



A Call to Action – One Year On *Health Visitor Implementation Progress* *Report*

December 2011

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Description	In October 2010, the Government set out its vision for the future of health visiting in England - including a commitment to increase the workforce by 4,200 by 2015, and a new service model for the profession. This report captures progress on these commitments and describes planned, next-stage activities.
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Contents

	Page
Foreword	3
The Health Visitor Programme	5
Health Visiting – A central role in improving everyone’s health	7
Progress on the Call to Action	10
System levers and monitoring progress	10
Growing the service	11
Making it happen – implementing the new service	16
Mobilising the profession and partnership	17
Supporting high quality clinical practice	19
Joint work on training for health visitors	20
Research of learning, development and spreading good practice	21
Understanding the opportunities of IT	21
Communications and marketing to support recruitment	22
Evaluation and learning	22
Family Nurse Partnership	24
The School Nurse Development Programme	26
Working with Sure Start Children’s Centres	27
Health Visitor Taskforce	31
Commissioning pathway and programme accountability to 2015	32
Next step	33
Programme governance and accountability	35
Annex1: Programme Plan	37
Annex 2: Healthy Child Programme Development Programme Outlines	47
Annex 3: Early Implementer Case Studies	49
Annex 4: Delivery Partners	53

Foreword

Slightly over one year ago, in October 2010, Public Health Minister, Anne Milton set out the Government's vision for the future of health visiting in England, repeating its commitment to increase the health visitor workforce by 4,200 by 2015 and launching a new service model to improve care for children, families and communities going forward.

That announcement marked the beginning of a Programme, led by the Department of Health, to deliver the Government's vision. It also presented a real opportunity to strengthen and grow a workforce of specialist public health nurses who provide invaluable advice and support to families with children in the first years of life, and help parents make decisions that affect their family's future health and well being.

Starting well in the first years of a child's life is fundamentally important. Evidence tells us that the foundation years (pregnancy to five) shape children's future development, and influence their ongoing health and wellbeing and their achievements later in life. The Government is clear that all young children deserve the best possible start in life and must be given the opportunity to fulfil their potential.

Health visitors, working in partnership with GPs, midwives, school nurses, Sure Start Children's Centres and other local organisations, have a crucial role in ensuring that this happens. Getting this right can affect the child's physical and mental health and wellbeing, their readiness to learn, and their ability to thrive later in life.

By growing the workforce, all families in England will have access to high-quality delivery of the Healthy Child Programme led by health visitors. The Healthy Child Programme sets out the comprehensive preventative services families can expect to receive from the NHS during the foundation years.

In February 2011, the Department published the *Health Visitor Implementation Plan 2011-15 – A Call to Action*, which set out what implementing that commitment means for families, health visitors, nurses and foundation years staff, the NHS and wider organisations. And in July 2011, the Department of Health and Department for Education jointly published *Families in the Foundation Years and Supporting Families in the Foundation Years* as the Government's overall strategy and offer for families in relation to the foundation years.

Achieving such significant growth and service transformation is a tremendous challenge for the NHS, the profession and the foundation years sector, and I am grateful to the wide range of stakeholders and delivery partners, which have supported and championed the Health Visitor Programme this year.

This report sets out progress on key areas of the Programme since it commenced. We will publish summary progress reports against the Government's commitment every quarter until 2015.

**Dame Christine Beasley, Chief Nursing Officer
Chair of Health Visitor Programme Board, December 2011**

The Health Visitor Programme

1.1 The Government is clear that all young children deserve the best possible start in life and must be given the opportunity to fulfil their potential and has set out clear policy to achieve this ambition. A central element of this is the Coalition Agreement commitment to increase the number of health visitors by 4,200, from a May 2010 baseline, over the course of this parliament.

1.2 In response to the Government's ambition relating to health visiting, the Department established the Health Visitor Implementation Programme. The key aim of the Programme is to improve services and health outcomes in the early years for children, families and local communities, through expanding and strengthening health visiting services, with an extra 4,200 health visitors in post by April 2015.

1.3 The service vision and family offer will be delivered through effective partnerships with Sure Start Children's Centres, GPs and other key foundation years services, and by strengthening community capacity.

This year our work programme has been shaped around three main themes:

- **growing the workforce** through new and innovative approaches to training; promoting return to practice; promoting retention;
- **professional mobilisation** to engage and re-energise the health visiting profession; promote learning and good practice, including in relation to building community capacity;
- **aligning delivery systems**, ensuring policy alignment and that we have robust commissioning, measurement, incentives and systems in place to drive progress.

Initially three steering groups worked with the Department to shape and develop the Health Visitor Programme of work. These groups then came together as a Delivery Partnership Group to support implementation.

Health visiting - a central role in improving everyone's health

2.1 The service that health visitors provide is crucial to reducing health inequalities and improving outcomes for children and families. The Government's programme on health visiting forms one aspect of its wider commitment to improve the effectiveness and experience of services accessed by parents and families in the foundation years. High quality early intervention, prevention and support is vital to giving children the best start in life and tackling the underlying causes of ill health and poor wellbeing throughout people's lives.

The Public Health White Paper set out five phases of the life course:

- **Starting well**
- **Developing well**
- **Living well**
- **Working well**
- **Aging well**

2.2 While it is clear that health visitors are key to better health in the foundation years, their unique skills in assessing health needs at a population level, at a community level, and at individual child and family level, make them central players in ensuring children develop well and parents and families live well.

2.3 Below is a short description of what families can expect from health visitors and their teams – it is this service vision that the profession, the early years sector, and provider organisations recognise and support and are working to deliver across England by 2015.



Your community has a range of services, including some Sure Start services and the services families and communities provide for themselves. Health visitors work to develop these and make sure you know about them.

Universal services from your health visitor and team provide the Healthy Child Programme to ensure a healthy start for your children and family (for example immunisations, health and development reviews), support for parents and access to a range of community services/resources.

Universal plus gives you a rapid response from your HV team when you need specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

Universal partnership plus provides ongoing support from your HV team plus a range of local services working together and with you, to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.

The service will be available in convenient local settings, including Sure Start Children's Centres, and health centres, as well as through home visits.

What does this mean in practice?

2.4 The White Paper *Healthy Lives, Healthy People: Our strategy for public health in England*, set out a bold vision for a reformed public health system in England. Health visitors will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and provide leadership in promoting good health and addressing inequalities. So, as capacity in the workforce grows, we will see health visitors leading and contributing to:

- greater reach and influence in the wider community, promoting health lifestyles and social cohesion
- improved planning of local services to reduce health inequalities

- reduction in the variation in quality of service provision and coverage of the Healthy Child Programme
- families feel supported and able to make positive changes to their health and wellbeing
- children and families are offered preventative services tailored to their needs and all families can access evidence-based programmes.
- families reporting a high level of satisfaction with health visiting service provided.
- early intervention leading to reduced number of children requiring formal safeguarding arrangements.
- improved maternal mental health and well being
- increased uptake of immunisations, breast-feeding
- early identification of need and appropriate response to meet need.

Developing care pathways through the life-course and needs analysis

2.5 The Programme has also begun work on developing care and needs pathways, for example, the transition from midwifery to health visiting care. A refreshed pathway for health visitors and school nurses is being developed with a task and finish group from both professions and it is due to be published early in 2012.

2.6 In line with the Government's Mental Health Strategy published earlier this year, we are reviewing the models of service and practice for health visiting, to ensure that health visitors are properly equipped to identify and help parents, infants, children and young people who need support with their emotional or mental health.

2.7 We are also creating development opportunities for health visitors to provide support to families when they suspect violence against women or children may be a factor. This will be embedded by 2015 and we will ensure that health visitors can easily be signposted to information and web-based training on violence against women and children as it is developed by the Department of Health.

Progress on the Call to Action

3.1 The *Health Visitor Implementation Plan 2011/15 – A Call to Action*, was published in February 2011, and it set out plans, accountabilities and partners for the successful delivery of the Government's commitment on health visiting, and what all families can expect from their local health visiting service.

This chapter covers key management actions and Programme activities undertaken this year to progress delivery of the Implementation Plan.

Systems levers and monitoring progress

3.2 Ensuring delivery of the health visitor commitment requires careful system design and close monitoring. Government investment in health visiting was made as part of the NHS Settlement in the 2011-2015 Spending Review.

3.3 One of the most powerful ways of communicating with NHS commissioners and providers is through the NHS Operating Framework – a high level business planning framework, which helps the service prioritise delivery over the next year.

3.4 This year health visiting was named as a service priority in the NHS Operating Framework and in an NHS Management Letter from the Chief Nursing Officer and the Deputy Chief Executive of the NHS to all NHS Chief Executives in England. The letter set out the growth in workforce numbers needed for each Strategic Health Authority (SHA) to 2015. It also stipulated the increased number of training commissions needed in 2011/12 to remain on track to meet the 2015 target.

3.5 Formal performance management processes have been established to track progress of the health visitor commitment. The Department's Performance Delivery Team (PDT) that sits within the NHS Finance, Performance and Operations Directorate (NHS FP&O) will monitor performance to deliver 4,200 additional health visitors by April 2015, by holding SHAs to account against the requirements outlined in the NHS Operating Framework until responsibilities are formally handed over to new organisations.

The Health Visitor Programme Implementation Team

3.6 The Programme Implementation Team was established this year as the outward-facing arm of the Health Visitor Programme, which leads a network of critical stakeholders including senior Departmental officers, clinical and SHA leads, PCT managers, Early Implementation Site leads and professional bodies with a specific interest in health visiting or linked via a mutual interest in early years and child health outcomes.

3.7 Using change and improvement management methodology, the team design and deliver bespoke support packages. It also provides delivery assurance, professional coaching, mentoring and encourages supervised peer learning and sharing of innovative practice.



Growing the service

3.8 The Government's commitment is to increase the number of health visitors by 4,200 by April 2015, against a May 2010 baseline of 8,092 full time equivalent posts. The vast majority of this will growth stem from delivering an increase in the number of health visitor training commissions.

3.9 The NHS has made good progress so far this year, with over The number of planned commissions in place for 2011/12 has

trebled since the 2010/11 financial year. Presently, there are over 500 newly qualified health visitors who have just completed their training and are entering the workforce, and we have sought and received assurances that jobs will be available, with health communities using the significant investment in this area to ensure there are sufficient posts and beginning to make a real difference on the ground.

