment of local need and purpose and on the feasibility of high-quality implementation.
WHO (2014) European framework for quality standards in school health services and competences for school health professionals	3	Provides a framework of standards to benchmark and consider the provision of school nursing services along with the competencies for practice.
Your welcome Quality standards (2019 new standards)	2	Set of QA to measure young people friendly health services. School nursing has been instrumental in leading and ensuring their services meet these standards. Commissioners should view these as a benchmark of best practice.
Youth Violence Commission evidence sessions (2017)	3	The Youth Violence Commission held a number of evidence sessions to gather opinions of young people, practitioners and other experts on some of the most pertinent issues relating to its work. These provide insight on evidence on how to work effectively to address this important issue.

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DOMAIN 3 - Communication and engagement

This section needs to be read with cross reference previous domains as, communication and engagement can be seen as a cross-cutting theme from the review of the evidence. The majority of evidence papers presented in the commissioning and planning section offer guidance to support relationships including collaboration, partnership and engagement and therefore should be considered alongside the additional evidence presented below.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
A Better Start Warwick Consortium 2019)	3	This report presents the findings from the initial evaluation from the National Better Start programmes; the learning from a place-based approach to the planning or delivery of pregnancy and early years services. Two of the key messages focused on: building partnerships and community engagement. Lessons learnt and the importance of open and honest dialogue are highlighted, including the need for formalised partnership arrangements and community engagement.
Bidmead et al (2016) The health visitor contribution to the parent/health visitor relationship. Journal of Health Visiting	1	This paper highlights the importance of the relational role of the health visitor with parents, the paper refers to broader research conducted that supports the findings from this qualitative study.
British Youth Council Our School Nurse (2011)	3	Report commissioned from the BYC to consider what young people want from their school nurse. There is currently a further consultation on the same topic. Provides key messages from young people on what they want from the school nursing service. Including; visibility, ability to offer early help, confidentiality. These should be considered in the commissioning and delivery of school nursing services.
Cowley et al (2018) what makes health visiting successful – or not universally, Journal of Health Visiting vol6, issue 7, 353 -360	1	This paper focused on the key factors that support effective health visiting provision. This is the first of two articles reporting evidence from a programme of research that focused on how health visiting works, also reporting service user and workforce perspectives. Evidence for a service model is offered based on universal principles and maximising the capacity of the health visiting resource. Where service specifications fail to give careful attention to this evidence, the reshaped services for children and families may miss core ingredients that enable health visitors to make a difference, delivering a proportionate and successful child health programme for the early years. This reflects the previous report by Cowley et al “Why health visiting?”.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Emond, A (Ed) (2019) Health for all Children 5th Edition (HFAC5) Recommendations of HFAC5 for 'Delivering and managing an effective child health programme across the UK"	3	• Invest in services for children under five, ensuring provision at both a universal and targeted level. Funding streams should include inbuilt service evaluation and support for professional development (evidence: strong). • Promote partnership between services and parents in addition to joint working between health and early education services; for example, the implementation of an Integrated Review at age two- to two-and-a-half years. (evidence: emerging). Promote effective integration of the workforces by developing models of collaborative working, such as colocating health, social care and early years workforces (evidence: emerging). • Work together through a process of shared decision-making, respecting each other's differing professional skills, experiences and perspectives (good practice). • Consider developing the competencies and skills of health visiting teams and the early years workforce through shared education on new models of care (good practice).
Framework for patient and public participation in public health commissioning (NHS England, 2017)	3	This document provides guidance for all commissioners of public health services on expectations and best practice principles for PPI. The commissioning of school nursing and health visiting should be considered as and be in line with this guidance.
Health visiting and midwifery partnership pregnancy and early weeks (DH & PHE, 2015)	3	This pathway is guidance to support midwives and health visitors to build on existing joint work and to provide an outline for commissioners on maximising the roles of midwives and health visitors in pregnancy and the first days of life using best evidence on giving all children the best start. It builds on existing policy and guidance set out in the Healthy Child Programme (the national public health programme for children and families), NICE guidance, Professional Bodies standards and 6 High impact Areas for health visiting services for children aged 0-5 years.
Health visiting and school nursing partnership – pathways for supporting health visitor and school nurse interface and improved partnership working (DH & PHE, 2017)	3	This document outlines key role of school nurse and health visitors and best practice for the transfer of care between services. The document states "The primary responsibility for ensuring that health information is passed on to the school should lie with the health visiting team and the school nursing service and other school health team members" (Healthy Child Programme 5 to 19), therefore a joint approach is required.
Learning from service users' experiences to inform the development of UK health visiting practice and services. National Nursing Research Unit (2013)	3	The review identified five areas that were considered central to effective health visiting practice; support, relationship, service user involvement, information and coordination. These factors need to be considered alongside the evidence presented in the EIF reports which also highlight their importance for clear outcomes.

