



Institute of Health Visiting
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Rt Hon Matt Hancock MP
Secretary of State for Health & Social Care
Department of Health & Social Care
39 Victoria Street
London SW1H 0EU

Dear Secretary of State

Institute of Health Visiting's response to the Prevention Green Paper: Advancing our health: prevention in the 2020s – consultation document

The Institute of Health Visiting welcomes the Green Paper on prevention. We have provided a response to the online consultation. In addition, we wish to make some further points which we believe will strengthen the positive proposals in the Green Paper to give every child the best start in life.

Overall, we welcome the government's commitments outlined in the Green Paper. In particular, its desire to put prevention at the centre of all decision-making, with a focus on the importance of investing in our health throughout life – starting in the early years.

Achieving this ambition requires:

- A paradigm shift in approach to ensure that the rhetoric of giving “every child the best start in life” is supported by policies and a commitment by government to take the action required to make the difference. All policies need to be “infant, child and family” focused to nurture and build local communities with happy, healthy, resilient children at their hearts.
- A shift in emphasis in language and policy is needed, from “releasing efficiencies”/ short term return on investment in 0-5 public health, to a recognition by government that investment in the early years is not only morally the “right” thing

to do, as this is investing in our children's futures, but it is also strongly supported by the evidence and makes sound economic sense.

Investing in the earliest years saves money in the long run and, more importantly, ensures that every child is supported to achieve the best start in life with foundations for good health throughout the life-course. As inevitable from a Green Paper, it lacks the detail needed to determine whether the ambitions will be supported by a real funding uplift and the workforce support required to implement the recommendations in full. We are hopeful that this will be addressed in the stated commitment that national and local government will work together to ensure the plans succeed.

The Institute is especially delighted that the **Healthy Child Programme** is to be modernised, starting in early 2020. We particularly welcome the ambitions to achieve universal reach with a personalised response, alongside the importance of early identification and tailored support for families and their children who need extra support. To support this work, on 10 October 2019 we published, ["Health Visiting in England: a Vision for the Future"](#), which was developed in collaboration with experts in the field of health visiting including health visiting and local authority public health leaders, practising health visitors, academics, researchers and the views of more than 1000 parents. This document sets out the Institute of Health Visiting's vision for the health visiting service in England, our reasoning behind why such a vision is urgently needed to support prevention and early intervention, and recommendations for the next steps to achieving it. Our Vision requires health visiting to play its fullest part within an integrated system to reduce health inequalities that arise in childhood and for England to achieve health outcomes on a par with the best in the world.

Seeing a whole chapter in the green paper dedicated to **Strong Foundations** is positive and signals a commitment by the Government to the importance of the earliest years of life on future health. We welcome the advocated shift from dealing with the consequences of poor health to promoting the conditions for good health, which will chime with every health visitor. There is also a welcome focus on the importance of healthy relationships in the home, and support for all parents who need it. Health visiting is non-stigmatising and has high levels of acceptability to the public and, as such, health visitors are well-placed to provide this support. However, this is time-consuming work and hence it can't happen without reinvestment into the health visiting service.

Also highlighted is a very welcome focus on the early identification of need. We support the statement that, **"it's vital that families and their children who need extra support are identified early and receive tailored support. That way, we can prevent problems from arising in the first place, rather than dealing with the consequences"**.

We have submitted the following responses to the specified questions:

Which health and social care policies should be reviewed to improve the health of people living in poorer communities, or excluded groups?

Investment in the earliest years of life is the most cost-effective means to improve health and reduce inequalities:

- The first years of life provide a foundation for future health and wellbeing.
- Evidence supports a high return on early investment, with long-term system costs of not intervening.
- Inequalities are not inevitable – Prevention and early intervention can help build a fairer society.
- There is widespread concern about the current state of health visiting in England and the impact that this has on children and families.