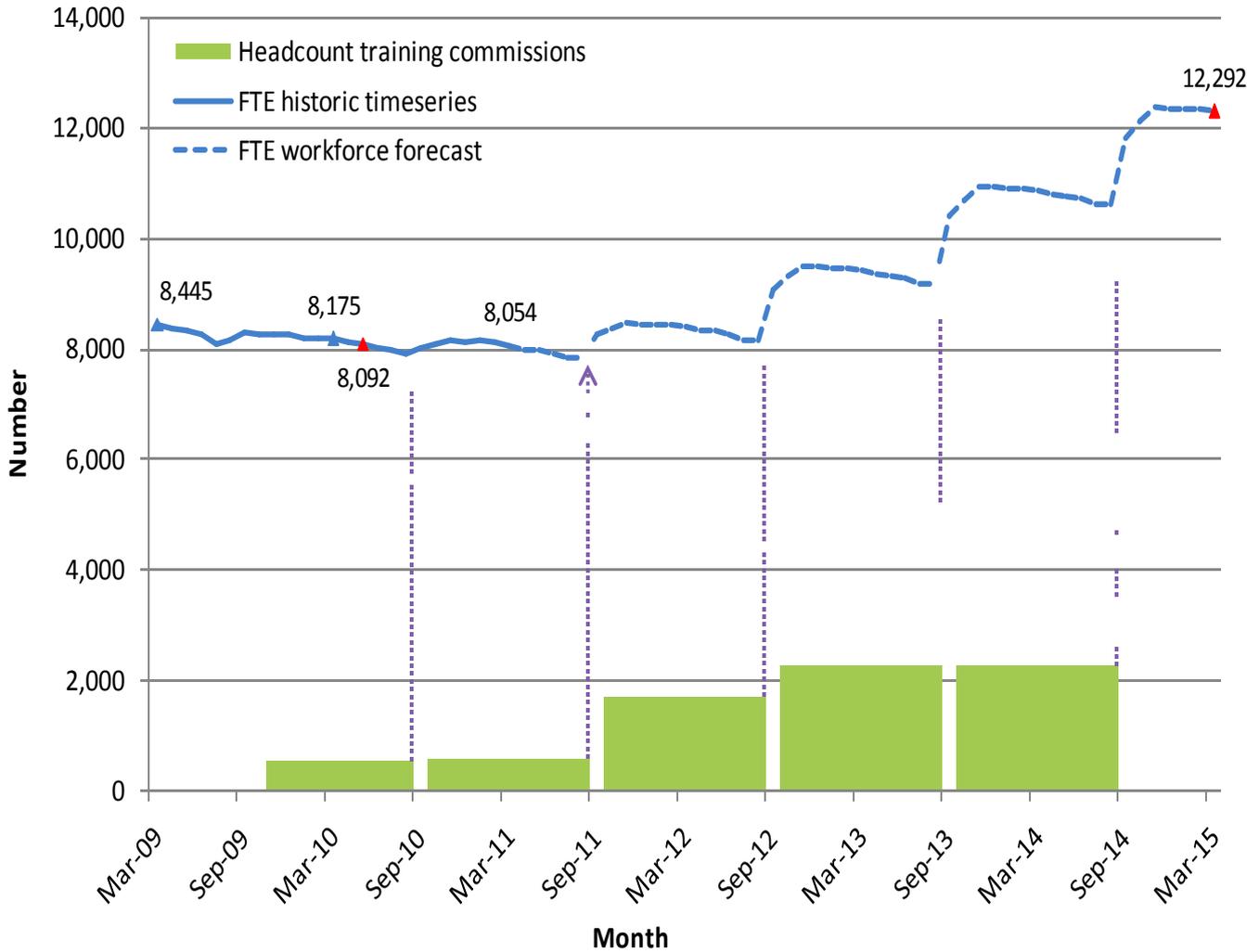
3.10 The Department launched a recruitment drive in late March, however, such is the scale of the challenge and timing in terms of the output of nurses going through health visitor training, we do not expect to see a really significant rise in numbers of health visitors in post until autumn 2012, when the 2011/12 cohort of nurses complete their training.

3.11 We will be monitoring key data returns from the service, for example on numbers, training commissions and fill rates to assess delivery against trajectory and overall performance in delivering the programme.

3.12 We have developed an "indicative" trajectory to reflect the expected change in the workforce through to 2015 (shown on the next page). This national trajectory will be reviewed annually and we are currently working with each SHA to establish local trajectories.

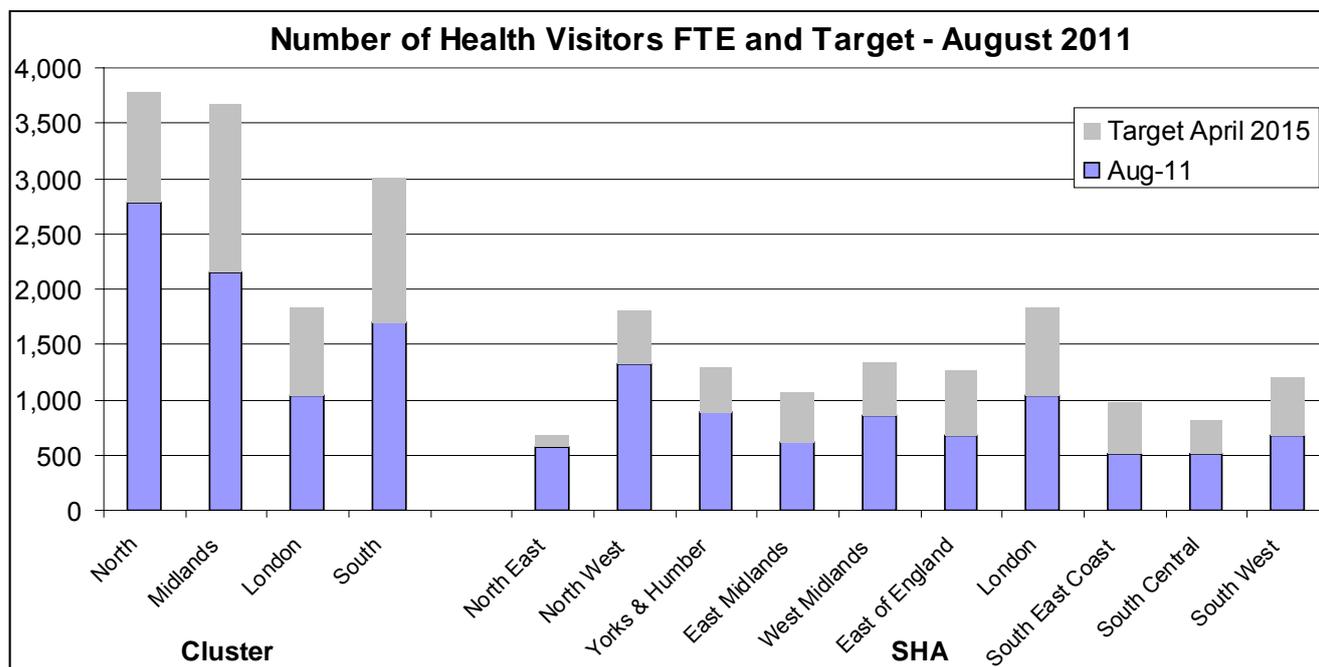
Centrally modelled Health Visitor Monthly Trajectory

Arrows indicate trainees completing courses and entering the workforce



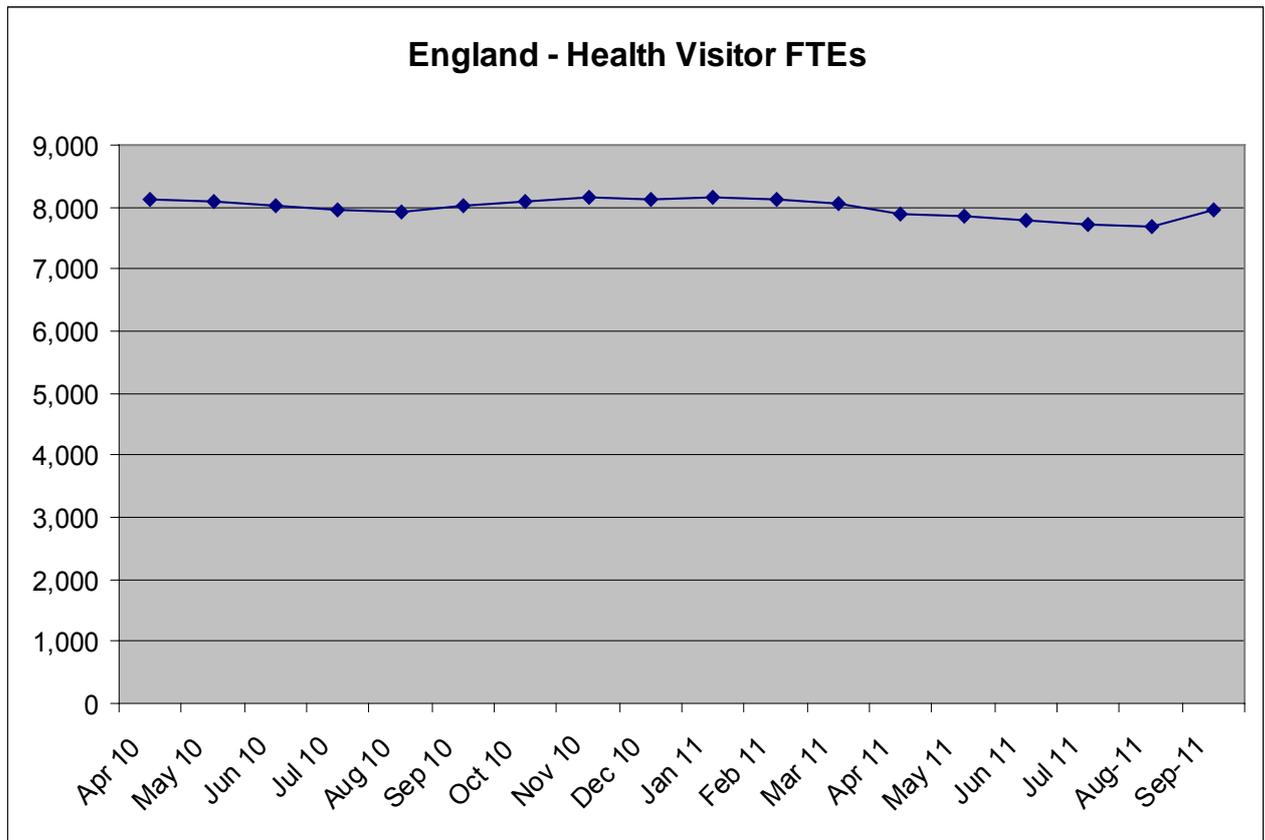
Please note that the trajectory is indicative only and based on central analysis of likely workforce change due to attrition, retirements, new trainees and return to practice initiatives.