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DOMAIN 4 - Mode of delivery

This section will focus on current evidence, on what works in practice based on the evidence reviewed. As with other sections, the documents reviewed as part of the commissioning and planning domain should be considered and cross-referenced with this domain - therefore, evidence has not been repeated.

Safe Staffing levels and skill mix have been considered at the start of this document and therefore are not revisited in this section.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Daro, D. and Dodge, K. A. (2010) Strengthening home-visiting intervention policy: expanding reach, building knowledge. In Ron Haskins and W. Steven Barnett (Eds) Investing in Young Children: New Directions in Federal Preschool and Early Childhood Policy. (pp80-88). Washington DC. Brookings and NIEER.	1	This report demonstrates that the relatively high costs of targeted interventions for high-risk families 'underscore the importance of identifying an efficient way to match families with appropriate levels of support. Achieving this level of efficiency is best done, not through an eligibility system based on demographically-based risk, but rather through a comprehensive assessment that identifies the specific needs of participants and refers them to the most appropriate service. Although the cost of such a system has not been well specified, the per participant cost for these assessments is substantially less than providing intensive home-based interventions' (Daro and Dodge, 2010: 84).
Future in Mind (NHS England/DfE 2013) "Promoting, protecting and improving our children and young people's mental health and wellbeing"	3	This report presents the government's vision for CYP mental health and wellbeing by 2020. To achieve this they make a number of key recommendations. These include a move away from tiered approaches to service provision, joint commissioning across sectors, and lead commissioners for children's mental health in every area, improving access to mental health provision. Makes specific reference to the roles of health visitors and school nurses in support the delivery of early intervention.
Harvard Centre on the Developing Child: Programme effectiveness	1	Provides a range of evidence-based reviews of the child development programmes to inform commissioning and practice.
Health literacy the role of school health (PHE2016)	3	Interactive tool kit highlights the importance of school nursing in health literacy young people. Focus on literacy to support key public health messages including immunisations and healthy lifestyle behaviours.
Healthy Child Programme 0-19 (split into two documents: 0- 5 5-19	3	Healthy Child Programme: sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. It provides key guidance on assessment of need, surveillance and immunisations.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Mental health Behaviours in schools (DfE, 2018)	3	It is important that schools have an understanding of the local services available, including school nurses, and how and when to draw on or commission them. Schools need to support mental health by focusing on the following areas: • Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively; • Identification: recognising emerging issues as early and accurately as possible; • Early support: helping pupils to access evidence based early support and interventions; • Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.
Messages identified from programme of King's College Research studies about what contributes to successful health visiting (Cowley et al, 2018)	1	• Health visitors focus on health rather than illness (their work is salutogenic). • In-depth and complex health needs assessments are central to the work of the health visitor. Complex health needs assessments are predicated on autonomous decision making based on a high level of professional knowledge and judgement. • Relationship formation is at the core of effective health visiting and helps to facilitate health improvement and resilience. • For families, a good relationship is one in which they are really 'known' by the health visitor for their individual strengths and challenges and when the health visitors recognise these in the help offered. • Families want co-ordinated and coherent services; coherent and coordinated services increase families' trust in services and their concordance with service provision. • Home visiting and working in child health clinics facilitate delivery of health visiting services and the Healthy Child Programme; both are valued by parents. • Health visitors are motivated by the opportunity to make a real difference to the lives of the families with whom they work.
