



***A Call to Action  
Health Visitor Implementation Plan  
Summary Progress Report***

*October 2011*

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First published October 2011  
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# Foreword

The start of life is a crucial time for children and parents. Good, well resourced health visiting services can ensure that families have a positive start, when they work in partnership with GPs, maternity and other health services, Sure Start Children's Centres and other early years services.

In October 2010, Public Health Minister, Anne Milton set out the Government's vision for the future of health visiting in England, repeating the Government's commitment to increase the health visitor workforce by 4,200 by 2015 and launching a new service model for the profession going forward.

In early February 2011, the Department of Health 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 early years staff, the NHS and wider organisations.

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 (pregnancy to 5), including the leading role health visitors play in delivering the Healthy Child Programme.

Securing a future health visiting service that is universal, energised and fit for long-term growth required immediate action and investment. That is why the Department embarked on a four-year transformational programme of expanded and refocused training, recruitment and retention, professional development and improved commissioning as part of the plan to improve public health.

This report sets out progress on key areas since April 2011. We are currently working with our stakeholders to produce the first annual report, sharing more of the important work conducted by our Early Implementer Sites, the profession and service that will serve to lay the foundation for a strengthened and improved service for children and families.

We will continue to publish progress reports against the Government's commitment every quarter until 2015.

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

# ***A Call to Action: Health Visitor Implementation Plan***

## **Progress Report: Oct 11**

### Background

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 in the course of this parliament.

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.

The service vision and family offer will be delivered through effective partnerships with Sure Start Children's Centres, GPs and other key early 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; promoting learning and good practice, including in relation to building community capacity;

**aligning delivery systems**, ensuring we have robust commissioning, measurement and incentives in place to drive progress.

This summary report sets out key achievements. It also sets out in more detail progress and challenges in the main themed areas. We are currently working with partners and stakeholders to produce the first annual report, which will provide full detail of the work highlighted and provide case studies and good practice to disseminate the lessons learned and thus support local delivery.

# Key Programme achievements

The *Health Visitor Implementation Plan 2011/15 – A Call to Action*, published in February 2011, 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.

It is known that due to the length of time to train new health visitors, progress on increasing numbers will be slower in year one than in subsequent years when the first large cohort of health visitors – those just entering training - join the service. Therefore, much of our work in year one has been increasing the number of nurses entering training, and promoting return to practice.

It is critical that the increased workforce ensures a service that meets parents needs and delivers health improvement. Significant progress has been made in developing the national service model and beginning to embed in local services.

Whilst many challenges remain much has been achieved by working in partnership with, and/or with the leadership of the profession, key partners or health visiting service providers.

The bullet points below set out some notable activities and achievements:

## Increasing the numbers

- March this year saw the start of **national recruitment drive** [including action on return-to-practice] promoted via NHS Careers (the phone and online service supporting the NHS workforce and key trusted source in the sector) with a comms toolkit made available to SHAs. SHAs have led advertising campaigns.
- Planned training commissions for 2011/12 had increased to around 1800, compared with 545 newly trained health visitors emerging from 2010/11 training round.
- In February 2011, the Department wrote to the SHAs setting out their share of the national target; and what this means in immediate actions to rapidly expand training commissions ([http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_124210](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_124210))

- This October, **in partnership with the Nursing and Midwifery Council, we wrote to all registered health visitors – over 11,000 of them** - 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.

### Education and regulation

- **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 they support training students, equipping them to be future leaders and proponents of the vision.
- **A review of the content of the health visitor higher education programmes** took place in September 2011. The findings will inform further discussions with Higher Education Institutions to ensure alignment of programme content in subsequent years.
- 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 Nursing and Midwifery Council 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.

### Improving services for children families and communities

- **A new service model has been developed with the families, the profession, managers and commissioners and is beginning to be implemented locally. The service is based on high quality delivery of the Healthy Child Programme 0-5 and comprises:**



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

**2 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 checks), support for parents and access to a range of community services/resources.

