

Health Overview Scrutiny Committee
16th April 2025

**Healthy Children and Young Person's Public Health Service – focus
on babies and young children**

Report by Ansaf Azhar

Executive Summary

1. This report provides the committee with an update on the Health Visiting and Family Nurse Partnership elements of the Healthy Child Public Health Service. This service is commissioned by Public Health in Oxfordshire County Council and delivered by Oxford Health NHS Foundation Trust. The integrated contract commenced on 1st April 2024.
2. This report and Annex 1 will provide an overview of the commissioned service and provide information on mandated reviews, digital systems, safeguarding, feedback from parents, quality assurance, workforce and system collaboration.

Giving Every Child the Best Start in Life

3. The first 1,001 days of life – from conception to a child's second birthday – are a critical period that shapes lifelong health, wellbeing and opportunity. During this time, rapid brain and physical development occurs, and early experiences strongly influence emotional security, learning, behaviour and future health outcomes. Evidence consistently shows that adversity in these early years, such as poverty, parental mental ill health or insecure attachment, can have lasting impacts across the life course, while positive early support can build resilience and reduce inequalities before they become entrenched.
4. Public health has a central role in prevention and early intervention during the 1,001 critical days, working across the system to ensure that babies and families receive the right support at the right time.
5. The Healthy Child Programme (HCP) is the cornerstone of this approach, providing a universal framework of evidence-based assessments, screening, health promotion and support for all families, with additional targeted input for those with greater needs.
6. Health visiting services are fundamental to delivery of the HCP, offering trusted, relationship-based support to families, identifying concerns early, promoting child development and parental wellbeing, and acting as a key connector to wider services.

7. This approach aligns closely with the Marmot principles, particularly the need to “give every child the best start in life” as the most effective way to reduce health inequalities. By focusing on universal provision, proportionate targeting, and the wider social determinants of health, public health and health visiting services help to narrow gaps in outcomes related to deprivation, ethnicity, disability and vulnerability.
8. Investment in the early years is therefore both a moral and economic imperative: it improves outcomes for children and families, reduces future demand on health and care services, and supports sustainable, preventative public services. A strong, integrated early years system is essential to ensuring that all babies and children have the best possible start in life.

Institute of Health Visiting Report 2025

9. The Institute of Health Visiting (iHV) is an independent charity, professional body and centre of excellence for health visiting – established to strengthen the quality and consistency of health visiting for the benefit of all babies, children, families and communities.
10. In their national annual survey¹, members reported that being part of an organisation that acts as a “voice” for health visiting, to influence policy, was the most important reason for being a member of the iHV. In 2024, 1,392 practitioners completed the survey between 9 September and 4 November 2024. The survey findings are presented in four themed sections
 - Health Visitors want to deliver a good service to all families and support the Government’s ambition to create the ‘healthiest generation of children ever’.
 - There are big differences in the level of health visiting support between the different countries in the UK and among local authorities in England. Families receive good levels of support in some areas, and barely any support in other areas.
 - Health Visiting workforce matters, across all four UK nations, practitioners reported a decrease in health visitor numbers
 - Strengthening health visiting: train new health visitors, attract people who have left back into health visiting, reform through good leadership, commissioning models, prevention and value health visiting

Issues being faced by families in the UK

11. The iHV annual survey reported the top issues being faced by families across the UK and these can be grouped into four categories
 - Physical and mental health: preterm or sick babies, baby/child physical health problems, parent carer perinatal mental health problems, breastfeeding, substance use and or alcohol use

¹ https://ihv.org.uk/wp-content/uploads/2025/01/State_of_Health_Visiting_Report_2024_FINAL_VERSION_22.01.25_compressed.pdf

- Child development and safeguarding: poverty, domestic abuse, child subject to child protection plan, child subject to child in need plan
- Referral and support needs: connecting families to other services, infants with disabilities or complex conditions
- Growth and nutrition concerns: child behaviour, baby/child development concerns, families seeking support as they are worried their child is unwell, growth concerns, underweight, parent/carer physical health problems.