Current snapshot of training and service numbers

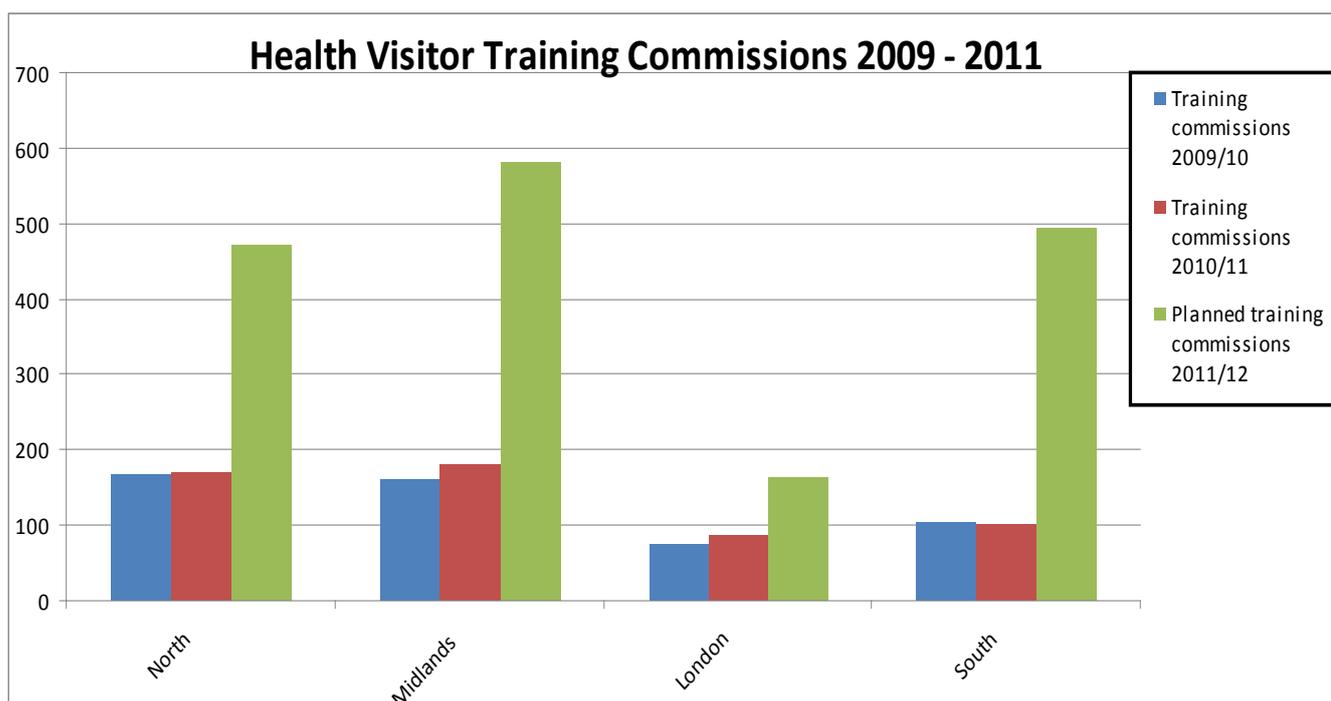


Qualified Health Visitors by SHA full time equivalent

SHA	Sep 09	May 10	May 11	Jun 11	Jul 11	Aug-11	change since May 2010	% change since May 2010
North East	507	481	556	559	565	567	86	17.9%
North West	1,420	1,386	1,354	1,341	1,323	1,321	-65	-4.7%
Yorks & Humber	929	880	888	887	880	888	8	0.9%
East Midlands	642	629	645	644	638	623	-6	-1.0%
West Midlands	901	870	851	850	854	850	-20	-2.3%
East of England	802	812	698	692	682	679	-133	-16.3%
London	1,159	1,151	1,086	1,074	1,048	1,045	-106	-9.2%
South East Coast	572	549	513	515	507	506	-43	-7.9%
South Central	560	539	515	512	513	514	-25	-4.6%
South West	791	795	745	731	704	683	-112	-14.1%
England	8,285	8,092	7,851	7,803	7,714	7,677	-415	-5.1%



There are more than 1,700 training commissions planned for 2011/12, which is more than three times the number of health visitors coming out of training from the 2010/11 academic year.



Making it happen – implementing the new service

3.13 In March this year, we established 20 Early Implementer Sites, which would deliver the full service vision by the end of March 2012, and begin a step-change in the way health visiting services were provided across the country. Each Site has teams with strong clinical leaders, strong local partnerships and health visitors who are passionate about delivering the best for local families and communities.

3.14 As part of implementing the new service, sites have focussed on the transition to parenthood and improving uptake/effectiveness of the Healthy Child Programme review at 2 to 2 ½ yrs, reflecting wider government priorities. The sites are also testing and piloting a range of things including the Build Community Capacity training module in preparation for national rollout in January 2012. Six more sites have recently joined the programme.

3.15 This year the FNP National Unit is working with 23 of the Early Implementer Sites, and two other Family Nurse Partnership sites to strengthen local delivery of the Healthy Child Programme. As the universal public health programme for children, delivering the Healthy Child Programme largely defines the health visitor's role, developing the role of an "applied clinical leader" for the Healthy Child Programme is an important step in enhancing local coverage and quality.

3.16 The two case studies enclosed at Annex 2 illustrate just some of the important and innovative work the Early Implementers have taken forward this year. They have not only focussed on providing a new service model but have also tested new ways of working in order that that learning can be shared nationally.

3.17 The table at annex 2 below sets out the range of Healthy Child Programme Development Programme project outlines currently underway in EIS our sites.

3.18 The Department has worked closely with the Department for Education this year to ensure policy and plans are aligned to allow front-line services to maximise opportunities that an expanded health visitor workforce will bring to improve services for families with babies and young children and health outcomes. In July, we

jointly published *Supporting Families in the Foundation Years*, which set out the Government's vision for the services which should be available to families from pregnancy to age 5 and the reforms being put in place to ensure that all children receive the best start in life.

3.19 At the Community Practice Health Visitor Association (CPHVA) conference this October, Public Health Minister, Anne Milton, launched the 'Preparing for Birth and Beyond' resource pack. This online pack draws on the evidence and learning from the Family Nurse Partnership programme. It is for health visitors, midwives and children centre staff and it aims to help practitioners run antenatal groups in the community, which support the emotional and relationship aspects of becoming a parent (for both mothers and fathers).

3.20 In partnership with ChiMat Public Health Observatory we launched the PREview tools to help commissioners and professionals find out where to target their preventive resources and efforts in early life according to children's expected outcomes at 5 years.

Mobilising the profession and partnership

3.21 Clinical and professional leads of the Programme have undertaken extensive engagement with practitioners, leaders and partners and we estimate at least 2000 professionals have been directly engaged to date.

3.22 We have raised the profile of the profession, the Government's commitment and service vision, through publicity relating to Early Implementer Site launch and recruitment as well as working with professional journals to disseminate key messages about the importance of health visiting in preventing poor health and outcomes for children and parents.

3.23 We have achieved a greater breadth and depth of engagement with practitioners, training bodies, service providers and commissioners by running several outward facing events and gaining exposure in relevant trade press.

3.24 Key partners to the Programme, the CPHVA worked with us to run road-shows around the country to raise awareness of the new service model among the health visitor profession. A further round of road-shows focusing on 'Changing Practice and Sharing Best Practice' are scheduled to take place between February – March 2012.

3.25 Visits were made to all SHAs by the Health Visitor Programme team to discuss plans and offer assistance/learning to help them meet required growth and service transformation.

3.26 Three 'Call to Action' events were hosted with the NHS Institute to focus on accelerated solutions and to develop local actions for key aims. The events were highly successful and the Programme team has held a further session with a larger practitioner group this autumn.

3.27 Engagement continues with the Programme's Stakeholder Forum, with two meetings this year and regular updating newsletters. The Forum consists of a wide range of stakeholders, including professional and parents groups who engage with programme.

3.28 A programme of stakeholder activity has run throughout the year, including Public Health Minister, Anne Milton, and Deputy Chief Nursing Officer, Viv Bennett, conducting two live webchats with stakeholders NetMums and Nursing Times. This activity was part of a concerted drive to engage with service users and the sector to raise the profile of the profession and the Government's ambition to grow the workforce.

3.29 The Building Community Capacity (BCC) programme was designed and delivered by Northumbria University in March 2011. The programme has been developed as blended work-based learning to support practitioners in revisiting public health practice and re-establishing skills and opportunities that help sustain and build capacity within families, communities and local populations. A Pilot of the programme commenced in 20 Early Implementer (EIS) sites in July 2011, with initial Pilot Projects identified in August. The Health Visitor Programme Board has agreed process for national roll-out of the BCC programme and it is planned that the wider health visiting and school nurse workforce will have access to the BCC Programme commencing January 2012. As of

April 2012, a quarterly progress report on the extent of coverage and the number of community projects underway will be produced.

3.30 Scoping of leadership opportunities and programmes has been completed for each SHA and National Leadership Council work on leadership competencies and fellowships has been integrated into this work. Leadership elements are also included in the Healthy Child Programme e-Learning application and as part of the Early Implementer Site support package.

Supporting high quality professional practice for effective health visiting and clinical supervision

3.31 The model of health visiting has been developed as an e-learning module within the Healthy Child Programme e-learning package. The suite of modules was launched by Public Health Minister, Anne Milton, on July 2011 the Royal College of Paediatrics and Child Health, and is accessible to all health visitors working within the NHS. Alternative platforms for accessing the training are being considered to enable wider access to materials.

3.32 A review of Clinical Supervision uptake and models in use was undertaken. Areas of good practice were identified and shared across all of the SHAs with a view to improving clinical support across the service.

3.33 A review of the educational content of Practice Teacher programmes concluded in September this year. Further to the findings from the review, a framework of competencies and expectations will be developed to ensure adequate preparation so current practice teachers understand the changing vision and that the needs of students are linked with the model of practice. An evaluation report outlining the change in educational content will be available in September 2012.

