



***Health Visitor Implementation Plan  
Quarterly Progress Report***

***April 2012***

**DH INFORMATION READER BOX**

<b>Policy</b>	Clinical	Estates
HR / Workforce Management	Commissioner Development	IM & T
Planning / Performance	Provider Development	Finance
	Improvement and Efficiency	Social Care / Partnership Working

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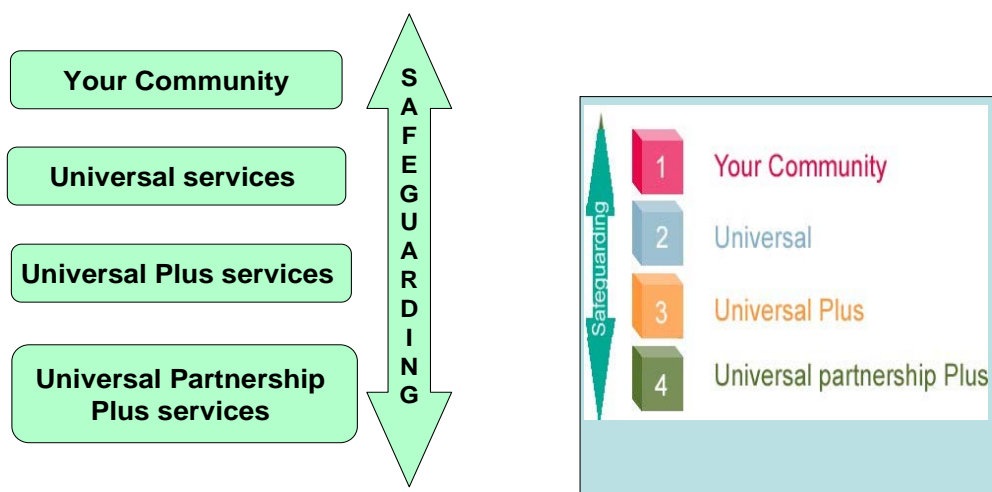
## Introduction

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 it 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.
2. 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.
3. The Department also committed in its Business Plan to publish quarterly progress reports on key areas of the Programme. This report sets out progress in respect of workforce and training growth, professional leadership, service implementation and communications for the period January to April 2012. For more information relating to the Health Visitor Programme, please visit [www.dh.gov.uk/healthvisitors](http://www.dh.gov.uk/healthvisitors)