Commissioning arrangements for Health Visiting Services

12. The [Local Authorities \(Public Health Functions and Entry to Premises by Local Health Watch Representatives\) Regulations 2013²](#) (as amended by the [Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) and Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) \(Amendment\) Regulations 2015³](#)) prescribe steps local authorities must take in exercising their public health functions, including arranging for public health services for children and young people aged 0 to 19.
13. These regulations include the requirement for local authorities to provide, or secure the provision of, universal ages 0 to 5 health and development reviews for eligible people at the following points in time. Oxfordshire has commissioned these services, and they must be offered to a:
 - woman who is more than 28 weeks' pregnant (referred to as the 'antenatal health and development review')
 - child who is between 1 day and 2 weeks old (referred to as the 'new birth health and development review')
 - child who is 6 to 8 weeks old (referred to as the '6-to-8-week health and development review')
 - child who is 9 to 15 months old (referred to as the '12-month health and development review')
 - child who is 24 to 30 months old (referred to as the '2-to-2-and-a-half-year health and development review')
14. In addition to the statutory duties, commissioners must deliver the Healthy Child Programme. The guidance for this programme was updated and published on 6th February 2026 by Department for Health and Social Care. This major public health programme is a national framework for improving the health and wellbeing of babies, children and young people aged 0-19 years of age. It sets out evidence-based approaches to prevention, early intervention, and family support, supporting the governments ambition of raising the healthiest ever generation of children.
15. The Healthy Child Programme underpins statutory responsibilities for local authorities and health services, and aligns with the [10 Year Health Plan for](#)

² <https://www.legislation.gov.uk/uksi/2013/351/contents/made>

³ <https://www.legislation.gov.uk/uksi/2015/921/made>

[England: fit for the future](#)⁴. The commissioning and delivery of the programme supports the aims of the plan by:

- promoting equity and access: services reach all families, with targeted proportionate support for those most in need
- integration across services: joined up working across health, education and social care
- evidence-based practice: interventions supported by research and clinical standards

16. The Healthy Child Programme⁵ identifies priority high-impact areas for 0-19 years. The framework for 0-5's prioritises
 - The transition to parenthood
 - Maternal and family mental health
 - Breastfeeding
 - Healthy Weight and nutrition
 - Health literacy, managing minor illnesses and reducing accidents
 - Healthy, well and ready to learn
17. There are also National Institute of Health and Care Clinical Excellence guidelines which describe how new babies and mothers and families should be supported from a clinical perspective. Example guidance includes maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years⁶ and antenatal and postnatal mental health: clinical management and service guidance⁷. Commissioners utilise these national clinical guidance when developing local services.
18. Commissioning these services occurs within local public health teams and is overseen by the Director of Public Health for the area. Commissioning follows a cycle of activity that is determined locally and based upon procurement rules set out nationally.
19. Local authorities retain accountability for the quality and outcomes of commissioned services, ensuring contracts meet statutory requirements and oversight via Directors of Public Health.
20. Provider organisations for all activities must adhere to all relevant legal and clinical requirements, including being registered with the Care Quality Commission (CQC) for the appropriate regulated activity, as described under section 10 of the Health and Social Care Act 2008. It is expected that delivering the Healthy Child Programme will involve undertaking a regulated activity and therefore providers should be registered with CQC.
21. Public health nurses (health visitors, family nurses, community nurses and their appropriate team members) must adhere to legal requirements

⁴ <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

⁵ <https://www.gov.uk/government/publications/healthy-child-programme-high-impact-area-framework/high-impact-areas-for-health-visiting-ages-0-to-5>

⁶ <https://www.nice.org.uk/guidance/ng247>

⁷ <https://www.nice.org.uk/guidance/cg192/chapter/Recommendations#recognising-mental-health-problems-in-pregnancy-and-the-postnatal-period-and-referral>

for professional registration and revalidation. This should be in line with revalidation requirements for practice issued by the Nursing and Midwifery Council (NMC).

Public Health Commissioning and Contractual Arrangements

22. Oxfordshire County Council Public Health Directorate commission the service and Oxford Health NHS Foundation Trust are the provider organisation.
23. This is an integrated service and consists of the following service areas
 - Health Visiting (0-8 years)
 - Family Nurse Partnership (first time young mothers <19 years or <21 years if care leavers)
 - Vision Screening (reception year)
 - National Child Measurement Programme (reception year and year 6)
 - School Health Nursing (primary and secondary schools)
 - College Nursing (further education colleges)
 - Protective Behaviours (secondary schools)
24. Oxfordshire's contract for 0-19 Public Health Nursing Integrated Service is £12.5m per year. Over the lifetime of the contract this represents £87m spend. The funding for this service is from the public health ring fenced grant.
25. The contract started on 1st April 2024 and ends 31st March 2031. This is a 5 years + 2 years contract.