3.34 Two new guidance documents, *Health Visitor Return to Practice Framework* and *Educating Health Visitors for a Transformed Service*, were published to help education providers and commissioners align courses with the new service vision for health visiting, ensuring (by enhancing interpretation of practice),

they support training students, equipping them to be future leaders and proponents of the vision.

3.35 A review of the content of the health visitor higher education programmes in relation to the new service vision took place in September 2011. The findings will inform further discussions with HEIs to ensure alignment of programme and practice application.

3.36 The Nursing and Midwifery Council announced in October 2011 that regulation of the health visitor role is to be positively reformed across the UK as part of a programme of work emphasising the vital role of health visitors and other specialist community public health nurses. The NMC will build on much of the work that has been led by the four UK health departments, including the work of the Health Visitor Programme.

3.37 This October, in partnership with the NMC, we wrote to all registered health visitors, making them aware of the new opportunities for the profession and inviting them to come back to practice if they have left the profession. Over 200 health visitors have contacted NHS Careers and expressed an interest in return to practice training.

3.38 We have also worked closely with NHS Careers, which has recently written to nurses and midwives qualified and registered in 2010/11, telling them about the new health visitor model of service and future career opportunities.

Joint work on training for health visitors and other Sure Start Children's Centre staff

3.39 We are working with the Department for Education on options for joint training between health visitors and children's centre staff. Next steps will include joint work to explore links between health visitor training and the development of children's centre leadership, and use of evidence based approaches by children's centre outreach and family support practitioners.

3.40 Five of the health visitor Early Implementer Sites are working with the Department of Health, the Department for Education and experts in the field to explore the feasibility of an integrated health

and early years review between the ages of 2 to 2 and a half years. The table at Annex 2 has more detail about this project.

Research of learning, development and spreading of good practice

3.41 The Health Visitor Programme has identified and commissioned research projects to support delivery of workforce expansion and new service model. Feasibility work is underway to develop an outcome measure of child development at age two to two and half. In addition, Kings College London, National Nursing Research Unit has been commissioned to carry out three research projects to support the roll-out of the Health Visitor Implementation plan.

Project 1: A synthesis of research about health visiting practice. Approximate time frame, April 2011 – January 2012.

Project 2: Voice of users and service delivery. A review and empirical data to determine the experience of families using the services of Health Visitors to inform service development and commissioning. Approximate time frame April 2011 - September 2012.

Project 3: A scoping review and empirical work re recruitment and retention and preparation for health visiting. Provide evidence on the image of health visiting and factors which might impact upon decisions to stay or join or re-join the profession. Approximate time frame April 2011 - September 2012.

Understanding the opportunities of information technology

3.42 In line with proposals contained in *A Call To Action*, we have begun work to scope the use of information technology and information to improve quality and productivity within services, and to review information technology and information to support knowledge access and choice for families.

3.43 We have worked with the Department's Mobile Health Worker Project (MHWP) to study any health visitor-specific learning stemming from its interim report and we have

commissioned two SHAs to conduct further testing and share findings with the Health Visitor Programme Board in March 2012.

Communications and marketing to support recruitment

3.44 Communication activity supports the programme by motivating and retaining current health visitors, priming the NHS and other stakeholders so they are ready to deliver the new vision, making the public aware of the service, and by promoting the profession as a career of choice for nurses. The Department is leading this work, working with SHAs, arms-length bodies representative and regulators, to ensure that information about the programme is widely shared and understood.

3.45 This year, local NHS organisations and higher education institutions have managed local campaigns to attract students to health visitor training courses and the Department has provided help and guidance to SHAs, including a recruitment toolkit, key messages, research and by securing the support of NHS Careers, and our other stakeholders to promote health visiting as a career.

Evaluation and Learning

3.46 The programme includes work to monitor progress on key deliverables and outcomes, and evaluate effectiveness of key interventions, with an emphasis on rapid learning to shape further development. The programme will also work through equalities implications as part of this.

3.47 On workforce expansion, we will monitor workforce trends and assess the impact of workforce initiatives in order to measure success and cost-effectiveness. This will include work with the Centre for Workforce Intelligence (CfWI).

3.48 It will also be important to review progress through the Public Health Outcomes Framework, in the light of the forthcoming consultation. Implementation plans will be adapted and fine-tuned in the light of emerging evidence to maximise effectiveness.



The Family Nurse Partnership

4.1 When the Government announced its intention to expand the health visitor service, it also committed to important expansion of the Family Nurse Partnership (FNP) programme, promising to double the number of places on the programme to 13,000 by 2015.

4.2 The FNP is an evidence based programme which provides intensive support to the most vulnerable first time young parents who need extra help to give their children the best start in life. The programme is the intensive end of prevention and makes an important contribution to the Healthy Child Programme and the health visitor service model.

4.3 FNP expansion has been successful this year and we expect to have 3,000 new FNP places by the end of 2011/12, a 50% increase on where we were last year.

Working with and learning from the FNP

4.4 This year, the National FNP Unit, based in the Department of Health, has been working with 23 of the health visitor Early Implementer Sites, and two other health visitor services to support local delivery of the Healthy Child Programme (HCP).

4.5 As the universal public health programme for children, delivering the HCP is a central part of a health visitor's role and developing the role of an "applied clinical leader" for the HCP is an important step in enhancing local coverage and quality.

The Programme was shaped with service participants and has three strands:

- 1 Increasing the knowledge and skills that underpin delivery of the Healthy Child Programme e.g. on the neurological development of children; on the technical aspects of delivering the Healthy Child Programme; on the relevant theories and concepts from FNP that can inform the Healthy Child Programme.**

- 2 Support for local leaders to become confident using their new skills and knowledge through undertaking a local change project aimed at improving coverage and quality of either the two to two-and-a-half review or antenatal/early weeks support. These projects aim to provide the foundation for sustainable change and scaling as the workforce grows so that more families and children benefit.**

- 3 Support to build a community of practice for the HCP across EIS sites, sharing learning with one another and across their SHA.**

4.6 There are almost 50 participants in this Programme, sharing residential learning events, workshops and master classes. These provide a varied menu of input and learning methods. For example expert inputs on PREview, the Healthy Child Programme e-learning programme, Preparation for Birth and Beyond resources and the 2 to 2 and a half year review, mixed with more practical opportunities on the local change projects and topic based group discussions, supported by site specific conversations.

The School Nurse Development Programme

5.1 School nurses are also important public health professionals working with older children and young people, their work ensures that the Healthy Child Programme continues beyond 5 years old, right through the developing years to 19, supporting wellness through the life-course.

5.2 This year, the Department has set up a School Nurse Development Programme, providing the opportunity for synergy between the public health input initiated within the early years and provision for school-aged children and young people. This programme of work will support the development of a strengthened and well-equipped school nurse workforce, which will deliver public health and health care support to school-aged children.

The specific aim is to develop a service model for school nurse contribution to:

- child young people and family public health delivery
- educational inclusion through supporting children and young people with long-term conditions or disabilities including mental health problems in both school and community settings.

The programme will:

- increase the focus on school nursing and the health of children and young people 5-19
- provide information for the future Public Health England/local authorities on the contribution of school nurses to both public health and the care and support of children with disability/illness in school.
- raise the profile of school nursing as a career and the profession
- raise the profile and opportunities of the current workforce as leaders, co-ordinators and delivers of public health to children and young people

Working with Sure Start Children's Centres

6.1 Alongside good health, high quality early education is one of the most important determinants of ever child's live chances. In July 2011, the Department for Education and the Department of Health jointly published "*Supporting Families in the Foundation Years*".¹ It set out a joint vision for the services that should be on offer for parents, children and families in the foundation years; and the system needed to make the vision a reality.

6.2 Health visitors can play a critical role in early intervention – identifying vulnerable families and helping them access further support, such as family support delivered through Sure Start Children's Centres or the new early education entitlement for disadvantaged two year olds, to be brought in from September 2013.

6.3 The Government has said that it wants to retain a network of children's centres, accessible to all families but focused on those in greatest need. The Health Visitor Implementation Plan set out how every children's centre should have access to a named health visitor, and have a health visitor on its leadership or management team. Health visitors have unique, professional expertise to:

- Deliver universal child and family health services through children's centres (the Healthy Child Programme).
- Lead health improvement through children's centres on subjects such as healthy eating, accident prevention and emotional wellbeing.
- Help families stay in touch with wider sources of support through children's centres, including from the community and other parents.
- Be leaders of child health locally, including fostering partnership between GPs, midwives and children's centres.

¹ Available at:
<http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/early/a00192398/supporting-families-in-the-foundation-years>

6.4 Over the last year, a number of the Health Visitor Early Implementer Sites have started to test ways to increase integrated working with children's centres, in a way which makes best sense for local commissioners and providers. Examples from Early Implementer Sites include:

- Health visitors using children's centres as a base from which to run drop-in clinics, appointments and developmental reviews – so that families establish a link with their local children's centre early on. And children's centre staff being trained to deliver some parts of the Healthy Child Programme.
- Health visitors asking families to register with their local children's centre, and agree to have information shared.
- Health visitors working through children's centre stay and play sessions to identify children requiring additional support early.
- Health visitors being involved in children's centre advisory boards including alongside local schools.
- Joint home visits to families between health visitors and children's centre outreach workers, with the outreach worker providing further family support where need is identified.
- Joint training events between health visitors and children's centre staff (particularly outreach and family support practitioners) to help build relationships and share expertise e.g. around parenting support.
- Children's centres being used as a project for health visitor Community Capacity Building training modules.
- Public health approaches such as increasing initiation and duration of breast feeding.

6.5 In Medway Health Visitor Early Implementer Site there has been a direct correlation between improved Early Years Foundation Stage profile results and more integrated working between health visitors and children's centres. In Medway in

2005, 35% of children achieved a good level of development in the Early Years Foundation Stage Profile - by 2010 it had risen to 55%.

Support for parents and relationships

6.6 It is acknowledged that sound social and emotional development is crucial to a child's experience as they grow to adulthood. Without that, children will grow up with less ability to form positive relationships and will be less able to understand the emotions of others. They will find it more difficult to develop the resilience to deal with the challenges that life brings.

6.7 Poor parenting and in particular harsh, inconsistent or neglectful actions often lie behind many child behaviour problems, which can last well into adulthood. In addition to increasing the number of health visitors by 4,200, the Government is reforming Sure Start Children's Centres to intervene early to support the needs of the most vulnerable and disadvantaged families, while recognising the value of retaining the national network of children's centres accessible to all families in the wider community. We also want to emphasise the role Sure Start Children's Centres can play in the wider community, working up the age range to support families where it makes sense locally.