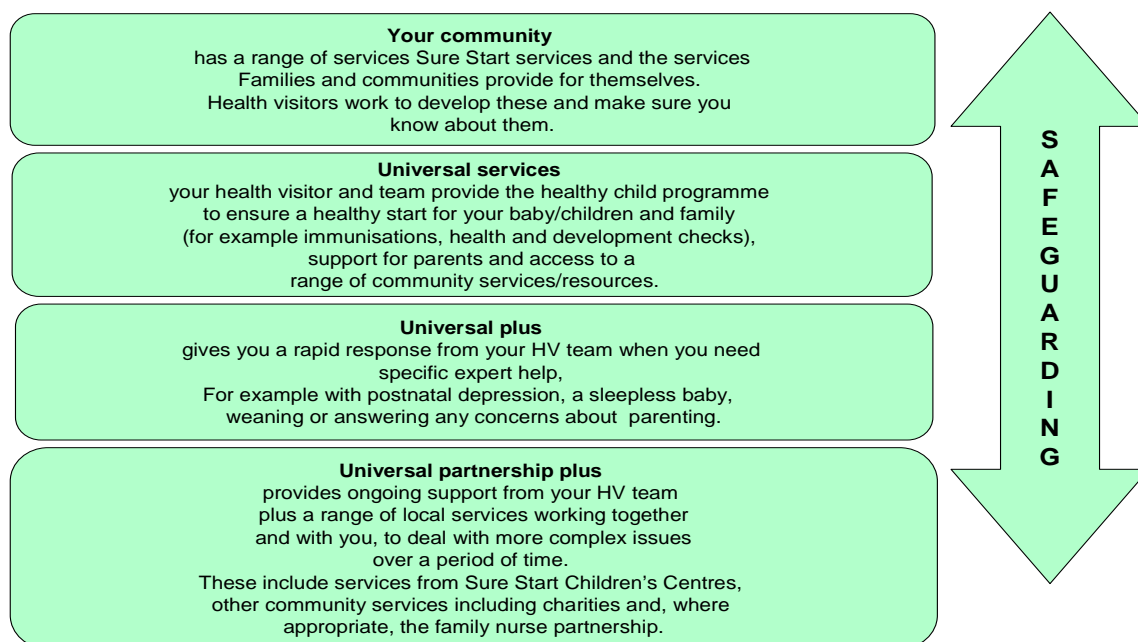
# The health visitor service vision

## Services: Delivering and demonstrating transformed services

Service model being implemented through Early Implementer Sites, support to commissioning, leadership events and professional mobilisation programme.



## The New Service



# Key Programme achievements this quarter

## 1. Mobilising the profession and partnership

1.1 The last quarter of the 2011/12 financial year has seen much activity across the country designed to further roll-out professional understanding and support of the new service model for health visiting. For example:

- Nine Community Practitioner and Health Visitor Association/Department of Health roadshows took place across the country over February and March. These events were aimed at the current health visiting workforce as professional updates and development events. Feedback from the events was positive.
- Seven Royal College of Nursing /Department of Health Career Workshops took place across the country over February and March. The events promoted health visiting as a career option to student and recent graduate nurses. The events were well received and initial expressions of interest in health visiting as a future career were high.
- The Health Visiting Integrated Model - a model that demonstrates the contribution health visitors make to the health and wellbeing of children - was published on the Chief Nursing Officer's website in March 2012.
- Two pathways to support the implementation of the new service model were published by the Health Visiting Programme in March 2012. Pathway 1: Health visiting and midwifery partnership - pregnancy and the early weeks. Pathway 2: Health visiting and school nursing partnership - pathways for supporting children, young people and their families. Both are

designed for professional use to assist partnership working in delivering the new service vision.

- The Building Community Capacity programme was rolled-out by all 10 Strategic Health Authorities (SHAs) in January 2012. The programme has been developed as blended, work-based learning to help practitioners revisit public health practice and re-establish skills that help build and sustain capacity within families, communities and local populations. All current health visitors and school nurses now have the opportunity to complete the programme as part of their personal development.
- A Practice Teacher Framework will be published very shortly. The Practice Teacher role is paramount to ensuring we have adequately and appropriately trained and supported health visitors for the future, and they play a key role in supporting development and transformation within the current workforce. The purpose of the framework is to clarify and strengthen the position of the Practice Teacher within the health visiting workforce and their contribution to delivering the Healthy Child Programme and in supporting the current workforce. It will identify best practice to support the Practice Teacher to ensure they are adequately trained, and details the clinical practice considerations, models of support and the rationale for increasing the numbers of Practice Teachers.
- An attributes tool for use by Higher Education Institutions to assess the suitability of candidates for the health visiting role was published in early March.
- Community of practice networks are being set up in each Strategic Health Authority to develop leadership, peer review, support and sustainability