Reducing inequalities requires a whole system, integrated approach as prevention and intervention cut across a range of stakeholders. Action is required to make this happen:

- The health visiting service requires strengthening with significant reinvestment. Workforce modelling and a workforce plan will be needed to ensure that the Healthy Child Programme is delivered in full in all local authorities. The important contribution that an effective, well-resourced health visiting service provides to numerous government priorities for children and their families is set out in, [“Health Visiting in England: a Vision for the Future”](#).
- A radical shift in government policy is needed to provide sustainable funding for prevention and early intervention. All government departments who accrue the benefits of an effective health visiting service should collectively commit to support investment into public health with pooled ring-fenced budgets.
- To improve joined-up services for families, national and local government should set out model integrated system pathways for public health priority areas, with the system support in place to implement these in full.

How can we do more to support mothers to breastfeed?

Support to mothers who wish to breastfeed requires urgent attention where the reduction in public health budgets in recent years has consequently reduced the support available in the community for this important public health initiative. The decline in health visitor numbers since 2015 has seriously impacted the capacity of the health visiting workforce to respond effectively to support mothers in the initiation and maintenance of breastfeeding. There has been a 31.8% reduction in health visitors in England’s NHS since October 2015, alongside a 13.5% reduction in health visitors recorded as employed in non-NHS settings.

Mothers who wish to breastfeed need time and skillful support that is currently not available to them. Reversing the decline in the health visiting workforce requires further investment and workforce modelling with full costing to support the delivery of the Healthy Child Programme.

The Institute of Health Visiting's Vision for a strengthened health visiting service in England includes two additional universal contacts in the first year of life (at 3-5 weeks and 3-4 months) - these will improve the breastfeeding support available to all mothers, with additional more targeted support for those experiencing problems with breastfeeding.

How can we better support families with children aged 0 to 5 years to eat well?

The health survey for England in 2017 reported that 18% of boys and 21% of girls aged 2-4 were overweight, including obese, with 9% of boys and 12% of girls being obese. One simple step would be to make the current voluntary guidelines (Eat Better Start Better – www.foundationyears.org.uk) for food and drink in Early Years settings mandatory. The impact of this would be to introduce healthier diets into settings that are accessed by a high proportion of children in these age groups.

Family nutrition and weight is a highly sensitive area that requires skilful and sensitive intervention; the traditional approach of offering nutritional advice has little impact alone. Health visitors through their contacts with families as part of the Healthy Child Programme are ideally placed to work effectively alongside families, and for parents to be empowered to make healthy choices around nutrition and activity levels. To support the Government's strategy to tackle childhood obesity, health visitors are able to: identify children above a healthy weight; sensitively discuss weight with families; signpost families to support to make positive lifestyle changes; refer families to tier 2 and tier 3 weight management services to prevent ill-health.

How else can we help people reach and stay at a healthier weight?

Through their unique universal reach into all families, health visitors are in an ideal position to provide individuals and communities with information on the type and amount of physical activity that they should undertake to improve their health.

Health visitors are also ideally placed to support healthy weight for, during and after pregnancy when individuals are most responsive to changing their diet for the benefit of their new family. Poor preconception and pregnancy health limits women's choices and impacts on safety for both mothers and babies, with potentially long-term consequences on child health. 45% of pregnancies are unplanned or associated with feelings of ambivalence. Even amongst those who do plan their pregnancy, a relatively small proportion of women currently modify behaviours pre-pregnancy. Maternal weight has been identified as a risk factor which affects pregnancy outcomes and long-term child health. This can be improved by ensuring all women receive support from the health visiting service for planning pregnancy, promoting healthy behaviours, with additional targeted support to reduce or manage risk factors.

The promotion of exercise and the importance of “screen-free” time is something that requires public health campaigns.

There are many factors affecting people’s mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

A system-wide approach is needed to support mental health. Individuals do not have the same level of “choice” or capacity to benefit from self-help strategies: the impact of wider determinants like poverty, environment, housing, educational attainment, worklessness and social isolation, amongst other factors, should be addressed alongside access to high quality healthcare.