Oxfordshire Population

26. Oxfordshire has an estimated population of around 39,731 children aged 0–4⁸, based on the latest ONS mid-year population estimates. This cohort represents approximately 5–6% of the county's population and forms the core population for delivery of the Healthy Child Programme.
27. In 2024, Oxfordshire had 7,153 live births. 1,801 in Cherwell, 1,440 in Oxford, 1,412 in South Oxfordshire, 1,486 in Vale of White Horse and 1,014 in West Oxfordshire.
28. There are approximately 1,775 babies and children eligible for each of their mandated health and development reviews per quarter.
29. Service demand does not fall in line with population size, as complexity and vulnerability have increased despite smaller cohorts.

National reporting requirements Health Visiting and Family Nurse Partnership (FNP)

⁸ [Population - UTLA | Oxfordshire | Report Builder for ArcGIS](#)

30. Indicators are set nationally by government and are reported quarterly⁹. The metrics reported include the 5 mandated elements of the service. These 5 mandated elements also contain information about health outcomes as described in the Public Health Outcomes Framework.
31. Exact numbers of completed mandated health visitor reviews for Oxfordshire are published in the national Health Visitor Service Delivery Metrics data tables¹⁰ (April 2024–March 2025). These tables provide the denominators, numerators and coverage percentages for each mandated review and are the authoritative source used for national and local performance monitoring.
32. In addition to coverage of health and development reviews, health visiting services report child development outcomes that feed into national datasets and public reporting. The Ages and Stages Questionnaire (ASQ3) developmental outcomes at 2–2½ years report the percentage of young children who are at or above expected level in: communication, gross motor, fine motor, problem solving, personal social skills. These indicators are published annually and used nationally to assess early child development.
33. The Department of Health and Social Care (via the Office of the Chief Public Health Nurse) publishes national-level FNP programme information, mainly through annual national FNP reviews, commissioning and programme guidance. These publications include aggregate programme data, not individual or Local Authority level performance tables.
34. The number of health and development reviews that family nurse practitioners undertake are included in the total number of reviews reported by the health visiting service.
35. Local authorities submit their data through a website operated by the Local Government Association. The data collection is based on the local authority of residence of each child. Data for children resident in any local authority who have moved in after they received a review while resident in another local authority must be included.
36. Health Visiting providers are also required to submit quarterly data to NHS England’s community services data set¹¹ (CSDS).

Local Performance and Oversight

37. The Oxfordshire County Council contract requires Oxford Health NHS Foundation Trust to report on the mandated healthy and development review performance as well as locally defined key performance indicators, qualitative information and case studies. Public Health commissioners also visit and

⁹ <https://www.gov.uk/government/publications/childrens-public-health-0-to-5-years-national-reporting/interim-data-submission-for-the-universal-health-visiting-service-2025-to-2026>

¹⁰ <https://www.gov.uk/government/statistics/health-visitor-service-delivery-data-for-2024-to-2025>

¹¹ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/community-services-data-set>

observe the workforce during visits to families' homes and community venues and utilise these observation visits for service improvement.

Antenatal Review

38. During the antenatal period, midwives and doctors who specialise in pregnancy and birth provide care and support. Midwives can provide antenatal care from before 10 weeks. The maternity service then notify GP's and health visitors of the pregnancy.
39. Babies and families are typically handed over from midwifery to the health visiting and family nurse service around 10 days of age. This transition is part of the continuity of care provided by midwifery and health visiting services, ensuring that the baby's health and development are monitored by trained professionals. For some families the midwives will be involved for longer.
40. The Health Visiting service works in partnership with midwives, specialist medical care teams and social care teams for targeted and specialist antenatal support. The health visitors completed 571 antenatal reviews from 1st April 2025 – 31st December 2025.