## **2. Growing the workforce**

### 2010 Baseline and 2015 target

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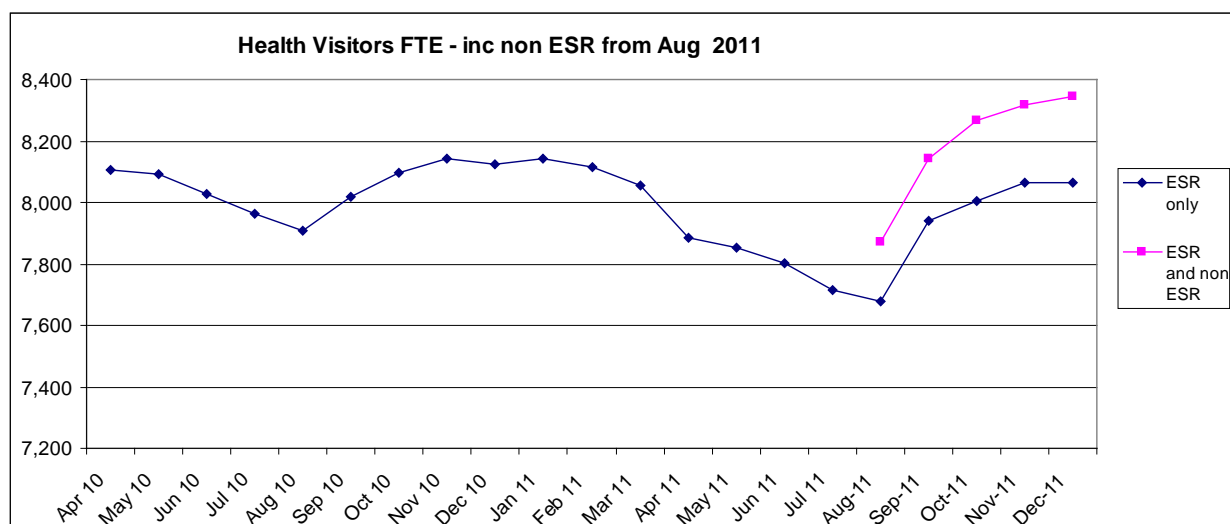
2.1 The baseline for the 4,200 extra full time equivalent (FTE) health visitors is May 2010 when there were 8,092 FTE health visitors. This means the target for April 2015 is 12,292 FTE health visitors.

2.2 The vast majority of the growth will come from delivering an increase in the number of training places and we plan to train over 6,000 new health visitors before 2015. Other methods include improving retention of the current workforce and encouraging ex-health visitors to return to practice.

### Progress to date

2.3 Latest figures (December 2011) show there are 8,065 FTE health visitors recorded on the Electronic Staff Record (ESR). However, this does not show the full picture as SHA returns indicate that there are around a further 281 FTE health visitors not recorded on the Electronic Staff Record e.g. health visitors working in local authorities and some social enterprises. The total is therefore 8,346 FTE.

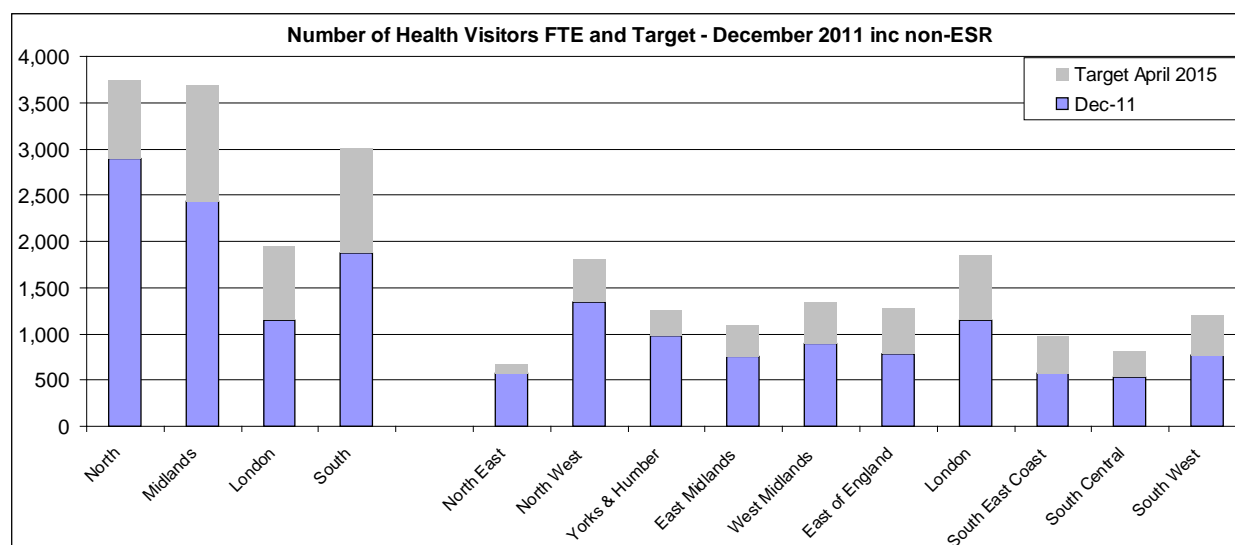
2.4 This is in line with our expectations and now we expect to see a gradual decline in numbers until next autumn when the next cohort of health visiting trainees begins to enter the workforce



Sources: NHS Information Centre and Health Visiting Minimum Data Set.