National Immunisation programme (PHE)	3	Health visitors and school nurses play a vital role by providing evidence based information and advice on immunisations and in some cases they directly deliver the National Immunisation programme.
National Institute for Health and Care Excellence (NICE)	1	Provides key guidance to support evidence based practice across the life course which will directly impact on the provision of health visiting and school nursing.
PHE (2015) Maximising the school nursing team contribution to the public health of school-aged children	3	Highlights the strength of school nurses as the single biggest workforce specifically trained and skilled to deliver public health for school-aged children (5-19) through their clinical and public health nursing training and their direct work with CYP and schools.
Policy Statement: Relationships education and sex education and personal social, health and economic education (DfE, 2017)	3	The document outlines the requirement of schools to work with partners and experts to deliver a programme of RSE and PHSE reflective of 21st century needs.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Promoting children and young people's emotional health and wellbeing A whole school and college approach	3	DfE identifies a whole-school approach to promoting good mental health as a protective factor for child and adolescent mental health. The report of the Children and Young People's Mental Health and Wellbeing Taskforce (2015) identifies a national commitment to "encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing" (p 19)."
Rapid review on safeguarding to inform the Healthy Child Programme 5 to 19 (PHE 2018)	1	The review synthesises relevant systematic review level evidence, supplemented with some primary impact evaluations, about 'what works' in 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 HCP for 5 to 19 year-olds, the focus is on prevention and early intervention. The interventions need be considered to inform the delivery of provision by school nurses as leaders of the HCP 5-19.
Rapid Review to Update Evidence for the Healthy Child Programme 0–5 (PHE, 2015)	1	This review of the evidence aims to consider what works in evidence to support the delivery of the HCP 0-5. It specifically synthesises the relevant systematic review level in key areas: parental mental health; smoking; alcohol/drug misuse; intimate partner violence; preparation and support for childbirth and the transition to parenthood; attachment; parenting support; unintentional injury in the home; safety from abuse and neglect; nutrition and obesity prevention; and speech, language and communication. This is a key document to inform the delivery of programmes by health visitors.
RCN (2017) An RCN Toolkit for School Nurses	3	This resource brings together the potential role of the school nurse highlighting models for delivery of outcomes based on the evidence reviewed.
Social Care Committee's Report on the first 1,000 days of life (2019)	1	Highlights the need for investment in services to support the first 1001 critical days including health visiting.
Specialist School Nursing Priority access and pathways (2018)	3	This document provides a series of pathways for school nursing in Scotland that support delivery of 10 priority areas for school nursing to impact. The insights are applicable across the wider workforce.
Working Together to improve the health of school aged children (LGA, 2017)	3	This report showcases the work being down by schools and local authorities across the country to improve the health of children.
Working together to safeguard children (DfE, 2018)	3	This policy guidance set out the key responsibilities for safeguarding under legislation and directly impact on the role of both health visitors and school nursing. Highlights the role of lead practitioners including health visitors and school nurses.

