



Department
of Health



Public Health
England



Health Visitor Implementation Plan:

Quarterly Progress Report: April – June 2013

December 2013

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Health Visitor Implementation Plan:

Quarterly Progress Report: April – June 2013

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1. Introduction

Purpose of the report

The Health Visitor Implementation Plan: A Call to Action, published in February 2011, set out how, through the expansion of the health visitor service and implementation of the new service model, the Health Visitor Programme would:

- improve health and wellbeing outcomes for under-fives;
- reduce health inequalities;
- improve access to services; and,
- improve the experience of children and families.

It also committed to publishing quarterly reports explaining the programme's progress.

This report summarises the progress of the Health Visitor Programme from April to June 2013 and has been developed by the Department of Health, NHS England, Health Education England (HEE) and Public Health England (PHE). Previous quarterly reports can be found at:

<https://www.gov.uk/government/publications/health-visitor-implementation-plan-quarterly-progress-report-april-2012>

Changes to the health and social care landscape

Up to the end of March 2013, the health visitor programme was led by the Department of Health in conjunction with key stakeholders including the former Strategic Health Authorities (SHAs) and Primary Care Trusts. The annual NHS Operating Framework set out the key drivers for the service to pursue around both workforce expansion and service improvement of the health visiting service.

The Department monitored progress, maintained communication with the frontline, drove service implementation via its interface with the SHAs, and its leadership of 49 early implementer sites, and provided professional leadership.

From April 2013, changes in the health and social care landscape established new key partner organisations, in particular NHS England, HEE and PHE.

To recognise the halfway point of the programme and to reflect the new roles of the Department and the new organisations, DH, NHS England, HEE and PHE together published the *National Health Visitor Plan: progress to date and implementation 2013 onwards* in June 2013. The document is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208960/Implementing_the_Health_Visitor_Vision.pdf

The Plan sets out in more detail the background to the programme, organisational roles, and strategic intentions on joint working with the health visiting profession, families and communities, and many others. Section 4 of this report sets out a summary of organisational roles and commitments in relation to delivering the programme.

2. Key achievements in the first quarter

Workforce Growth

At June 2013, there were 9,124 full time equivalent health visitors in post in England. This meant that overall, there were 1,032 more health visitors compared to the baseline figure at May 2010 of 8,092; and 1,447 more health visitors than the minimum number of 7,677 FTEs reached in August 2011.

Collaboration to establish workforce trajectories and the training pipeline

Extensive collaborative working between NHS England at central, regional and local levels, HEE and its LETBs, and Public Health England, enabled the development of workforce trajectories for 2013/14 and 2014/15, as well as the refinement of 2013/14 training targets so that the service remained on track to meet the April 2015 expansion ambition.

Transforming service and revitalising the profession

Through the Section 7A agreement NHS England is responsible for the delivery of a transformed service. This means:

- full delivery of the new model of health visiting including universal elements of the Healthy Child Programme;
- ensure that commissioning of public health services for 0-5s is effective and embedded with commissioning of other early years services; and,
- improvement in defined public health outcomes.

NHS England delivered:

- A core national health visiting service specification embedded in contracts, clearly setting out to providers the expectations for delivery of the new model of health visiting and partnership working.
- A performance management framework as part of the service specification to ensure robust provider data systems are in place to enable the establishment of a national baseline for the delivery of the new model of health visiting.
- An Area Team level report to form the basis for the collation of provider level service delivery data and a dashboard to RAG rate other aspects of service transformation.
- Partnership support for NHS England's approach to commissioner-led embedding of service transformation. This strategic approach, based in local 0-5 health and wellbeing strategies with a clearly articulated role for health visiting, received the support of the Children's Health and Wellbeing Partnership Board and the Health Transition Task Group.

Professional leadership and mobilisation became a shared responsibility.

A range of activities, led by the DH/PHE Director of Nursing, the health visitor professional lead, were delivered:

- *Regional events to engage health visitor students:* The first of a series of joint DH/CPHVA events across the country took place on 5 June 2013 to facilitate dialogue with health visiting students about their training and careers.

- *Professional pathways, guidance and training support:* DH published a suite of guidance documents to support the health visiting profession including:
 - Domestic Violence and Abuse – Professional Guidance
 - Safer Communication Guidelines
 - The Preceptorship Charter (supports newly qualified health visitors and management).

- *Perinatal mental health:* Around 300 health visitors across England started to access perinatal mental health training sessions to support them in detection and management of perinatal depression and other maternal mental health conditions. The training which began in late spring facilitates them to become local mental health ‘champions’ - being well positioned to disseminate training to their colleagues.

