



Department
of Health

4Children Quality in Early Years Conference

Latest update on the integrated health review

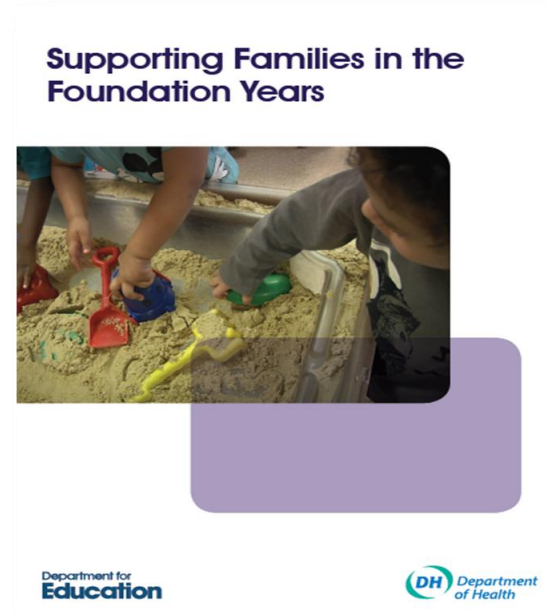
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10th October 2013

DH – Leading the nation's health and care

Background

- July 2011 - DfE and DH jointly published “Supporting Families in the Foundation Years”
- It includes the commitment for DH/DfE to explore integrating health and education reviews for children aged 2 to 2 ½ by 2015
- Early intervention is a **key focus** for the Government
- Age 2 – 2 ½ is a **crucial stage** when problems with speech, behaviour, etc. become visible, yet there is time to make a real difference



The policy context

- **Early education places for disadvantaged 2 year olds** (20% rising to 40%)
- **Increase in numbers of health visitors** (an increase of 4,200 by 2015)
- Move towards greater integration - planned **transfer of responsibilities for 0-5 public health** from NHS England to local authorities from April 2015.
- Commitment to **a public health outcome measure at 2 – 2 ½** - measured as part of the integrated review
- Report on **Information Sharing in the Foundation Years** and **Government response** due shortly

Why an integrated review?

- Currently **two reviews**: Healthy Child Programme health review and EYFS progress check
 - some overlapping features, but neither one presents a holistic picture of the child to parents
 - potential for parents to receive confusing and conflicting advice about their child
 - problems may not be identified as early as they could be
- Partnership is key....an integrated review means **health and education working together** to support a child and their family.

Purpose of the integrated review

- To identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour.
- To facilitate appropriate intervention and support for children and their families, especially those for whom progress is less than expected
- To generate information which can be used to plan service and contribute to the reduction of inequalities in children's outcomes

The Integrated Review Development Group

Membership – health and education experts, representatives from five pilot sites, DfE/DH officials.

Role - set up in autumn 2011, to define purpose of IR, develop guidance, explore issues, plan testing phase.

Next key task - to consider research findings, help develop advice to Ministers on implementation.



What is in the integrated review?

Draws on content of existing health and education reviews.