6.8 The Government is also providing direct funding to the voluntary sector organisations that people trust to continue to provide services online and over the phone. This can be more convenient for families, and is designed to build parent's confidence in their own abilities to handle times of change, challenge or crisis; and strengthen their parenting skills.

6.9 The strength and stability of adult relationships are vital to the wellbeing of children, and the evidence shows that high quality couple relationships are also critical for the health and life outcomes of adults. Every relationship will experience difficulties, and we know that with the right support many can be resolved: that is why this Government has committed £7.5m per year to funding for relationship support. The Government also plans to work with business and the media to fight the stigma against seeking relationship advice.

6.10 The Department for Education identified over £59m per year in both 2011-12 and 2012-13 to directly fund, at national level, voluntary and community organisations that work with children, young people, parents and families, with a particular emphasis on early intervention and tackling the needs of the most disadvantaged groups.

The Health Visitor Taskforce

The Health Visitor Programme works with a host of delivery partners, stakeholders and organisations. We recognise that strong and visible leadership is absolutely vital if we are to achieve the step-change demanded by the Government's vision and build a sustainable model, which improves services for children, families and their communities.

10.1 Over the summer, we established the Health Visitor Taskforce to champion and provide strategic challenge to the delivery of the Programme.

The purpose of the Taskforce is to:

- champion the vision for the Health Visitor Programme;
- provide strategic challenge and assessment of the Programme against delivery objectives and risks and issues;
- ensure that all contributions from delivery partners and stakeholders necessary for the successful delivery of the Programme are identified and promoted;
- challenge member organisations to support and lead on aspects of delivery through appropriate prioritisation and resourcing;
- promote the learning from Early Implementer Sites to support the delivery of the Programme's objectives.

10.2 The Taskforce met for the first time in July. It has an independent Chair, Dame Elizabeth Fradd, with senior membership drawn from leaders in the field. The Taskforce has already provided invaluable support and insight to the Health Visitor Taskforce and, in the coming year, we plan to work even more closely with members to champion the health visiting service and profession, particularly as 2012 is its 150th anniversary year.

Commissioning pathway and programme accountability to 2015

11.1 The future commissioning route of the health visitor service and the wider children's public health service from pregnancy to 5 was subject to consultation in the Public Health White Paper, 'Healthy lives, healthy people: our strategy for public health in England'.

11.2 In the medium term, the Government is committed to transferring commissioning of children's public health services from pregnancy to 5 to local authorities, however, its view is that the commitment to raise numbers of health visitors by 2015 is best achieved through NHS commissioning and has thus retained its proposal that the NHS Commissioning Board should lead commissioning in this area.

11.3 We wish to engage further on the detail of the proposals, particularly in respect of transition arrangements and the best way to begin to involve local authorities in local commissioning of these services in partnership with the NHS.

11.4 We are currently developing 'building blocks' for effective commissioning of Healthy Child Programme and health visitor services. These will support current and future commissioners in commissioning services which deliver the national service model in ways which address local health needs. Local authorities and Health and Wellbeing boards will be significant partners. We will produce the building blocks commissioning early in the new year.

Next steps

12.1 The Government's commitment on health visiting was repeated in the 2012/13 NHS Operating Framework (published in November 2011):

SHA and PCT clusters should work together to deliver the number of health visitors required as part of the Government commitment to increase the number by 4,200 by April 2015. Commissioners should ensure that new health visitors coming through the expanded training pipeline are effectively supported and deployed. The increased number of health visitors will ensure improved support for families through the delivery of the Healthy Child Programme and the Family Nurse Partnership programme. PCT clusters are expected to maintain existing delivery and continue expansion of the Family Nurse Partnership programme in line with the commitment to double capacity to 13,000 places by April 2015, to improve outcomes for the most vulnerable first time teenage mothers and their children.

12.2 Our Performance Delivery Team (PDT) will monitor performance as part of monthly discussions with SHAs, with performance also discussed at the monthly NHS Operations Board where outlying organisations/ underperformance will trigger proportional action. These discussions will feed into a series of quarterly reviews with a 'case conference' approach across the Department where representatives from key programmes: finance, performance, workforce, QIPP, informatics, provider and commissioner development will discuss SHA performance as part of a wider picture.

12.3 Formal performance management as set out above is supplemented by intelligence gathered at a range of interfaces between the Programme Team and colleagues in the service. For example, there is monthly engagement with SHAs and Early Implementer Sites in a joint forum. Elsewhere, the programme team conduct assurance visits and feedback high-level intelligence to policy colleagues ensuring that progress is linked with broader strategic objectives in relation to the foundation years agenda.

12.4 The **establishment of PCT Cluster Nurse Directors** presented an early opportunity to restate the Government's ambition on health visiting within the context of new cluster arrangements, which will continue until 2013, to this important new network of Nursing Directors.

12.5 Alongside this, the Department has developed a marketing recruitment strategy, which covers the remaining years of the programme, and provides a framework for national recruitment activity. This activity will continue up to 2014, and will work alongside local recruitment initiatives.

We are working with SHAs on key projects concerning:

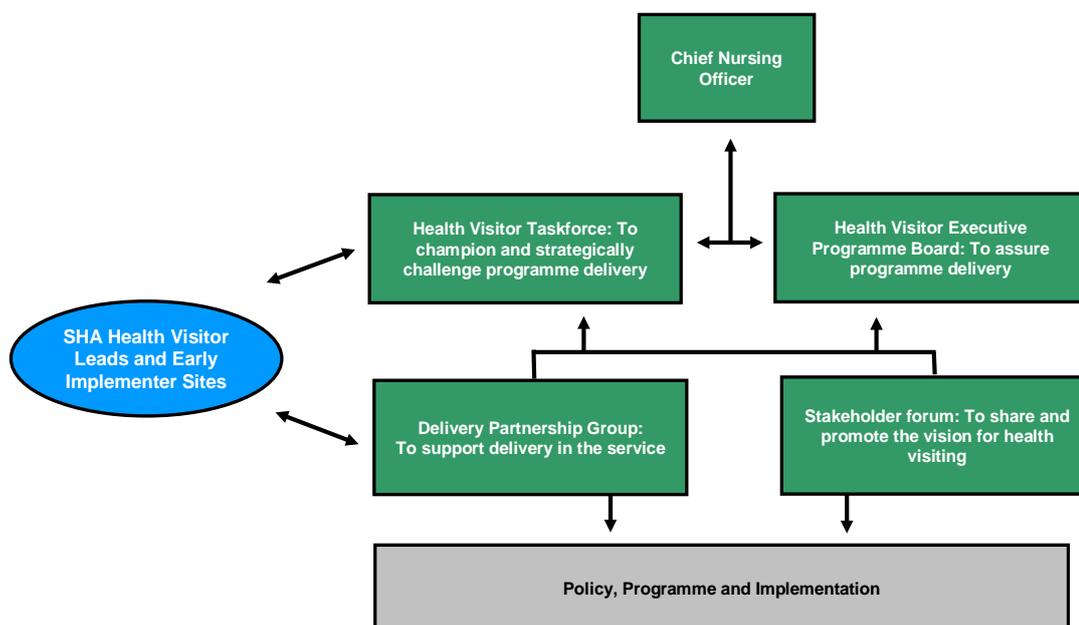
- Tools, frameworks and guidance
- Listening to the voice of the family
- Use of technology to enhance quality, productivity and prevention in health visiting services
- Supporting commissioning
- Peer review
- Case studies

projects will be completed by April 2012 and the we will issue summary findings and learning in our next Programme quarterly report.

Programme governance and accountability

13.1 The diagrams below set out how business is managed in the Health Visitor Programme, the accountability structure, and how issues and risks are escalated through the Programme Board upwards to the Chief Nursing Officer, the NHS Operations Board and the Cabinet Office.

Delivering the vision – High level governance structure

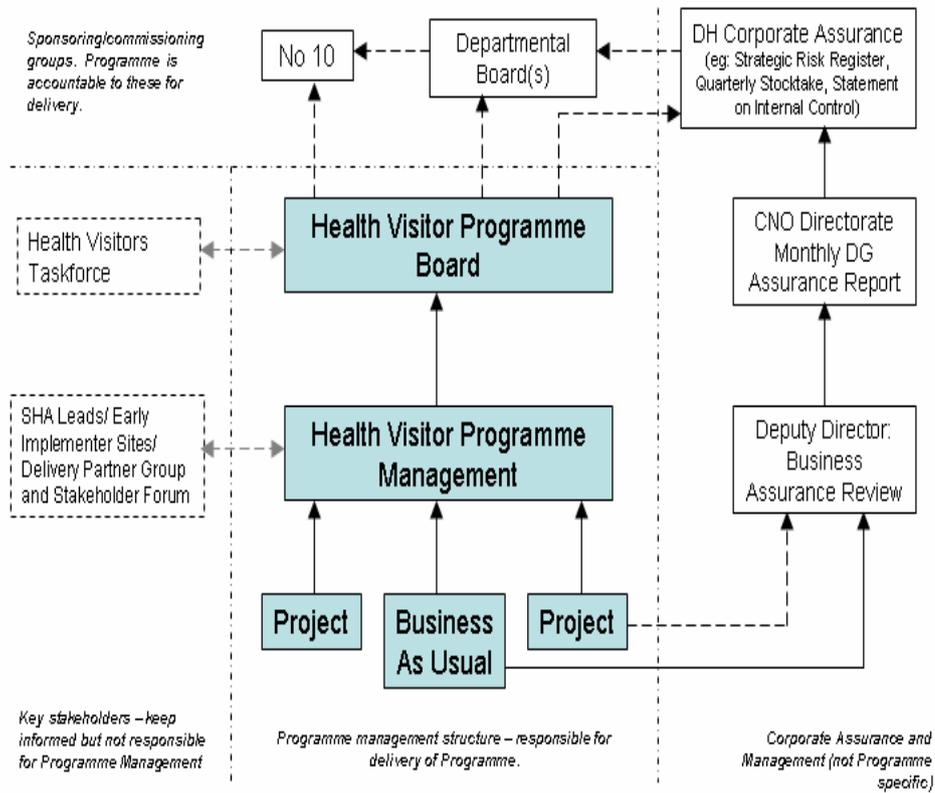


24 August, 2011

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Programme governance is reviewed regularly to ensure it continues to be fit for purpose.