**3 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.

**4 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.

### Making it happen – implementing the new service:

- Within the Department, we have set up an **Outward Facing Implementation Team** which supports Strategic Health Authorities (SHAs), Early Implementer Sites (EISs), wider NHS and other stakeholders towards delivery of service vision and new family offer.
- We initially established and supported 20 **Health Visitor Early Implementer Sites** (two in each region), which were focussed on **the transition to parenthood** and **improving uptake of the Healthy Child Programme review at 2 to 2 ½ yrs**, reflecting wider Government priorities. The sites are also testing the Building Community Capacity training module in preparation for national roll-out in January 2012.
- **Six additional services** joined the **Early Implementer** programme in August 2011 to progress roll-out and learning.



- A **highly visible leadership for the programme** was established through the **creation of a new Health Visitor Taskforce**, in summer 2011 with an independent chair, Dame Elizabeth Fradd, and membership drawn from leaders in the field. The Taskforce will champion and provide strategic challenge to the Programme, promoting the new service vision and offer to families, promoting the health visitor role, and supporting the expansion.
- We have worked closely with the Department for Education this year to ensure children and families policy is aligned and allows front-line services to maximise opportunities that an expanded health visitor workforce will bring to improve services for families and health outcomes. In July, we jointly published ***Families in the Foundation Years***,<sup>1</sup> which set out the Government's vision for the services, which should be available to children and their families from pregnancy to age 5 and explained the reforms being put in place to ensure that all children receive the best start in life.
- At the Community Practitioner and 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 mothers and fathers).
- In partnership with ChiMat Public Health Observatory, we launched the **PREview tools to help commissioners and professionals to 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

- **The 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**
- Key partners to the programme, **CPHVA** worked with us to run **road-shows** around the country, to raise awareness of the new service model among the

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

health visitor profession. A further round of roadshows focusing on ‘Changing Practice and Sharing Best Practice’ are scheduled to take place between February – March 2012.

- Visits were made to all SHAs by Health Visitor Programme team to discuss plans and offer assistance/learning to help them meet required growth and service transformation.
- **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.
- Continued engagement 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 engaged with programme.

### Communications and media

- Range of articles in professional journals and web sites.
- We have raised the profile of the profession, the Government’s commitment and service vision, through publicity relating to Early Implementer Sites’ (EIS) launch and recruitment. We have also worked with professional journals to disseminate key messages about the importance of health visiting in preventing poor health and outcomes for children and parents.
- 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.
- 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. It is estimated that the professional leads in the Department have addressed some two thousand health visitors over the course of the year.

## Governance and performance

- **The health visiting commitment was a service priority in the NHS Operating Framework for 2011 and will be again in the NHS Operating Framework for 2012.**
- The Department also issued a **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 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.
- This year, we have seen the **prioritisation of health visiting provision at regional and local level** following ongoing Departmental performance and assurance discussions with SHAs. **SHA regional health visitor implementation plans** were submitted to the Department to ensure they mirrored the scope and ambition of the *Health Visitor Implementation Plan 2011-15 – A Call to Action* and demonstrated planned delivery of training and workforce growth in 2011/12 onwards to meet the 2015 ambition.
- 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.
- 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.
- 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.

- This process 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 policy colleagues ensure that progress is linked with broader strategic objectives in relation to the 'early years' agenda.

## Current snapshot of training and service numbers

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 growth stems from delivering an increase in the number of health visitor training commissions.

The NHS has made good progress so far this year, with over 1,800 planned commissions in place for 2011/12, which is an increase of over 200% from 2010/11. Presently, there are 545 nurses completing their training and entering the workforce this autumn 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 thus beginning to make a real difference on the ground.

We launched our 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 1,800 nurses complete their training.

The Department 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.

In 2010, we developed an "indicative" trajectory to reflect the expected change in the workforce through to 2015 (shown on the next page). The trajectory will be reviewed annually and we are currently working with each SHA to establish local trajectories.