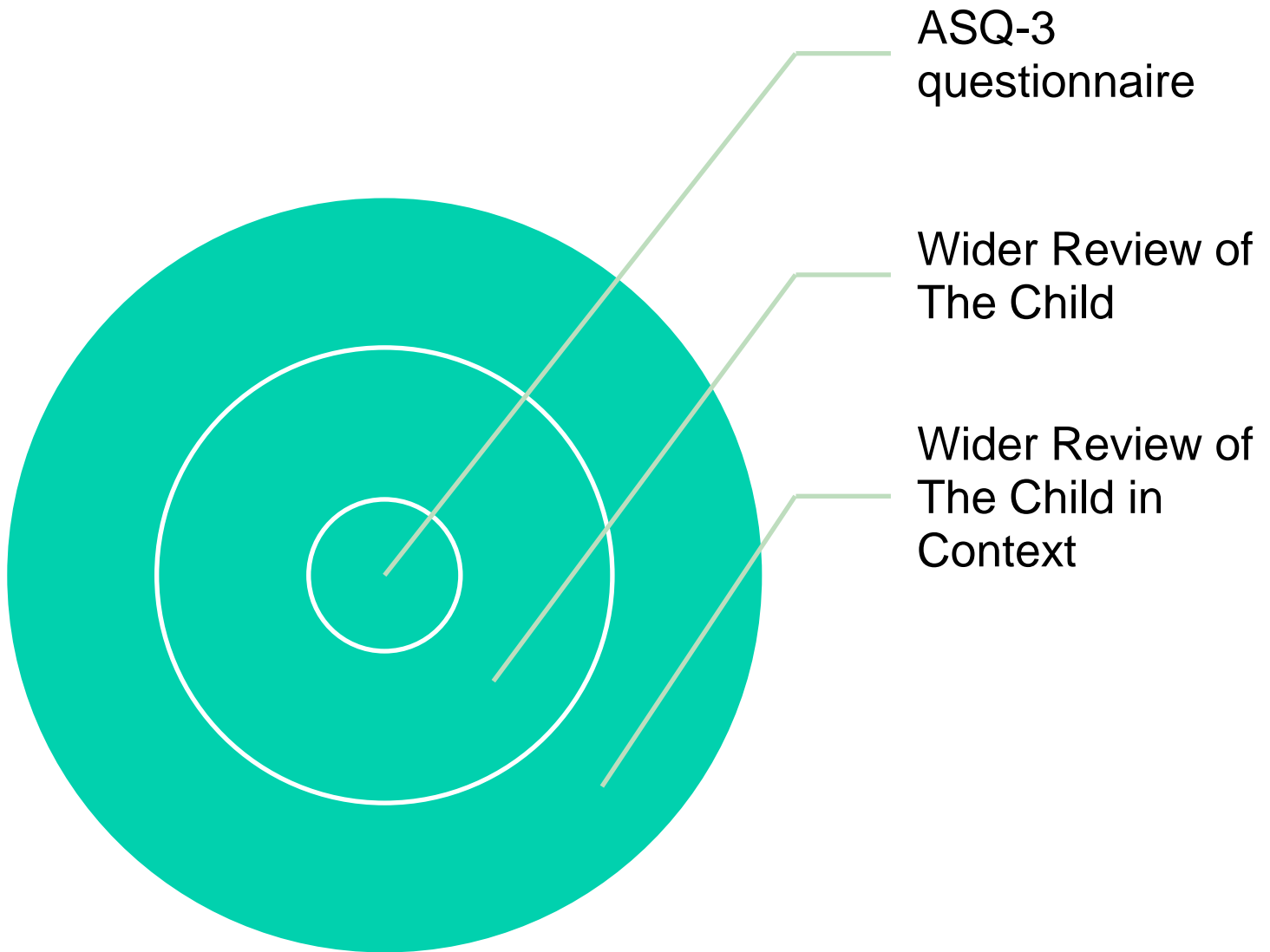
No significant new content/skills requirements