New Birth Visits

41. During 2024/2025 the service completed 5,865 new birth visits within 14 days which represents 81.5% of the eligible population. The locally set target for year 2 of the contract is 90% and the latest year to date performance for visits within 14 days is 80.9%. More detailed information is available in Oxford Health's report, section 3.
42. This increases to 6,796 within 30 days which is 94.4% of new babies. The locally set target for year 2 of the contract is 95% and the latest year to date performance for visits within 30 days is 94.5%. More detailed information is available in Oxford Health's report, section 3.
43. Reasons for delayed reviews include parental choice, baby in special care/paediatric intensive care, baby born early, late notification, delay due to providing continuity of care from same health visitor professional.

6-8 week reviews

44. At 6-8 weeks the GP practice will offer a postnatal check to ask about health and wellbeing and ensure good recovery after the birth. The health of the baby is also checked.
45. Alongside the GP check, the health visiting service provide a health and development review. During 2024/2025 the service completed 5,825 reviews within 6-8 weeks which represents 81.2% of the eligible population.

46. The locally set target for year 2 of the contract is 93% and the latest year to date performance is 87%. More detailed information is available in Oxford Health's report, section 3.

12-month health and development reviews

47. During 2024/2025 the service completed 6,031 12-month health and development reviews before the child's 1st birthday. This represents 82.4% of the eligible population.
48. The locally set target for year 2 of the contract is 90% and the latest year to date performance is 90.25%. More detailed information is available in Oxford Health's report, section 3.
49. Reasons for no review include parents returning to work, unable to contact the family, client choice; still chasing by offering follow up appointment following Did Not Attend.

2-2.5 year reviews

50. During 2024/2025 the service completed 6,155 2-2.5-year reviews. This represents 83% of the eligible population.
51. The locally set target for year 2 of the contract is 90% and the latest year to date performance is 81%. More detailed information is available in Oxford Health's report, section 3.
52. Reasons for no review include return of parents to work, unable to contact; client choice; still chasing by offering follow up appointment following Did Not Attend.
53. More detail about the mandated health and development reviews and performance is provided within the Oxford Health report. The service has explained how factors such as timeliness, locality variation and service improvement actions have been identified and addressed to improve engagement with families.

Use of National and Local Thresholds for Assurance

54. National thresholds for health visitor performance can be useful as high level parameters as they provide consistency and visibility of common metrics (mandated reviews) and can help ensure that there is a universal offer of support for all babies, children and their families. They also provide accountability at a local authority level and can indicate service delivery issues at a population level.
55. They also protect universalism and the public health prevention approach especially during periods of system pressures. They prevent the risk of service provision drifting towards a purely targeted model, undermining prevention and early identification.

56. National thresholds do not however take into account contextual indicators. National thresholds rarely adjust for deprivation, safeguarding prevalence, perinatal mental health need, transient populations, housing insecurity or migration.
57. A completed visit to a family in a low need area is not equivalent to one in a high complexity context. Need and complexity are not evenly distributed throughout Oxfordshire. Also, when families move home address into Oxfordshire from another area it could impact on the health visitor service knowing about the family as they are reliant on transfer in notifications from the NHS system (maternity, primary care).
58. The national thresholds are monitoring reviews completed within a specific time period. If a review is 1 day outside the time period, it will not count in the reporting window. Clinical judgement and continuity of professional supporting a family may mean that a health and development review is delayed if it's in the best interests of the child. Oxford Health do provide additional data on the total number of reviews completed (in and out of the reporting window) to provide assurances that children are being seen.
59. Parental choice is a factor that impacts on performance, a health and development review may be scheduled but cancelled at the last minute by the family which means it can miss the time window. It does not necessarily mean that there is poor performance from the provider. This would be the same for all local authorities reviewing performance from their 0-5 public health service.
60. Additional assurances are sought by commissioners in contract meetings. Contextual discussions consider for example safeguarding, areas of deprivation, vacancy factors. Commissioners also receive information on parental experience, feedback from system partners, timeliness of follow up, staff retention and sickness and evidence of early help escalation.
61. Locally commissioners use thresholds as an early warning system and a trigger for support, quality improvement, or peer learning. It provides the basis for honest conversations with the service and system partners.