Funding for mental health needs to extend beyond the NHS. For example, the current funding for perinatal mental health is fragmented. Recent investment in maternity and specialist perinatal mental health support is welcomed. Yet at the same time, we have seen cuts to public health budgets which support a significantly larger number of women with mild to moderate conditions - we know these conditions can negatively impact child outcomes. The NHS Benchmarking Network highlighted that *“Not every woman experiencing mental distress during pregnancy will come into contact with specialist mental health services, but it is expected that the vast majority will access midwifery, obstetric and health visiting services during pregnancy and in the postnatal period”*.

Health visitors play an important role within local integrated perinatal mental health pathways. Through their universal reach and holistic family-centred approach, they are ideally placed to support mental health. Health visitors can provide anticipatory guidance, identify risks and signs of mental health problems, manage mild to moderate perinatal mental illness and support referral to specialist care if needed.

Therapeutic interventions delivered by health visitors have been shown to be effective as a treatment for depression in mothers. Health visitor training has also been found to be highly cost-effective in preventing symptoms of postnatal depression in a population of lower-risk women, reducing overall treatment costs.

We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

We feel concerned that the focus of the Green Paper is on ADULT sleep. There needs to be much greater emphasis on infant and child sleep and the impact of their lack of sleep on new parents.

Poor sleep is increasingly common in children, and associations between short sleep duration in early childhood and obesity, children’s learning and behaviour are consistently found. Poor sleep patterns and crying often co-exist, this is costly to manage and associated with adverse

outcomes including postnatal depression symptoms, early weaning from breast milk, and later child behaviour problems. There is also an increased risk of Shaken Baby Syndrome due to excessive crying and associated parental lack of sleep. The management of infant crying (for infants under 3 months old) and associated poor sleep has been estimated to cost the NHS over £65 million a year in professional salaries alone.

Sleep deprivation is a mental health issue and can affect maternal mental health and cause fatigue and affect mood. Health visitors are well placed to advise parents on how to create healthy sleep routines for their children to reduce the negative impacts of sleep deprivation on the infant and its parents.

Health visitors also play an important role in the dissemination of Safer Sleep guidance to all families at universal contacts and more targeted support to high risk groups. Research has shown that several parent and infant care factors are associated with an increased risk of death from Sudden Infant Death Syndrome (SIDS). Following safer sleep advice can significantly lower the chance of this tragedy occurring.

What should the role of water companies be in water fluoridation schemes?

We are delighted to see water fluoridation supported within the paper. Children's oral health is a major concern and dental decay rates in 0-5s are still too high. Poor oral health can lead to:

- significant but avoidable suffering and pain
- days off school
- time off work for parents
- low self-esteem and confidence
- hospital admissions and treatment under general anaesthetic for children
- costly dental treatment.

Fluoridation of water has been demonstrated to have a significant impact on reduction in levels of tooth decay. As local authorities are currently required to meet the operating costs for water fluoridation schemes, water companies should be mandated to support this provision at cost and not profit from what is an important public health initiative.

Health visitors have an important role in providing advice and support as part of the Healthy Child Programme in promoting good oral health and preventing dental caries. This includes providing consistent evidence-based information on: infant feeding, nutrition, oral health advice, including brushing advice as soon as teeth erupt in the mouth, signposting to dental services, encouraging dental attendance around 6 months of age (Dental Check by One) and identifying families that need additional support.