NB – non ESR data is only available from August 2011

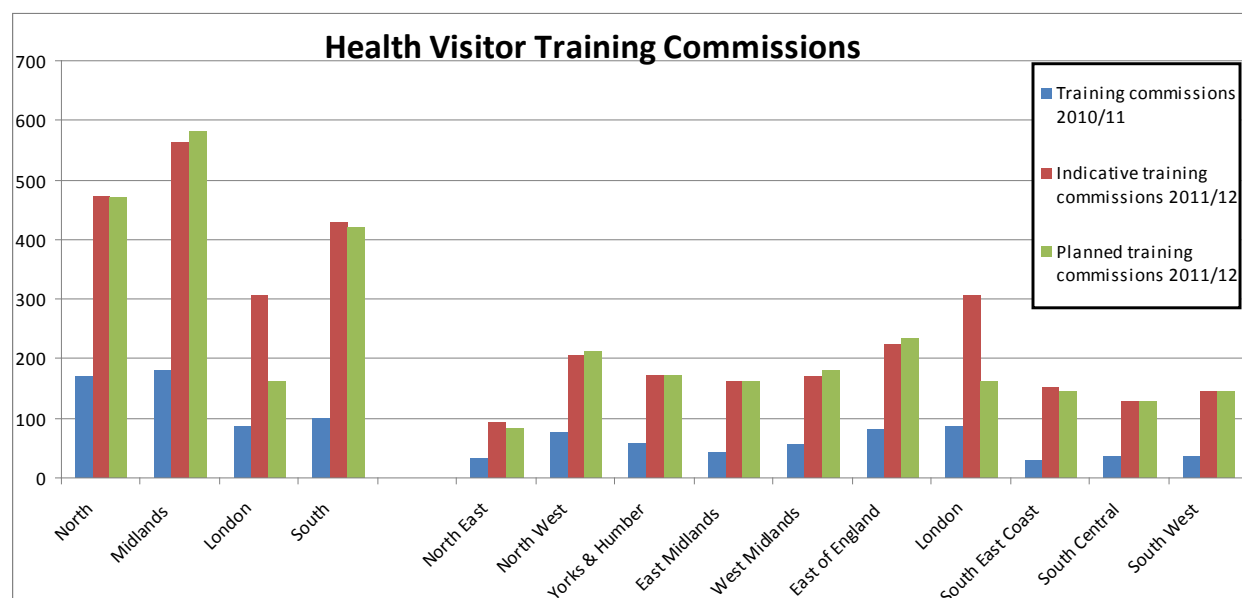
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Source: Health Visiting Minimum Data Set

### Training

2.5 Latest data shows that 1,642 training commissions were planned for 2011/12. This is 134 lower than the indicative number but still more than 3 times the number commissioned in 2010/11. SHAs are expected to make up any training shortfall in year by increasing workforce growth through other routes. Any further shortfall will need to be met by commissioning additional training places in subsequent years.