Corporate Policies and Priorities

62. This public health service supports the vision, values, objectives and strategic priorities in the County Council's Corporate Plan by giving children the best start in life and increasing the number of children who reach a good level of development by the age of 5 years. It also links with the roll out of a network of Family Hubs.
63. The Best Start Family Hubs and Healthy Babies guidance¹² from the Department for Education and Department for Health and Social Care states

¹²

https://assets.publishing.service.gov.uk/media/693063ec375aee4a15ee8b65/Best_Start_Family_Hubs_and_Healthy_Babies_Preparing_for_implementation_in_2026.pdf

that all local authorities publish their local [Best Start in Life Plan](#)¹³. This focuses on ensuring the healthy development of babies and children through locally tailored approaches focused on prevention. The public health nursing service is a key partner to improve outcomes for babies, children and their families.

64. Education Scrutiny Committee¹⁴ recently scrutinised three interconnected strands of work: the Best Start in Life plan, Early Years sufficiency, and improving the Good Level of Development (GLD) at age five. Although the Council performed above national averages overall, outcomes for children from deprived backgrounds remained significantly lower. The Cabinet Member for Children and Young People emphasised that national targets were not sufficient to close this gap, and the Council had therefore adopted more ambitious local objectives.
65. Children's Trust are scrutinising the good level of development ambition set by national government for Oxfordshire. The government's strategy for improving child development and meeting the ambition that 75% of 5-year-olds in England have a good level of development by 2028.

Financial Implications

66. Funding for Public Health comes from a ring-fenced grant for the Department of Health and Social Care to be used exclusively for public health activity. The 2026/2027 settlement for Oxfordshire is £41,980,812. There are no new or additional financial implications to deliver this mandated function.
67. Comments checked by

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Legal Implications

68. There are no legal implications to the content of the report at this stage. Legal colleagues have been engaged to ensure compliance with the Contract Procurement Regulations in respect of the commissioning of the Healthy Children and Young Person's Public Health Service.

Comments Checked by

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¹³ <https://www.oxfordshire.gov.uk/sites/default/files/file/children-and-families/oxfordshirebeststartinlifepplan.pdf>

¹⁴ <https://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=1223&MId=7857&Ver=4>

Staff Implications

69. There are no new or additional staff implications regarding the content of this report.

Equality & Inclusion Implications

70. Delivery of the Healthy Child Programme is a key mechanism through which Oxfordshire County Council addresses health inequalities in line with the Marmot principles, particularly by giving every child the best start in life. The programme's universal, non-stigmatising offer supports early identification of need and proportionate support for families experiencing disadvantage, including those affected by poverty, parental mental health difficulties, safeguarding concerns or barriers to access.
71. However, workforce pressures and rising complexity of need present an equity risk if capacity constraints reduce continuity of care or targeted, inclusive support for families with the greatest need. Sustaining equitable delivery therefore requires continued focus on proportionate universalism, culturally responsive practice and strong partnership working across local communities and the early help system to avoid widening inequalities in Oxfordshire.

Sustainability Implications

72. There are no sustainability implications associated with this report.

Risk Management

73. Delivery of the mandated reviews and the healthy child programme in Oxfordshire identifies workforce capacity, rising complexity of need, and variation in service delivery as key risks to the sustainability of health visiting services.
74. Locally, while Oxford Health NHS Foundation Trust continues to deliver the core elements of the Healthy Child Programme and maintains strong performance against mandated contacts, this is being achieved within a context of ongoing workforce pressure, increasing acuity of family need and growing demand related to perinatal mental health, safeguarding concerns below statutory thresholds, and wider social vulnerability.
75. As with the national picture, there is a risk that sustained staffing pressures and high caseloads reduce capacity for continuity of care and preventative, relationship-based practice.
76. Oxford Health NHS Foundation Trust continues to mitigate these risks through active workforce management, skill-mix optimisation, balancing universal and targeted prioritisation of support to families with the highest levels of need, while maintaining focus on delivery of mandated contacts.

77. Oxford Health NHS Foundation Trust works closely with commissioners and system partners to align the service model with Best Start in Life priorities, strengthen integration with maternity, primary care and early help services, and support early identification and escalation of need. Ongoing performance monitoring, quality improvement activity and workforce planning are in place to support service resilience and to sustain safe delivery within available resources.

Consultations

78. Public consultation was completed as part of the commissioning process to specify the requirements for service delivery. Improvements continue to be made based on engagement and feedback from families, key stakeholders, parents or carers, and where possible young children.

NAME

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Annex: Annex 1 – Oxford Health NHS Foundation Trust Public Health Nursing Service Report

Background papers: NIL

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