Health Visitor Programme Escalation Hierarchy



Annex 1: Programme Plan

This annex sets out progress against the high-level programme plan for the Health Visiting Programme, which was contained in the Health Visitor Implementation Plan – *A Call to Action: 2011-15*.

The programme plan describes how, and when, the Department of Health (DH) and its key partners will deliver the activities required to achieve the overall programme objectives.

Full plans running up to 2013 year end (March 2013) are still in development.

However, we have included here some key deliverables for each of the workstreams moving forward. More detailed plans will be published as part of the quarterly reporting process running until 2015.

1. Growing the workforce

Primary delivery partners: DH (Workforce Directorate, Centre for Workforce Intelligence (CfWI)), DfE, SHAs, PCTs, NMC, Higher Education Institutions - through the Council of Deans and the NHS Information Centre

Objectives:

- Ensure workforce planning, training and education, and recruitment and retention initiatives are in place to deliver 4,200 extra health visitors
- Deliverables from Implementation Plan:
- Confirmation of baseline number of health visitors
- Demographic and geographical analysis to establish location and population need and match with trainees and training places
- Robust data collection system for health visitors, in order to measure progress towards an increased workforce across Local Authorities and the NHS
- Delivery of retention initiatives to retain the current health visitor workforce
- Delivery of recruitment initiatives to drive the increase in the number of health visitors
- Increased training places and flexible training options

Activities	Start	End	Progress
1.1 Baseline number of health visitors			
i. Conduct analysis of health visitor workforce (profile, age, location)	Complete		
ii. Establish baseline number of health visitors from which to chart progress	Dec 2010	Feb 2011	Complete
1.2 Demographic and geographical analysis			
i. Demographic and geographical mapping/audit of health visitors to establish location and population need and match with trainees and training places	Dec 2010	Feb 2011	Complete
1.3 Data collection system			
i. Establish robust data collection for health visitor numbers in NHS, Local Authorities, and over transitional period to new system architecture	Jan 2011	Mar 2011	Complete
1.4 Retention initiatives			
i. Investigate flexible retirement packages	Dec 2010	Jun 2011	Complete
ii. Gather evidence about what health visitors dislike about their role and any productivity measures that may change this, e.g. use of laptops, mobile phones and working practices	Jan 2011	Feb 2011	Ongoing
iii. Develop long-term strategies for retention and career progression	Mar 2011	Mar 2012	Ongoing
1.5 Recruitment initiatives			
Return to Practice (RtP)			
i. Develop initiatives and incentives to drive Return to Practice (RtP)	Started	Feb 2011	Complete
ii. Determine and initiate RtP pilot sites	Complete		
iii. Execute RtP pilot	Started	Mar 2011	Complete
iv. Evaluate RtP pilot	Mar 2011	Mar 2011	Complete
v. Make recommendations on which levers the service should use for RtP	Mar 2011	Apr 2011	Complete
vi. Explore potential for existing family and staff nurses to support health visiting and encourage health visiting take up	Jan 2011	Mar 2011	Complete
vii. Work with external partners to design a support package which actively encourages health visiting as a career	Dec 2010	Jun 2011	Complete
1.6 Training places and flexible training options			
i. Parliamentary Under Secretary of State for Public Health meeting with Nursing and Midwifery Council (NMC) to discuss flexible training for health visitors	Complete		

ii. Develop plans to increase health visiting training places	Jan 2011	Mar 2011	Complete
iii. Explore flexible training options with NMC, Council of Deans, Higher Education Institutions and SHA education commissioners	Jan 2011	Mar 2011	Complete
iv. Engagement with programme providers and dissemination of information on flexible arrangements	Jan 2011	Mar 2011	Complete
v. Clarify flexible approaches to practice teaching including additional guidelines for mentors and guidance on practice teacher/mentor ratios	Mar 2011	Jun 2011	Complete
vi. Explore feasibility of conversion courses	Jan 2011	Mar 2011	Complete
vii. Review of the 3 rd part of the register	Announcement 2011	To be advised	Review announced in Oct 2011
viii. Provision of additional advice to support the existing standards to illustrate different programme options to enter the Specialist Community Public Health Nurses part of the register.	Complete		
1.7 Promoting recruitment into deprived areas			
i. Explore training development and recruitment options to attract and support health visitors to work with communities with the greatest needs	Mar 2011	Aug 2011	Complete

Key deliverables identified at December 2012:

- Year on review and sign-off of SHA growth trajectories
- Start of publication of bespoke Minimum Data Set on health visiting
- Consideration of NHS staff survey results each year until Programme end and embedding of learning into Programme activities
- Assisting SHAs in development and set up of health visitor ‘talent pools’
- Roll-out of two year recruitment and marketing campaign designed to raise the profile of health visiting and attract nurses to the profession
- Development of robust plans ensuring smooth transition of NHS education and training responsibilities from SHAs to Health Education England

2. Professional mobilisation

Primary delivery partners: DH, DfE, SHAs, PCTs, NMC

Objectives:

- Engage and re-energise the health visiting profession
- Promote learning and spread of good practice to drive the increase in the number of health visitors
- Update and develop community public health and Big Society competencies

Deliverables in Implementation Plan:

- **Partner analysis** of all groups who are interested and/or will be impacted by the programme
- Design and delivery of **communications and engagement strategy** and plan
- Design and delivery of a **recruitment campaign**
- Promotion of **learning, development and spreading of good practice**
- Design and delivery of **professional development** training, specifically focused on **building community capacity** and specific training in new care
- packages such as CBT and new approaches such as motivational interviewing
- **Leadership development** to support health visitor leaders to manage and support existing health visiting teams, the new workforce and all health visitors be seen as leaders in local communities
- Work on **joint** training between health visitors and other Sure Start Children's Centre staff

Activities	Start	End	Progress
2.1 Partner analysis			
i. Identify partners, i.e organisations/individuals who are interested and/or will be impacted by the programme	Dec 2010	Mar 2011	Complete
2.2 Communications and engagement strategy			
i. Develop narrative around the commitment and the role of the health visitor set within wider early years narrative	Started	Dec 2010	Complete
ii. Design an effective communications and engagement strategy and plan	Jan 2011	Mar 2011	Complete
iii. Deliver communications and engagement	Apr 2011	Dec 2014	Ongoing. For

Health Visitor One Year On Report - 2011/12

strategy and plan			national and local delivery
iv. PS (PH) and CNO to address Unite/ Community Practitioners and Health Visitors Association (CPHVA) conference to articulate the service vision for health visiting and announce new Building Community Capacity training module	Complete		
v. PS (PH) key note speech at the National Child Health Conference for health visitors and children centre staff	Mar 2011	Mar 2011	Complete
vi. Meetings with SHAs and PCTs via CNO and SHA Directors of Nursing and professional networks, CNO business meetings	Started	Mar 2012	Ongoing
vii. Speaking events to health visitors, commissioners, GPs, Directors of Public Health and professional bodies	Started	Mar 2014	Ongoing
viii. Proactive messaging with partners in professional journals and news letters	Started	Mar 2014	Ongoing
2.3 Recruitment campaign			
i. Design a recruitment campaign to drive the increase in the number of health visitors	Jan 2011	Jun 2011	Complete
ii. Deliver recruitment campaign to drive the increase in the number of health visitors	Jul 2011	Dec 2014	Ongoing
2.4 Learning, development and spreading of good practice			
i. Work with SHAs to develop plans for mass mobilisation campaigns in 2011/12	Jan 2011	Mar 2011	Complete
ii. Identify the tools that will be required locally to support sharing and learning on how to deliver mass mobilisation	Feb 2011	Mar 2011	Complete
iii. Create tools and materials that can be used locally to support sharing and learning on how to deliver mass mobilisation	Apr 2011	Jun 2011	Complete
iv. SHAs to deliver local mass mobilisation campaigns with DH support	Apr 2011	Mar 2012	Ongoing
v. Identify learning from Family Nurse Partnership (FNP) and other evidence based programmes and agree a development and implementation programme. This is the HCP development programme which is taking place with 18 EIS sites who joined the programme in June 2011. This programme focuses on	Apr 2011	Mar 2012	Ongoing

implementing local changes that strengthen the HCP particularly uptake of the 2-2.5 Year Review and preparing mothers and fathers for parenthood. It comprises a programme of events, learning, tools, personalised support and networking to develop knowledge and skills in relation to the HCP, early childhood development, FNP methods and effective change.			
vi. Identify learning from research underpinning the Healthy Child Programme (Pregnancy and the first five years of life) this is part of EIS HCP programme	Apr 2011	Mar 2012	Ongoing
vii. Deliver the development programme, alongside FNP expansion, to embed evidence based methods and tools within health visitors using effective and sustainable change methodologies see response to v above	Apr 2012	Apr 2015	Ongoing
2.5 Professional development			
i. Share new service vision and develop a module for health visitors in practice and those in education to refresh/provide skills in building and utilising community capacity	Dec 2010	Feb 2011	Complete
ii. Roll out of access to building community capacity training module for all health visitors	Feb 2011	Sep 2011	Complete
iii. Revisit supervision model	Mar 2011	Sep 2011	Complete
2.6 Leadership development			
i. Develop health visitor leaders to support and manage new workforce	Apr 2011	Apr 2015	Ongoing
ii. Identify opportunities for joint training between health visitors and Sure Start Children's Centres staff	Mar 2011	Sept 2011	Ongoing

Key deliverables identified at December 2012

- **By end of January 2012, ensure HEIs are ready to deliver the Building Community Capacity Programme and ensure all health visitors have access to it by end of March 2015.**
- **Career framework for health visitors to be published by June 2012.**
- **Midwifery to school nursing and health visiting to school nursing care pathways for practitioners to be published in February 2012.**
- **Review the models of service and practice for health visiting, to ensure that these staff are properly equipped to identify and help parents, infants, children and young people who need support with their emotional or mental health.**

- **Develop opportunities for health visitors to provide support to families when they suspect violence against women or children may be a factor. Embed by 2015. Ensure that health visitors can easily be signposted to information and web-based training on violence against women and children as it is developed by the Department of Health.**

3. Aligning the delivery systems

Primary delivery partners: DH, DfE, SHAs, PCTs,

Objectives:

- Develop the service vision and new model for health visiting services
- Ensure development of commissioning framework, outcome measures, health premium and drivers for improvement
- Align the service vision and model for health visiting services with Sure Start Children’s Centres, early years and early intervention services
- Confirm DH, SHA, PCT capacity is in place for 2011/12 to deliver workforce growth and promote service transformation
- Work with and through SHAs to design and execute the delivery approach for 2011/12
- Design and support the transition to a new delivery model for 2012/13 – 2014/15 to align with emerging system architecture and responsibilities for commissioning

Deliverables:

- A **service vision and model** and **service offer to families** for health visiting services the delivers the Healthy Child Programme and is aligned with Sure Start Children’s Centres, FNP early years and early intervention services
- A **commissioning framework** on which to develop local commissioning specifications
- **Outcome measures**, in order to measure the impact of the increase in health visitor capacity
- **Implementation system and support** for SHAs and PCTs in 2011/12 to support the achievement of the commitment at regional and local levels
- Design and transition to a new delivery model to align with emerging system architecture and responsibilities for commissioning

Activities	Start	End	Progress
3.1 Service vision and model and service offer for families	Complete		
i. Design service vision and model for health visiting	Complete		

Health Visitor One Year On Report - 2011/12

services in England			
ii. Launch service vision and model at Community Practitioners and Health Visitors Association (CPHVA) conference	Complete		
iii. Set the health visiting vision within wider early years and early intervention strategies	Complete		
3.2 Commissioning Framework			
i. Embed health visitor provision in the Operating Framework for 2011/12	Started	Dec 2010	Complete
ii. Develop an overarching commissioning framework on which to develop local commissioning specifications	Jan 2011	Mar 2011	Subject to project exception – completion date now March 2012
iii. Explore how health premium can be used to drive improved commissioning for children and families during transition, and other incentives	Mar 2012	Mar 2013	Ongoing
3.3 Outcome measures			
i. Develop outcome measures in the light of Public Health England Outcomes Framework consultation.	Jan 2011	Oct 2011	Complete
ii. Develop indicators and outcome measures in respect of early years services	Jan 2011	Oct 2011	Complete
3.4 Implementation			
i. Identify delivery leads	Jan 2011	Feb 2011	Complete
ii. Develop local service and workforce implementation plans	Jan 2011	Feb 2011	Complete
iii. Ensure aligned training plans	Jan 2011	Mar 2011	Complete
iv. Assurance review of local implementation plans	Mar 2011	Apr/May 2011	Complete
v. Deliver local implementation plans for year one	Apr 2011	Mar 2012	Ongoing
vi. Ensure health visiting is covered by transition planning in 2011/12	Apr 2011	Mar 2012	Ongoing
vii. Capture and report robust information, e.g. on attrition, training places	Apr 2011	Mar 2012	Ongoing
viii. Monitor progress and adapt plans as necessary	Apr 2011	Mar 2012	Ongoing
ix. Develop national implementation plan for 2012/13	Aug 2011	Mar 2012	Ongoing
3.5 Transition to a new delivery model			
i. Work with NHS delivery, Primary Care and Public Health colleagues to determine the most effective future commissioning route	Apr 2011	Mar 2013	Ongoing
ii. Develop a transition plan for 2012/13 to 2014/15 that	Apr 2011	Sep 2011	Complete

aligns with developments in system architecture			
iii. Ensure positive correlation between workforce growth and population need	Apr 2011	Mar 2013	Ongoing
3.6 Future proofing and sustainability			
i. Implementation and policy review including risk and impact assessment	Sept 2013	Mar 2014	To commence in 2013
ii. Development of metrics relating to user and staff experience	Sept 2013	March 2014	Not commenced
3.7 Contributing to wider early years and family programmes			
i. Contribute to work with the Department for Education and others to respond to the Field, Allen, Tickell and Munro reviews, ensuring that the Health Visitor Programme contributes strongly to wider policy and service development in support of children, families and communities	Jan 2011	Apr 2011	Complete Close work with Department for Education and other Government departments regarding the foundation years is ongoing.

Key deliverables identified at December 2012

- Letter to NHS Chief Executives in February 2012, reiterating requirements set out in the 2012/13 NHS Operating Framework
- Ensure continued roll-out of the health visitor service model via first and second cohorts of Early Implementer Sites.
- Design of and transition to a new delivery model which aligns with emerging system architecture and commissioning responsibilities, including instruction in the Operating Framework 2012 and guidance contained in the NHS Mandate and S7A Agreement.
- Work with developing SHA and PCT cluster arrangements to ensure grip on expansion and continued implementation of service vision across England.
- Continue to explore opportunities presented by close local working between children's centres and health visitor teams.
- Complete development of commissioning framework on which to develop local commissioning specifications.
- Develop outcome measures (in light of Public Health Outcomes Framework) to chart the impact of increased capacity of the health visitor workforce, including the impact on health inequalities.

- **Conduct a full equality impact assessment of the Health Visitor Programme.**
- **Test the impact of use of new mobile technologies on the health visitor service in two pilot sites with findings available by April 2012.**
- **Production of quarterly progress reports for publication, in line with the Department of Health's Structural Reform Plan.**
- **Map new providers of health visitor services and develop robust lines of communication with them.**
- **Work with regulators, Monitor and the Care Quality Commission, to ensure Programme alignment with provider regulation.**

Annex 2: Healthy Child Programme Development Programme Outlines

EIS	Title	Key Aspects
Focus on Antenatal Contact		
Sirona (Bath and NE Somerset)	Refreshing the maternity care pathway- strengthening the HV and MW contribution	Pregnancy contact at 28 wks first time mothers – formulate content, pre and post trial in pilot area - questionnaires to clients
Buckinghamshire	Buckinghamshire Antenatal Contact	Targeted pregnancy contact to vulnerable women by 28 wks. Introduce Family Health Needs Assessment tool. Pilot in 2 bases
Blackpool	Early contact, massive benefits	All families receive antenatal content at 24-28 wks from HV with standardised content. Pilot with 4 HVs
Warwickshire	Antenatal Promotional Interviews – making a difference	Increase number of women receiving antenatal Promotional Interview. Create an audit tool, improve pathways with 3 maternity providers. Develop a Partnership Agreement.
Stoke on Trent	Evaluate the PBB tool for antenatal contact – increase antenatal contacts in pilot area	Develop, implement and evaluate antenatal contact for all women 28-34 weeks by member of HV service. 8 wk trial – invitation by letter – assess uptake by data and client questionnaire
East Coast (Gt Yarmouth & Waveney)	Babies Cannot Wait	Antenatal contact for all families within 2 team areas. Project includes data collection, supervision, training
Norfolk	Babies Can't Wait	Increase coverage of antenatal contact. Standard in place – to be reviewed. Project includes all HVs and students. Training from local HEI. Pre and post questionnaire and data to assess impact
Southern Health (Hampshire)	Universal Antenatal Contact 28-30 weeks in pilot site	Increase uptake of antenatal contact at 28-30 wks, initially focused in a pilot area, measured by data and pre/post questionnaire
South Tyne and Wear	Delivery of antenatal contact using PBB tools in South Tyneside	Introduce antenatal contact for all pregnant women. Trial in one team. Review current practice, knowledge. Introduce and train for Promotional Interviews.
Wye Valley	Journey to Parenthood	HVs offer antenatal contact to all pregnant women 28-34 weeks. Pilot will target first time mothers in small area to be agreed. Identify content of contact, training, evaluation, review
Doncaster	Antenatal Provision	Improve coverage of antenatal contact through group approach. Pilot in two

Health Visitor One Year On Report - 2011/12

		areas. Undertake client needs analysis. Agree content using PBB, skills practice
Wirral	Universal Antenatal contact	Improve the antenatal offer to families through contact at 28-36 wks
Whittington (Islington and Haringey)	Antenatal Contact	Improve uptake of antenatal support, improving transition from MW to HV. Pilot Promotional Interviews targeted to a specific population in a defined area. Review, engagement, agree tools
East Sussex	Good Start Programme	Mixed approach: antenatal contact at 21-16 wks with follow up multi agency team support, in-reach to children's centre. PBB group for first time mothers in a given area
Brighton & Hove	Refocusing health visiting to the antenatal period	Targeted home visit by HV before 29wks to first time mothers identified by MW
Bridgewater (ALW) – non EI	Getting to know your baby	Pilot with student HVs to deliver universal antenatal contact in a small pilot area. Train staff if required. Evaluate.
Nottingham – non EI	Introducing antenatal contacts	Targeted antenatal contacts to first time mothers using a validated tool. Pilot in 2 teams.
Focus on 2 – 2.5 Year Reviews		
Hillingdon	Increasing coverage of 2-2.5 Reviews 2012-13	Improve uptake - move from opt in to opt out model. Review content (and with families). Look at data quality issues, competency audit, training in ASQ and Motivational Interviewing. Pilot in 2 contrasting sites
Medway	2-2.5 year Review	Develop a consistent approach to assessing and supporting child development. Limited pilot to trial process, location, ASQ, training, feedback.
Leeds	Pause at 2	Improve take up (coverage) of 2yr review as part of wider early years service development. Use ASQ and pilot new approach in 2 areas, use pre and post measures to evaluate inc parent satisfaction.
Solent	2-2.5 year Review in Portsmouth	Improve coverage and quality of 2 yr review. Pilot a new approach in a given area. Review appointing system, location for review, train for using ASQ
Derbyshire	Improving the delivery and quality of 2-2.5 year Review	Improve quality of 2yr review – coverage at 90% but some children are entering school with difficulties. Pilot – families in defined area to receive ASQ
Hertfordshire	Standardised evidence base to 2-2.5 Yr review	Improve quality and coverage – review the variety of methods and approaches in use. Introduce ASQ, training. Pilot 2 areas and evaluate
Homerton (Hackney)	Increase coverage of 27 month check in Orthodox Jewish community	Improve coverage of Review in Orthodox Jewish community. Review systems, use of PEDS tool and engagement with the community. Pilot in two teams
Northampton shire	Improving quality in 2-2.5 year Reviews	Staged roll out of ASQ to include training of staff

Annex 3: Early Implementer case studies

Our Early Implementer Sites work in innovative ways to achieve the best possible service for children and families in their communities. Sites have been working with the Health Visitor Programme team to compose case studies that describe how they have designed their teams and services to deliver specific outcomes based on need.

Below are two such case studies, which centre on IT solutions that help support the safeguarding of children and families and the challenge of delivering the full health visitor service model locally.