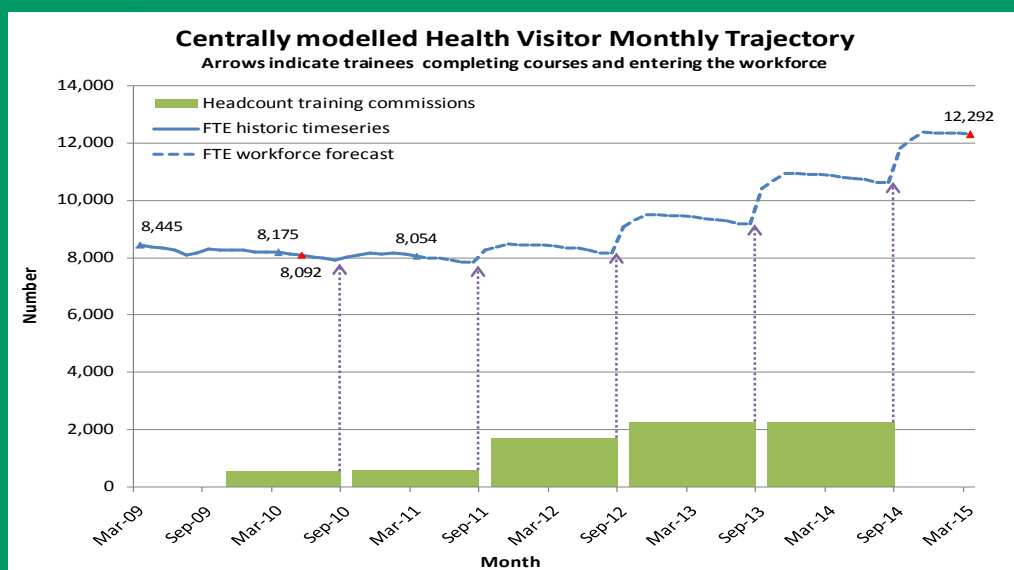


Source: Health Visiting Minimum Data Set



## Latest workforce data and projections

The graph below contains a useful indicative trajectory on expected workforce growth for health visitors to 2015. SHAs have now submitted a three year trajectory and trajectories will be signed off in mid December.



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. The final workforce trajectory will therefore change when SHA trajectories are confirmed. In addition, SHAs are planning further intakes in spring next year.

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## Operating Plans

2.6 SHAs will submit their operating plans for 2012/13 in early April 2012. These plans will include training and workforce trajectories up to 2015 and will form the basis of ongoing performance management.

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.*

2.7 Currently plans are being resubmitted as part of the intergrated planning round 2012-2015. 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.

2.8 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. 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.

2.9 The establishment of Primary Care Trust (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.

### Recruitment and marketing

2.10 Over March and April, the Department is writing to approximately 400,000 nurses currently registered with The Nursing and Midwifery Council. The mailing, branded NHS Careers, will encourage those interested in pursuing a career in health visiting to request further information. This will consist of an information pack and the opportunity to sign-up for an e-Customer Relationship Management programme, including regular health visiting updates via email which will educate both about the role of health visiting, and provide basic information about application such as relevant closing dates.

2.11 Qualitative research is underway with current health visiting students and recently qualified health visitors. This research will provide a better understanding of the customer journey of our target audience such as what motivated them to join the course, become a health visitor and what barriers they encountered along the way. The findings will be used to inform future communications.

2.12 A face-to-face marketing and recruitment campaign has been carried out at key nursing recruitment events across the country and in targeted Higher Education Institutions, aimed at raising awareness of the health visitor profession amongst nurses in practice and study.

2.13 We are supplementing our marketing campaign with the inclusion of information inserts in the national nursing trade press about the health visiting profession. We are also going to run a programme of articles and editorials about the profession, which began with an interview in February with the newly-appointed Director of Nursing for Public Health, Viv Bennett.

2.14 A national survey of nurses in study and practice is being carried out to establish a baseline of understanding about attitudes and awareness of health visitors and their role.

2.15 Strategic Health Authorities are continuing to drive recruitment of health visitors through their local campaigns, including providing career information packs and awareness raising to encourage health visitors to return to practice. For example, in the South Central region, the local Strategic Health Authority has generated a bank of artwork for use by partner organisations. This is an excellent example of minimising costs while keeping a consistent look and feel to their regional campaign.

### 3. Health Visitor Early Implementer Sites

3.1 In March 2011, we established twenty Early Implementer Sites (EIS), which would begin to deliver the full service vision by the end of March 2012, and lead a step-change in the way health visiting services were provided across the country. Each site has

teams with strong clinical leaders, local partnerships and health visitors who are passionate about delivering the best for local families and communities.