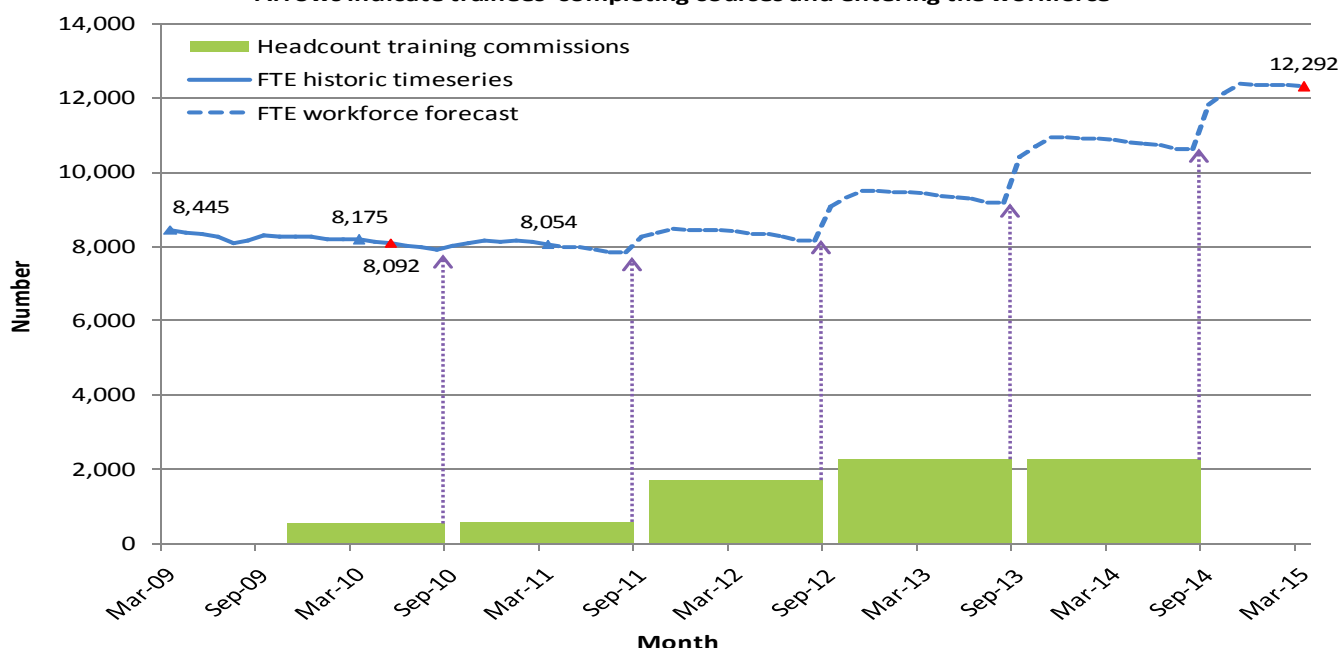
## Progress on workforce numbers and training commissions by SHA

Note: Due to boundary changes in some SHAs, the targets for Yorkshire and Humber, East Midlands, and South Central are different to those set out in the NHS Management Letter, issued in February this year.

SHA	Baseline HV FTE May 2010	July 2011 HV FTE	HV FTE after expansion in 2015	Training output 2010/11 headcount	Required number of training commissions 2011/12
North East	481	565	677	35	94
North West	1,386	1323	1,808	78	206
Yorkshire and the Humber	880	880	1,287	59	174
East Midlands	629	638	1,067	44	165
West Midlands	870	854	1,337	56	172
East of England	812	682	1,268	82	227
London	1,151	1048	1,842	88	308
South East Coast	549	507	984	31	154
South Central	539	513	815	36	130
South West	795	704	1,207	36	146
<b>England</b>	<b>8,092</b>	<b>7714</b>	<b>12,292</b>	<b>545</b>	<b>1,776</b>

South Central are different to those set out in the NHS Management Letter, issued in February this year.

**Centrally modelled Health Visitor Monthly Trajectory**  
Arrows indicate trainees completing courses and entering the workforce



## Delivering the service model: Early Implementer Sites (EIS)

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 were passionate about delivering the best for local families and communities. A further 6 sites joined the programme in August this year.

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

## The Family Nurse Partnership programme

The FNP contributes to the HV Implementation Plan and the FNP National Unit has developed several products and programmes to share the learning from this successful programme.