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DOMAIN 5 - Preventative focus

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
ACE's prevention and trauma informed care	3	ACE's prevention and trauma-informed care is receiving strategic investment in Scotland and Wales and in some areas of England (e.g. Blackburn; Blackpool). There is emerging evidence of 'routine enquiry' being embedded in practice across a range of occupations and services. The application to health visiting and school nursing is that these services have universal reach; are non-stigmatising; adopt a proactive principle of 'searching for health needs'; and do not depend on eligibility criteria e.g. for 'early help'. ACE's prevention and trauma-informed care are therefore better aligned to health visiting and school nursing's potential for preventative child and family public health than being a proxy for statutory children's services for child protection targeting the relatively small numbers of children and young people at greatest risk of significant harm.
Best practice pathways for the Healthy Child Programme 0-5 (England)	3	A framework of pathways of variable levels of detail and currency but relatively comprehensive is scope for 0-5.
Cowley et al (2013) Why Health visiting?	1	Provides systematic review of 25 years of heath visiting and identifies preventative orientation to practice focused on health, resources / assets and health creation (salutogenic not pathogenic processes); the person in their situation (ecology); and intrinsic human valuing (personalisation). Core practices manifest 'proportionate universalism' and the capacity to raise intensity of engagement accordingly. Applies well to school nursing model of practice: health visiting and school nursing as a universal and non-stigmatising, trusted service.
Good progress but more to do: teenage pregnancy and young parents (LGA-PHE, 2018)	3	This document highlights the current support for young parents and the need for more work in this area.
Marmot, M. (2010) Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010.	1	Sir Michael Marmott's report on inequalities articulates the significance of early years and childhood to life-course public health outcomes and the principle of proportionate universalism to 'shift the curve' regarding inequalities at population level. Argues against targeting services only at greatest need and in favour of targeting the causes of the causes.
PHE (2018) 6 High Impact Ares	3	The High Impact Areas are those likely to be sensitive to health visiting and school nursing inputs and for which they are suitably knowledgeable and skilled to deliver. The six HIAs are not exhaustive (e.g. oral health is a key issue for under 5s) and the 5-19 HIAs are more broadly stated. The latter are broadly framed and have a strong emphasis on mental health and resilience.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Principles for First 1001 Days WAVE (2015) Building Great Britons. London. Wave Trust. Wave Trust (2013) Conception to age 2: the economics of early years investment	3	Essentials of a good local primary prevention approach (WAVE, 2015) to early intervention from conception to age two: 1. Good universal services 2. Central role of children's centres 3. Universal early identification of need for extra support 4. Good specialised perinatal mental health services 5. Universal assessment and support for good attunement between parent and baby 6. Prevention of child maltreatment 7. Good antenatal services
Principles (Parliamentary Health and Social Care Committee Report on First 1000 Days)	3	• Proportionate universalism • Delivering prevention and early intervention • Delivering community partnership • Delivering on the needs of marginalised populations • Delivering an integrated, multi-agency approach • Delivering evidence –based interventions
Specialist school nursing: priority areas and pathways (Scotland)	3	An evidence-based, refocused School Nursing role to concentrate primarily on ten priority areas under the overall headings of vulnerable children and families, mental health and wellbeing, and risk-taking behaviour. Aligns well with HIAs in England but provide more specific structure to pathways and interfaces.
Supporting young parents to reach their full potential (LGA-PHE, 2019)	3	This document provides guidance and case studies to support practice and commissioning of services to support young parents.
Universal health visiting pathway (Scotland) pre-birth to pre school)	3	A more intensive programme than the HCP in England, heavily based on home visiting, building on the Why Health Visiting Research including increasing the numbers of health visitors. Roll-out across health boards is based on a collective theory of change and being evaluated to track outcomes.

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DOMAIN 6 - Organisational Learning