3.2 Throughout the year, EIS leads have been encouraged to record the progress of their innovations and service improvements in implementation journals and case studies. Each EIS reports on national and local outcome measures through their portfolio of success this provides evidence of improvement in health visitor services and is beginning to show enhanced outcomes for children and families. Several toolkits & frameworks have been developed that provide structure and guidance for leads to concentrate on quality performance and prevention in delivering. These include:

- the portfolio of success that provides health visiting services, Primary Care Trusts and Strategic Health Authorities with a means of monitoring and measuring key outcomes for families
- case study templates and assistance in developing these, implementation plan framework, a change toolkit to assist with mobilisation and sustaining improvement
- a reflective diary template
- an adoption survey, to evaluate changes in belief and behaviour in engagement, investment and planning for health visitor services
- several models of practice used by the Family Nurse Partnership programme

3.3 Highlighting good practice and demonstrating improvement has been an integral part of the Programme's mobilisation work. We have worked with Strategic Health Authorities and EISs to develop many success stories highlighting innovation, cost savings, greater partnership working and better delivery of health visiting services. These have been shared through a variety of means across the country, for example, one site established health visitor champions to ensure hard to reach areas were leading the new service model and 'Call to Action' agenda.

3.4 A ministerial event is planned for 30<sup>th</sup> of April, which will give all EISs the opportunity to show case some of the good practice innovations they have developed over the year.

[Plans for 2012/13](#)

Key deliverables for 2012/13 will be:

- Development of a professionally accredited, modulated programme, which will form the Early Implementer Site support going forward. This will be built upon the learning and evaluation from the previous 12 months of working with Sites, Strategic Health Authorities and key partners such as the Family Nurse Partnership
- Establishing cohort two, increasing the number of Early Implementer Sites from 26 to approximately 50, aiming for wide coverage in each PCT cluster
- Working with existing Sites to develop expectations and commitment of being part of the community of practice
- To develop a mentoring and buddy system with Strategic Health Authorities, commissioners and year one Early Implementer Sites
- Two national mobilisation events to showcase progress
- Identification of project areas linked to the learning programme and key areas of development to be led and delivered by Early Implementer Sites within the following themes: change management; service improvement; clinical leadership, and strengthening Health Child Programme delivery.

3.5 Some of the existing 26 Sites, following a year's support from the national team, will feel sufficiently supported to step down from the Programme. This will be managed with and through Strategic Health Authorities with the option to access material and resources during year two and of taking roles as mentors to new Sites and Health Visitor providers and practitioners in their region.

## 4. Communications

4.1 To celebrate the 150<sup>th</sup> year anniversary of the health visitor profession (1862 - 2012), the Department is working closely with the Community Practitioners and Health Visitors Association, the Royal College of Nursing, Strategic Health Authorities and representative professional associations to establish and co-ordinate a year-long campaign of events including publications, training events and workshops to build awareness of health visitors and the work they do to promote public health and well being.

4.2 A group of Health Visitor Early Implementer Sites have been working hard to make the new service vision for health visiting a reality. Much has been achieved in the past year, and a set of case studies based on this work have been developed, which will act as an evidence base and an invaluable learning resource for the NHS. The Health Visitor Programme's key achievements are being regularly published on the Department of Health's national website, which holds a dedicated page for the health visitor profession: [www.dh.gov.uk/healthvisitors](http://www.dh.gov.uk/healthvisitors)

4.3 A reference group has been set up for the health visitor programme, which includes front line service staff. We plan to ask this group to review information that we develop, such as fact sheets and other targeted material, to ensure that all communication about the programme is relevant, clear and concise for our audiences.

## **5. The Health Visitor Taskforce**

5.1 The Health Visitor Taskforce continues to champion and provide strategic challenge to the delivery of the Programme. At the February meeting, members also agreed an addition to its Terms of Reference, stating that the purpose of the Taskforce is to "ensure that all of its work embeds the Equality Act 2010 and requires others to do so, promoting the needs of diverse communities and their staff."

5.2 Members continue to engage with the Early Implementer Sites with site leaders and staff presenting at Taskforce meetings and members making personal visits to Early Implementers.

5.3 In the coming year, members will be actively championing the health visiting service and profession, particularly as 2012 is its 150<sup>th</sup> anniversary year.