Doncaster NHS Trust - Using IT Tools to Safeguard Children and their Families

Doncaster NHS Trust uses an IT health record share system called 'SystemOne'. It allows health visitors and other staff to share health records consisting of templates that record health assessment information, health history, relationships, links to other relevant family records, stored scanned documents and letters from other agencies. All health staff can access the system and health records in their caseload and, if a client moves to another area, the record can be shared with the new practitioner. Sharing and accessing of information is immediate, helping practitioners to carry out effective visits and interventions.

Some practitioners currently use 'toughbooks' (small robust laptops) in the client's home so that they can immediately record information onto 'SystemOne', e.g. information about any test results, or from the health record, local children's centres or services in the local area.

A health visitor's account of using IT tools to safeguard a family

A health visitor was able to use SystemOne as an assistive tool to gather, analyse and share information on a family consisting of a mother, her partner, and her three children whom had recently moved into the area.

Challenges encountered

During a routine introductory visit, the health visitor was able to establish that the mother had mental health issues and felt very isolated as her partner was often away from home and spent long hours working. The family had a new baby and although the mother was a second time parent, there had been a gap between her children and subsequently she lacked confidence and had low self-esteem. The mother had also suffered severe postnatal depression following the birth of her first child.

The health visitor also spotted that relevant information concerning all family members needed updating as all three children were listed with different addresses and phone numbers.

Methods used to address the challenges

Because the integrated 0-19 years health team used SystmOne as a shared IT resource, it was possible for the health visitor to read the health history prior to visiting the family. Thus, she had prior knowledge and time to prepare for the specific challenges that the mother and family presented, and was able to work in partnership with the mother to identify these via a health needs assessment. The correct address and telephone numbers for the three children was recorded and reviewed records held on each child.

Information about local children's centres in the area and joint visits with children's centre staff was arranged in order to introduce the family to the centre and other families, reducing isolation within the community.

Highlighted achievements

Through SystmOne, information was readily accessible because of the shared record, so a new health visitor could instantly access the family's health history within the record, be fully prepared at the initial visit and give relevant information to the mother during the visit about services and support that were available in the area. Through the use of SystmOne, when a social worker contacted the team to discuss concerns regarding the family, the health visitor was easily identified as the practitioner working with the family.

The family gained valuable information and support through home visiting and later signposting to the Children's Centre. This increased parental confidence, which in turn benefitted the baby through improved parenting. The mother's self-esteem also improved and her social isolation was reduced.

Benefits gained by the family and staff

Using the assistance of SystmOne the health visitor service was able to improve the mother's interaction with her baby and daughter. The baby's experience also improved through attending activities at the children's centre and baby clinics.

As the family's information was updated this would ensure they received any written information regarding any family member. It would also ensure phone access to the family by anyone able to access SystmOne. The health visitor was able to share with the mother information recorded; care plans developed and seek consent on the information shared.

Staff benefited, as they were able to carry out an immediate risk assessment, which was jointly accessible on SystmOne.

SystmOne has also enabled long-term benefits to be realised by improving the mother's confidence and relationships with the local community and access to local amenities.

An effective IT tool

The shared IT record on SystmOne has been instrumental in meeting the needs of families by providing agile working using tough books and allowing health visitors to access records and information instantly in client's homes and share this across relevant teams. This has enabled the health visiting team to better safeguard and improve health and social care outcomes for children and their families.

The health visitor highlighted in this example had not experienced difficulties with the toughbook in terms of systems access in a client's home. Clients were able to see

the benefits of easy access to information and noted that they appreciated knowing what was recorded, allowing greater transparency and trust in the client/professional relationship.

Contact information

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Brighton and Hove NHS Trust - Providing service delivery to children and families by implementing the new health visitor service model

In Brighton and Hove, a health visitor-led Sure Start Children Centre model has been developed to enable delivery of integrated services to children and families living in defined communities across the city.

The children centre service consists of:

- Integrated children's centre teams led by health visitor managers including health visitors, early years visitors, community nursery nurses, community health nurses and administrators. The teams are based in the larger children's centres or health practices that provide services to one or more children's centre catchment areas. Services are provided via groups and activities in children's centres, or linked sites and through outreach home visiting.
- Service support managers, parental involvement workers and receptionists provide information and involve parents.
- Children's centre nurseries in 'full service offer' (phase one children centres providing nurseries with 8:00am-6:00pm childcare and education in areas with high deprivation). Children's centres – are either Council run or in partnership with another provider e.g. a non-profit making voluntary childcare provider in Conway Court Children's Centre in Hove 'Honeycroft'.

The children's centres offer the following integrated early childhood services:

- Early education and childcare ('full offer' children's centres only)
- Support for childminders (delivered by a citywide team)
- Family support & home visiting
- The Healthy Child Programme delivered by health visitors, midwives and speech & language therapists
- Links with adult education, training and employment to assist parents back to work
- Information services including links with the Family Information Service (FIS)
- Links with: Family Support and Social Care teams, GPs, Early Years Consultants, Child Care Development officers, and Seaside View Child Development Centre.

Purpose of the children's centres

Services for families and children in the city are delivered based on a continuum of need model, which identifies needs and appropriate corresponding services for children and families requiring support.

The Brighton and Hove approach is consistent with the different levels of the new health-visiting model set out in the Health Visitor Action Plan:

- Community- the needs of local communities are understood and directory of services to meet those needs is in place/being constructed
- Universal – delivering the Healthy Child Programme
- Universal plus when families have problems or need support
- Universal partnership plus where families have on-going needs requiring multi-agency support
- Safeguarding children- there are effective partnership arrangements in place

The children's centre team through delivery of the Healthy Child Programme know all children in the catchment area. All children receive a new birth visit, a six-week visit, a contact at twelve weeks and a one-year developmental and family assessment.

All families with additional health and/or social needs receive an enhanced targeted service (ETAR) or Intensive Common Assessment Framework (ICAF) service depending on need and have an individual care plan, overseen and coordinated by a health visitor.

The health visitor teams manage caseloads corporately with all targeted children being allocated to a named individual health visitor.

Challenges in delivering health visitor service vision within children's centres

Addressing and managing identified gaps in delivery when matching up and aligning the children centre model with the new health visitor model. By working on delivery of antenatal assessments for all first time mothers; providing 1:1 contact for all two year olds and their parents/carers; strengthening Universal Partnership plus aspects of the model for children in care and for children in need.

Achievements gained in delivering the Health Visitor service vision within children's centres

- Integrated services for children and families provided in clearly defined communities. With clearly articulated additional citywide support options available when required
- Flexibility and ability to adapt to new national model
- Value for money, transparent effective use of resources, safe evidenced- based health care delivery
- Sustainable, community needs- led service provision

Key Outcomes for children's centres in Brighton and Hove

- Improving readiness for school by ensuring children reach normal levels of development by age 5
- Ensuring children under 5 are healthy and well by implementing the Healthy Child Programme
- Early identification of children at risk and protecting children from harm
- Increasing parenting capacity for families with children under 5 and to help parents become ready for work

Benefits in delivering the health visitor service vision within children's centres

- The benefits are coordinated cost effective services for children and families to support them to reach their potential.
- The integrated health-led children's centre structure provides a sustainable and robust service run by highly qualified staff that are respected and trusted by families and partner agencies alike.
- The service delivery to children and their families using the new HV model has uniquely enabled the following:
 - An integrated line management
 - Health visitor-led children centres
 - Parental inclusion and integrated service delivery
 - Flexibility in the service provided
 - Child and family focused services in community settings

Brighton and Hove are encouraged that the new model is helping to maximise the delivery of health visitor led children centres. A recent OFSTED inspection supported this:

Contact with centre users begins with universal health services and as a result the centre is reaching all its local families.'

In addition, one parent explained: 'Health visitors recognise when you need support before you realise you need it.'

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Annex 4: Delivery Partners

The success of the Programme is dependent on the supportive work of our delivery partners and wider organisations listed below.

Government Departments

Department of Health (DH): responsible for promoting and assuring the successful delivery of the programme working with and through the key delivery partners.

Lead responsibilities within DH rest with:

- The Chief Nursing Officer Directorate Professional Leadership Team, the Health Visitor Programme and the Family Nurse Partnership programme
- Workforce Directorate
- Finance, Performance and Operations Directorate

Department for Education (DfE): responsibilities include Sure Start Children's Centres, foundation years services and safeguarding children.

NHS

Strategic Health Authorities (SHAs): responsible for regional planning and delivery of the commitment to an additional 4,200 health visitors to improve services for families and children and assurance of local PCT plans to deliver growth in headcount numbers.

Primary Care Trusts (PCTs): responsible for commissioning of health visitors to meet the commitment to an additional 4,200 health visitors to improve services for families and children.

Community Service Providers: responsible for the provision of health visiting services.

Local Authorities: Responsibilities include commissioning and provision of Sure Start Children's Centres, other foundation years services, and children's social care.

Regulatory Body

Nursing and Midwifery Council (NMC) – the regulatory body for nurses and midwives. Practice as a health visitor requires registration as a nurse or midwife and on the Specialist Community Public Health Nurse part of the register. As such, the NMC set the standard for entry to the health visitor profession and some educational requirements of the training programme.

Education

Higher Education Institutions – responsible for the provision of education for health visitors.

The Council of Deans - professional body that represents Higher Education Institutions.

Universities UK (UUK) – professional body that represents Higher Education Institutions.

Delivery partners - 2012/13 and beyond

For 2012/13 and beyond, the delivery approach for the programme and partnership arrangements will be developed in the light of the emerging system architecture and responsibilities for commissioning. For example, the Programme will make early links with the Shadow NHS Commissioning Board and Public Health England to ensure a clear and robust delivery model is in place until April 2015.

Wider partners

In addition to those listed above, there are a number of organisations which have an interest in the programme or may become a future delivery partner including:

Association of Directors of Children's Services
Care Quality Commission
Centre for Workforce Intelligence (CfWI)
Faculty of Public Health Medicine
Health Innovation and Education Clusters (HIECs)
Local Government Association
Monitor
NHS Alliance
NHS Confederation
NHS Employers
Queens Nursing Institute
Royal College of General Practitioners
Royal College of Midwives
Royal College of Nursing
Royal College of Paediatrics and Child Health
Sure Start Children's Centres partners
UNISON
UNITE/Community Practitioners and Health Visitors Association (CPHVA)

We have also sought wider involvement from the voluntary and independent sector and from user organisations. If you would like a full list of our current stakeholders, please contact us at healthvisiting@dh.gsi.gov.uk