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
A Whole New World: Funding and Commissioning in Complexity	2	Holding honest, reflective conversations between actors in the system is the mechanism for improved practice. Learning and reflection drive improvement – not 'accountability'. This focus on learning and knowledge and a deliberate investment in the quality of relationships underpins a 'positive error culture' – one in which talking about mistakes, and the uncertainties that people feel about their practice, is viewed positively.
Digital - Chat-health	2	ChatHealth is a web-based text messaging service which young people of secondary school age can use to access confidential advice from a school nurse and piloted with health visiting in some areas. The tool developed by Leicestershire Partnership NHS Trust (LPT). The resource has been reviewed (NICE (2017)) and is seen as cost effective and appropriate resource to enhance provision.
Family Nurse Partnership ADAPT interim report (2018)	3	This is a visiting programme for first-time young mums delivered across the UK. Following a review by Owen et al (2013), a number of areas decommissioned the provision, with some now focusing similar approaches within their trouble families pathways. ADAPT has been funded to support an adaption of the FNP to adapt, test and learn about the FNP programme, while respecting its strong evidence base. Aiming to identify adaptations that will enable FNP to better meet the needs of families and respond to ongoing change in the local and national context. This first interim report provides early insights on how the FNP model can be adapted to offer a more flexible approach to delivery in line with local provision. Early Intervention Foundation review of 75 programmes which aim to support parent and child interaction in the early years, the Family Nurse Partnership was one of just two programmes to achieve the highest possible 4+ rating for evidence. FNP has established evidence (Level 4+) of improving a variety of child and parent outcomes, including attachment security in the short term, children's early language development and reduced risk of preventable death in early adulthood. FNP has also been rated as having the highest level of effectiveness by the National Academy of Parenting Research at King's College. Findings from Building Blocks, an RCT published in 2015, increased understanding of FNP's effect in the UK. Building Blocks showed that FNP has positive effects on early child development and helps to identify safeguarding risks at an earlier stage. The trial also found that clients engaged well with FNP and evalued the long-term relationship they had with their family nurse. However, Building Blocks showed FNP to have no effect on short-term outcomes being measured in the trial. Learning from this FNP in England has rolled out improvements to increase quality and efficiency of FNP . This includes Next Steps, an innovation programme designed to improve outcomes for clients, make FNP more flexible, personalised and cost-effective, and support the exchange of knowledge.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
The Lancaster Model	2	The Lancaster model has been developed and is available to support school nursing services transform their delivery offering digital support to profiling of needs and support to the services to consider workforce needs and allocation of resources. The tool offers a digital version of the model.
Maternal Early Childhood Sustained Home-visiting (MECSH): A UK update Lynn Kemp, Sarah Cowley, and Fiona Byrne Journal of Health Visiting 2017 5:8, 392-397	3	The programme has an emphasis on integrated working and enabling parents to engage ('mesh') with local services and is commensurate with the report by Daro and Dogde (2010) highlighted in Domain 6. This paper highlights that the MECSH programme is consistent with the PHE model of health visiting provision as a highly effective approach to home visiting and early intervention.
National evaluation of the Troubled Families Programme 2015 - 2020: family outcomes – national and local datasets: part 1 and 2 (Department for Communities and Government, 2017)	1	These reports provide the early findings from the troubled family programme which in some areas has been integrated into 0-19 health visiting and school nursing provision. The report highlights that the programme is driving service transformation in local authorities; changing structures and processes, strengthening partnership working and promoting 'whole-family' working. It is important to consider the learning when commissioning new and innovative approaches for 0-19 provision.
Systems-based learning for complexity	2	Human, Learning, Systems approach Research on the shift from New Public management approach or markets, measurement and management to collaborative , learning culture of improvement. https://collaboratecic.com/exploring-the-new-world-practical-insights-for-funding-commissioning-and-managing-in-complexity-20a0c53b89aa A Better Start. Learning derived from first 3 years of Big Lottery Funded systems development for place-based systems approach to learning and innovation for health in the early years. https://www.tnlcommunityfund.org.uk/media/documents/a-better-start/A-Better-Start-briefing.pdf?mtime=20181207102227 Centre for Community Child Health, Melbourne. https://blogs.rch.org.au/ccch/2019/03/20/innovate-for-impact-converging-practices/

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DOMAIN 7 - Workforce development