## **6. The Delivery Partnership Group**

6.1 The Health Visitor Deliver Partnership Group, which consists of our key professional stakeholders and delivery partners, continue to support the Programme's delivery objectives. Members are also supporting delivery through their involvement

with Task and Finish Groups. To date the following groups have been established:

- A Practice Teacher Task and Finish group, which considers how we can better prepare, support and utilise the existing Practice Teacher workforce.
- A joint Department of Health/Department for Education Task and Finish Group focussed on how Children's Centres can support delivery and make the most of the expansion of the Health Visiting service.

## 7. The Health Visiting Technology Project

7.1 The Health Visiting Technology Project was set up to:

- Consider evidence from the robust evaluation of mobile technology that has already been undertaken in the NHS
- Identify process issues, challenges and requirements
- Consider how potential future investment in technology could provide improved family experience and better clinical outcomes
- Recommend priority action in 2012/13 and beyond for the service
- Recommend ways of accelerating the use technology to deliver a well equipped and 'information rich' health visiting service
- Identify and recommend approaches to mitigate risks of failure

7.2 Delivering more health visiting services in the way we always have is no longer an option. We have to do things differently in order to transform service delivery in the way described in the Health Visitor Implementation Plan.

7.3 Innovation in informatics is one of the key and essential enablers necessary to address the challenge. The application of technology is core to the future information requirements of health visiting to ensure adequate planning and delivery of world class services.

7.4 The foundations of what we must do are understood and the benefits have been evaluated in previous work such as the Transforming Community Services (TCS) Programme Mobile Health Worker Pilot, Community Information Model, and the Community Data Set.

7.5 In addition, up and down the country there are examples where informatics have been used to deliver excellent service transformation; however often these examples are isolated and sometimes only apply to part of service delivery. There is also variance in the way in which technology has been applied, often with only one or two of the many functions being installed, for example, the collection of face-to-face and non face-to-face contacts for reference costs but not the use of the full clinical record.

7.6 This project was set up to consider the benefits and barriers of efficient use of technology and make recommendations concerning potential national and local priority action for 2012/13.

## 8. School nursing

8.1 A vision and call to action for school nursing services was published in early March. It set out an ambition that the service vision and model for school nursing services developed through the School Nursing Development Programme will be a framework for local services that meet both current and future needs.

8.2 These should be services that are visible, accessible and confidential, which deliver universal public health and ensure that there is early help and extra support available to children and young people at the times when they need it. They should also include services to help children and young people with illness or disability within the school and beyond.

8.3 The document, *Getting it right for children, young people and families*<sup>1</sup> sets out the result of the first year of development work undertaken by the Department of Health, Department for

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[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_133011](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133011)



Education, key partner organisations, professionals and children and young people themselves.

8.4 The programme heard that children and parents were not always clear about the service available and listened to their ideas for the services that they wanted to see put in place. It also heard from school nurses about the need to raise the profile of the role to ensure that maximum impact can be achieved from the nursing contribution to good health in the school years and to promote school services as a career option for nurses for the future. Managers and commissioners of services outlined that a clear service model linking to good health outcomes was needed to inform future commissioning.

8.5 *Getting it right for children, young people and families*, identifies the next steps towards achieving improved services and outcomes. The new service model is set within the Healthy Child Programme 5-19 which is based on best evidence to promote and protect the health of children in the developing years. It aims to join up best evidence of what should be done with the views of professionals, parents, children and young people on how it should be done. By implementing the model, good health outcomes and positive user experience can be achieved.

8.6 It was published alongside the first detailed pathway which sets out the transition from health visiting to school nursing services. A group of products are being developed to help support local implementation of the model. Detailed feedback from children and young people can be found in the document 'Helping young people keep healthy through public health programmes'.

## **9. Programme governance and accountability**

9.1 Since January 2012, the Health Visitor Programme Board has been Chaired by the Viv Bennett, Director of Nursing, as the role of Chief Nursing Officer has moved to the NHS Commissioning Board. Number 10 and the Cabinet Office remain as members of the Programme Board.

9.2 The next quarterly progress report for the Programme will be published in July 2012.