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

1. Reducing poverty in childhood
2. Access to affordable good quality housing
3. Ensuring “Children and families” wellbeing needs are addressed in all policies

How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

- Get the basics right – ensure existing evidence-based services like health visiting are strengthened. There appears to be an unwarranted policy preference for investment in new untested interventions that may prove less effective and more costly in the long run. For example, to supply baby boxes to all parents would cost the equivalent of 3000 health visitors per year and there is no evidence of them achieving anything for most parents. It is widely recognised that health visitors are seen as one of the most experienced and trusted sources of information by parents and provide an important role in addressing a multitude of government priorities for children and their families including:
 - Transition to parenthood, including preconception care
 - Breastfeeding
 - Perinatal mental health
 - Infant and child mental health
 - Healthy nutrition, physical activity and healthy weight
 - Managing minor illnesses, building health literacy
 - Reducing unintentional injuries
 - Immunisations
 - Oral health
 - Child development
 - Sleep
 - Children with developmental disorders, disabilities and complex health needs
 - Tobacco, alcohol and substance misuse
 - Healthy couple relationships
 - Teenage parenthood
- Services should focus on achieving positive health and wellbeing outcomes rather than the current focus on process key performance indicators.
- On reviewing the evidence of “what works”, we have identified that the health visiting service of the future needs to be built more closely around the needs of infants, children and their families. We recommend eight key elements to ensure the service is: evidence-driven, accessible, responsive, personalised, collaborative, fairer

and effective. This will only be achieved with greater professional autonomy and a recognition of the importance of relationships at the heart of everything we do.

What more can we do to help local authorities and NHS bodies work well together?

- **National strategy for prevention:** A radical shift in policy is needed to provide sustainable funding for prevention and early intervention services. All government departments who accrue the benefits of early intervention/ prevention should collectively commit to support investment into public health with pooled ring-fenced budgets.
- **Long sighted policies with significant front-loaded investment (invest to save):** Short sighted, siloed/ fragmented funding is a stumbling block to integration. Sustainable long-term investment is needed to support implementation of effective early intervention and improve outcomes for the most disadvantaged infants and children. The majority of effective interventions are relatively intensive and typically more expensive than care as usual. Their costs need to be considered against their cost-effectiveness in the long run.
- **Leadership:** Investment in developing leadership at all levels, for all stakeholders (health, social care, education etc...) to work effectively together within an integrated system. This needs commitment to achieve shared goals.
- **Integrated system pathways:** To improve joined up services for families, national and local government should work together with key stakeholders to set out model integrated system pathways for priority areas, with the necessary system support in place to implement these in full.
- **Develop and set high level goals for children's population health and an outcome measure for integrated care,** with a clear line of accountability between national goals, ambitions or targets and regional and local systems. This requires a shift from process outcome measures to longer term goals which value health assets, integration and shared ambitions that matter to a community.
- **More research/evaluation funded for interventions based on prevention to demonstrate the critical factors for its effectiveness**

What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

- Preconception health
- Support to address key public health priorities in pregnancy like smoking, maternal obesity and perinatal/ infant mental health in high risk groups
- Continued focus on teenage pregnancy

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

- Requires a paradigm shift in approach to ensure that the rhetoric of giving “every child the best start in life” is supported by policies and a commitment by government to take the action required to make the difference. All policies need to be “infant, child and family” focused and based on *needs, nurture and building local communities* with happy, healthy, resilient children at their hearts.
- Shift in emphasis in language and policy from “releasing efficiencies”/ short term return on investment in 0-5 public health, to a recognition by government that investment in the early years is not only the “right” thing to do to invest in our children’s futures, but also makes sound economic sense in the long run.
- In addition to the areas set out in this paper we suggest the following:
 - Sleep in children
 - Supporting parental health literacy – including confidence to manage minor/ self-limiting illnesses in childhood
 - Closer links between the policies to improve early language and those to improve infant mental health
 - Reducing unintentional injuries in children
 - Safer communities – recognition of the importance of the foundations laid in the first years of life and early intervention
 - Homes and neighbourhoods - to increase efforts to ensure all communities are fully accessible to people with disabilities (shops, leisure, public transport, employment etc...)

Yours sincerely



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Cc

Jo Churchill MP - Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care

Baroness Blackwood – Parliamentary Under Secretary of State

Dorian Kennedy - Children and Families, Department of Health and Social Care

Duncan Selbie – Chief Executive, Public Health England