The Government is committed to doubling the capacity of FNP to reach 13,000 places by 2015. This 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. It is delivered by specially trained Family Nurses, working at a 'deeper' level on the emotional problems and behaviours that prevent some mothers and fathers caring well for their children.

The Family Nurses come from a variety of nursing and midwifery backgrounds, the programme complements and strengthens the Healthy Child Programme and health visitor service.

The expansion of FNP has been very 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.

We are working with the Family Nurse Partnership Programme National Unit so health visitors can benefit from the learning from this successful programme. This year the FNP NU has developed the Preparing for Birth and Beyond resource pack and PREview and is leading the HCP development programme with EIS sites.

<http://www.dh.gov.uk/health/2011/10/preparation-for-birth-and-beyond-resource-pack-to-help-parenthood-groups>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118530](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530)

Annex 1 sets out the complete listing of the Health Visitor Programme's Early Implementer sites (EIS). The forthcoming 'One Year On' annual report will provide an overview of the range of Healthy Child Programme Development Programme projects currently underway within these sites.

## Commissioning pathway and programme accountability to 2015

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'.

In the medium term, the Government is committed to transferring commissioning of children's public health services for the 'pregnancy to 5' age group, from health to local authorities. However in the short-term, its view is that the commitment to raise numbers of health visitors at the same time as strengthening the Healthy Child Programme and expanding FNP by 2015 is best achieved through NHS commissioning and has thus retained its proposal that the NHS Commissioning Board should lead commissioning in the short-term.



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 by January 2012.

## NEXT STEPS

1. We will produce a ‘One Year On’ annual report, which will provide full detail of the work highlighted here by the end of the year.

This will include:

- The role of health visiting in improving the ‘public’s health’ as set out in Healthy Lives Healthy People
- Joint work with the Department for Education to ensure policy approaches are aligned and achieve real benefits for children and families - in particular enabling Sure Start Children Centres to focus on families in greatest need; introducing the new early education entitlement for disadvantaged two year olds; reforming the Early Years Foundation Stage; trialling parenting classes; and supporting adult relationships
- The ‘building block’ for effective commissioning
- Progress on the service vision including case studies from the EIS and other good practice
- Care pathways and in particular interfaces with midwifery services and school nursing/The School Nurse Development Plan

2. We will continue to track progress of the health visitor commitment and monitor performance against the Implementation Plan. We will publish progress reports quarterly until 2015.

## Achieving success

The national programme will continue to work with key partners to ensure progress through the NHS transition and in to the ‘new commissioning

landscape'. Our stakeholders have told us what success would look like. We will be successful when:

- **Growth in workforce is delivered and coverage relates to need**
- **All families have access to a full range of service. Families receive joined up services to meet their needs and choices and express high levels of satisfaction**
- **Needs/problems are identified early and the right service response provided**
- **Evidence based services and practice are provided by mobilised and supported professionals**
- **Strong partnerships are built and sustained both between local organisations and with families using services**
- **Health visitors and school nurses are proud of their profession and recommend it**
- **Local leaders feel empowered to make changes**
- **Children have the healthiest possible start to life, are 'ready for school' and supported through school**
- **Local health outcomes improve and inequalities reduce**

Working with partners and stakeholders, we now need to build on the gains made to make sure these ambitions are delivered.

## Early Implementer Sites

Bath and North East Somerset
Buckinghamshire Healthcare NHS Trust
Blackpool
Warwickshire
Stoke on Trent
East Coast Community Healthcare
Norfolk Community Health & Care NHS Trust
Southern Health
NHS South of Tyne and Wear and South Tyneside NHS F.T.
Wye Valley NHS Trust
Rotherham Doncaster & South Humber NHS F.T.
Wirral
Whittington Health
East Sussex Healthcare NHS Trust
Hillingdon
Medway
Leeds Community Healthcare
Portsmouth
Derbyshire Community Health Services
Hertfordshire
City and Hackney
Brighton & Hove NHS Trust
Northamptonshire
NHS Cornwall & the Isles of Scilly/Cornwall Partnership F.T.

**A Call to Action – Health Visitor Implementation Plan Summary Progress Report**

Telford and Wrekin
County Durham and Darlington PCT