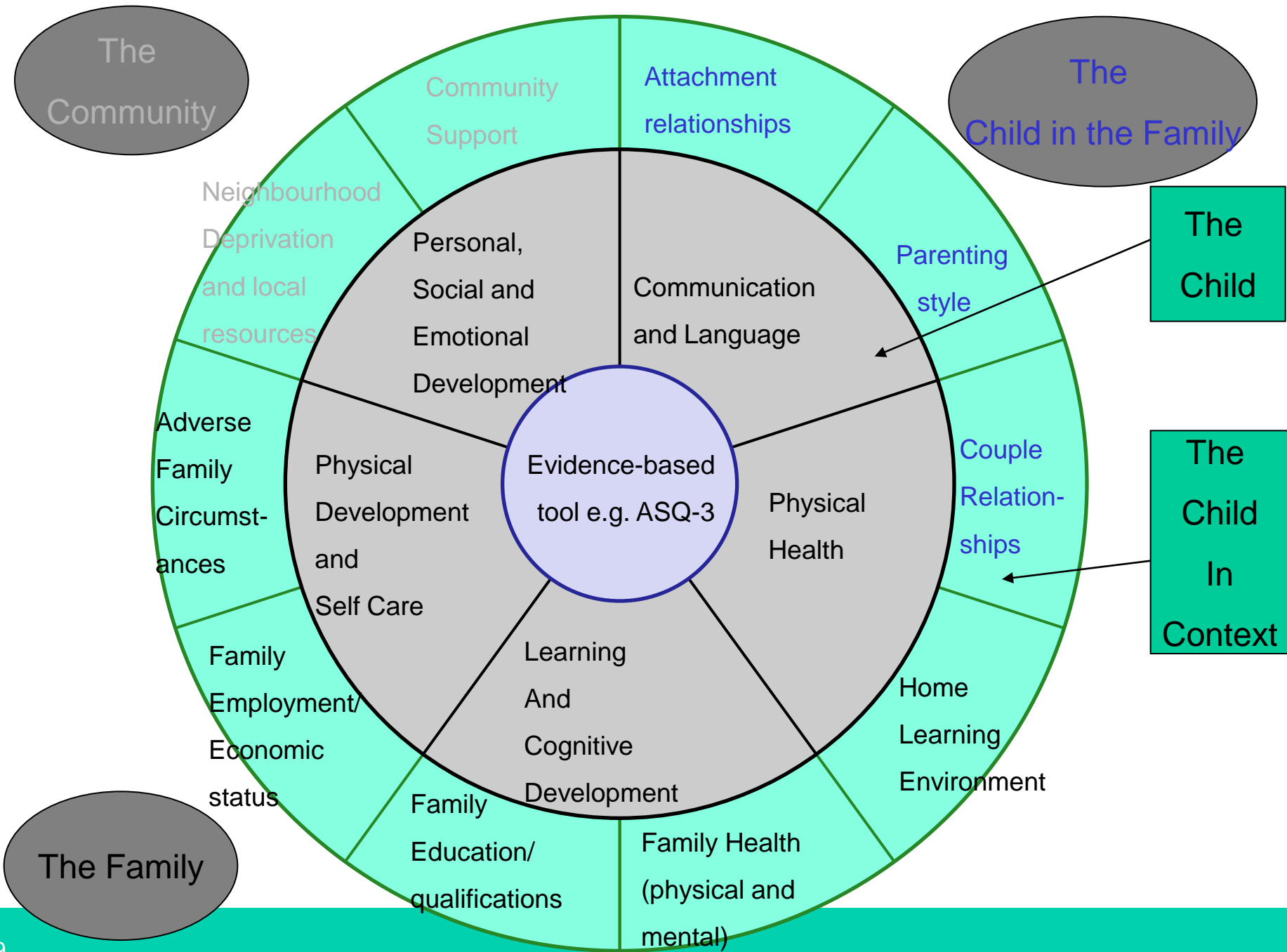
The Child –

- speech, language and communication
- personal social and emotional development
- physical development
- learning/cognitive development, and
- physical health



The Child in Context - taking account of: parenting, home learning environment, family circumstances, social/community circumstances, etc.





Possible outcomes/benefits

- For children – earlier identification of needs, better outcomes at 5?
- For parents – 1 holistic picture of child, reduced potential for duplication/confusion
- For professionals - increased understanding of others' roles, more joined-up thinking and working.

Testing models - pilot sites

Jan - Dec 2013

- Islington
- Leeds
- Medway
- Norfolk
- Northamptonshire



Testing models – pilot partners

- Bristol
- Hackney
- Manchester
- Rotherham
- Warwickshire

Partners - already working on IR

- Share good practice
- Act as a sounding board



Implementation study - NCB

- In-depth interviews with health and early years practitioners
- Focus groups with parents and professionals
- Data – number of reviews, referrals...
- Likely costs and benefits
- Case study on each pilot and how they approached IR
- Due to report end January 2014



Next steps

- 2013 – testing and evaluation
- 2014 – NCB research due to report
 - advice to Ministers
 - preparing for implementation
- 2015 – implementation



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