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
A Policy Framework for Nursing and Midwifery Workforce Planning in Northern Ireland (Delivering care: Phase Four, Health visiting)	3	Provides a comprehensive overview of principles and practice to inform workforce modelling including indicative numbers in Northern Ireland with comparators to England.
Appendix 1: Assessment Toolkit – Organisational benchmarking tool (Author: K Stansfield). In Petit, A., Stephens, R and Nettleton, R (2015) Developing Resilience in the Workforce: A Health Visiting Framework Guide for Employers, Managers and Team Leaders. London. HEE / iHV	3	The culture of the work environment encompasses a person-centred approach to care that emphasises the value of compassion and resilience in the workplace.
Bishop, P., Gilroy, V. and Stirling, L. (2015) National framework for Continuing Professional Development – Standards to support professional practice. London: Institute of Health Visiting / Health Education England / Department of Health Bishop, P., Gilroy, V. and Stirling, L. (2015) National Framework for Continuing Professional Development – The High Impact Areas for Early Years. London: Institute of Health Visiting / Health Education England / Department of Health. https://ihv.org.uk/for-health-visitors/resources/frameworks/	3	Both these frameworks aimed to outline the key evidence to support the delivery of high quality health visiting practice aligned standards. They provide a framework to support workforce planning aligned to the high impact areas; safeguarding; and clinical competencies including non-medical prescribing.
HEE Perinatal competencies (2018)	3	The framework aims to build perinatal mental health capability in the workforce, by identifying the skills required and helping care teams to assess their training needs. It's suitable for everyone, from informal carers and general practice staff, right through the pathway to specialist mental health mother and baby units.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates	2	Applies to all health visitors and school nurses as the professional governing body.
PHE (2018) Supporting the public health nursing workforce: health visitors and school nurses delivering public health for children and young people (0-19) Guidance for employers	3	Provides non-statutory guidance on good practice to support the workforce in the delivery of commissioned services.
Public Health Policy Strategy Unit (PHPSU) (2015) Formula for 0-5 children's public health: Department of Health seeking views on behalf of ACRA	2	Provides analysis and recommendations on caseloads and staffing ratios for health visiting staff.
Recommend National Curriculum Specialist Community Public Health Nursing - Health Visiting/School Nursing (0-19 child public health nursing services) (iHV, 2019)	3	This document presents a Recommended National Curriculum for Specialist Community Public Health Nursing – Health Visiting and School Nursing (SCPHN). It is based on work completed in partnership with Institute of Health Visiting (iHV), Unite/Community Practitioner Health Visitor Association (CPHVA), United Kingdom Standing Conference (UKSC), National Forum of School Health Educators (NFSHE), School and Public Health Nurses Association (SAPHNA) and the Royal College of Nursing (RCN). The document aims to provide evidenced guidance on the future education and training of SCPPN to meet the needs of contemporary society.
School nurse toolkit Evaluation of behaviour change interventions. (PHE, 2017)	3	Highlights the need for school nurse services to evaluate their interventions with high quality evaluation. The document provides a tool kit to inform this process.
Self-assessment tool for Health Visitors (Scotland) School Nursing Practice self-assessment tool (Scotland)	3	These two tools were developed to support health visitors and school nurses to consider their personal competencies and development needs. They identify the core skills and competencies that all school nurses and health visitors require to deliver safe and responsive practice in Scotland.
Whittaker, K., Grigulis, A., Hughes, J., Cowley, S., Morrow, E., Nicholson, C., Malone, M., Maben, J. (2013) Start and Stay: The Recruitment and Retention of Health Visitors. National Nursing Research Unit. Kings College London.	3	Original research commissioned in support of the HV Implementation Plan. NB the attractors supporting recruitment and retention during this period are now significantly reduced by reversal of central investment to incentivise and promote health visiting and the funding pressures in public health commissioned services.

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
Workforce resilience and retention Developing Resilience in the Workforce: A Health Visiting Framework Guide for Employers, Managers and Team Leaders. London. HEE / iHV Petit, A., Stephens, R and Nettleton, R (2015)	3	Evidence based benchmark statements for staff retention: 1. **Support:** Health visitors are provided with access to supportive relationships that enable them to perform their role confidently and effectively. 2. **Training and development** Health visitors' education, training and career progression needs are identified, agreed, met and regularly reviewed. 3. **Recruitment** Potential applicants receive sufficient information to enable them to make a well-informed decision about becoming a health visitor. 4. **Involvement and participation** Health visitors are actively invited to participate in decision-making processes and their contributions are valued, recorded, acted upon and reviewed. 5. **Client relationships** Health visitors are effectively able to develop relationships with their clients and feel they are 'making a difference'. 6. **Health and wellbeing** The employer creates a working environment that protects the health and wellbeing of its staff. 7. **Culture** The culture of the work environment encompasses a person-centred approach to care that emphasises the value of compassion and resilience in the workplace.

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DOMAIN 8 - Achieving outcomes

Evidence	Outcome	Key messages / relevance to health visiting and school nursing
A Better Start Common Outcomes Framework	2	Illustrates development of shared outcomes across system that are meaningful, valid and pragmatic. Clarifies doing what matters to what purpose e.g. how much resource dedicated to serving child protection case conferences – an issue for school nursing in the wider school nursing services.
Evaluation Toolkit: Hudson R (2017) Outcomes and Evaluation in Health Visiting: A Practical Guide. London: iHV.	2	A comprehensive toolkit of resources and techniques to assist in developing evidence of outcomes in health visiting and school nursing.
Measuring what matters: A guide for children's centres	2	Suggests shifting from collecting data about activity to indicators more likely to track health outcomes Supports intelligent conversations about costs of meeting KPIs.
PHE Fingertips: Health profiles	2	Comprehensive repository of nationally collected data.

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