- *Improving the Public’s Health conference:* This inaugural event for public health nursing on 26 June, hosted by DH and PHE, included a celebration of the programme’s achievements to date and the launch of the *National Health Visitor Plan: progress to date and implementation 2013 onwards*.

- *Links to the profession :* HEE sent out information to health visiting managers on useful training resources and recruitment marketing support via its LETB Health Visiting leads network. LETBs continued to work closely with health visiting service and education leads to support recruitment to training programmes and provision of high quality training, including placements.

3. Programme background

Starting in 2011, the Department began funding a four-year transformational programme of recruitment and retention, professional development and improved commissioning linked to public health improvement. The aim is to secure a future health visiting service that is universal, energised and fit for long-term growth. *The Health Visitor Implementation Plan 2011-15: A Call to Action*, published in February 2011, set out how the Department would work with partners to deliver this ambition.

Specifically, the programme aims to:

- secure an extra 4,200 health visitors and transform the health visiting service across England by April 2015. Achieving this will help secure effective, sustainable services to support families to give all children the best start and to promote health and wellbeing in local communities; and,
- deliver service transformation of health visiting in line with the new service model for health visiting – a framework for local commissioning and service design which is being embedded across England.

The first phase of the programme from 2011-13 halted and reversed the historical decline in the number of health visitors and training places with over 1,000 new FTE health visitors in the workforce by June 2013. It also readied the health visiting profession to play a lead role in shaping and delivering services. Early Implementer Sites (EIS) were developed to lead the way and demonstrate how service transformation can be achieved.

As acknowledged in the *National Health Visitor Plan*, despite the achievements to date, there is still a lot to be done, for example to ensure variability in service provision is reduced, health outcomes improved and excellent services are delivered everywhere. Through joint working across national organisations in the new health and social care landscape and the concerted support of the profession, providers of services, higher education institutions and many others, the programme is now well-placed to continue to make progress.

4. Organisational responsibilities and programme governance

Following changes to the health and care system that came into effect in April 2013 the Secretary of State for Health remained accountable to Parliament for delivering the health visiting commitment. New key partner organisations, in particular NHS England, HEE and PHE were established and programme delivery is now based upon cross-organisational partnership working and contributions, with different partner organisations leading on specific programme elements.

In summary the changes were:

- The Department of Health sets the Mandates for NHS England and Health Education England (HEE), assesses progress against the Mandates' objectives, supports the system wide Health Visiting Programme, develops health visiting policy and supports the work of the Health Visitor Taskforce. Viv Bennett, the Director of Nursing for the Department and for PHE, provides professional leadership and engagement of the health visiting profession – taking forward and consolidating the improvement agenda, where considerable progress has already been made by early implementer sites.
- **NHS England** has responsibility for delivering health visiting workforce growth and the lead for commissioning for service transformation as part of its Mandate objective to 'improve the standards of care and experience for women and families during pregnancy and the early years of their children's life'. Area Teams lead work locally. More details on NHS England's responsibilities are set out in a Section 7A agreement and Service Specification No. 27, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192978/27_Children_s_Public_Health_Services_pregnancy_to_5_VARIATION_130422_-_NA.pdf
Jane Cummings, Chief Nurse, is the SRO for delivery of workforce growth and service transformation.
- Health Education England (HEE), as part of its Mandate with the Department, has responsibility for delivering sufficient training places to support delivery of the additional 4,200 health visitors, ensure that the places are filled with quality applicants, and to work closely with NHS England to align training commissions with service plans. Lisa Bayliss-Pratt, HEE Director of Nursing leads on the delivery of health visitor training.
- **Public Health England (PHE)** is responsible for providing information to strengthen the evidence-base for health visiting and advising on metrics and outcomes to

demonstrate the link to the Public Health Outcomes Framework (PHOF). It will also work closely with the Local Government Association (LGA) and local authorities in assuring a smooth transition of the 0-5 years public health commissioning, including health visiting, to local authorities. The key leads in PHE are Viv Bennett, Director of Nursing and Ann Hoskins, Director for Children and Young People.

For further information please see the *National Health Visitor Plan*, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208960/Implementing_the_Health_Visitor_Vision.pdf

The Health Visitor Programme Board

To reflect the changed arrangements for the delivery of the programme a refreshed Programme Board was established to provide assurance that the overall direction and management of the programme will successfully deliver the programme outcomes.

The board is now jointly chaired by the joint DH and PHE Director of Nursing, Viv Bennett and by the Chief Nursing Officer, Jane Cummings (NHS England). It includes representatives of all of the key partner organisations including HEE, PHE and the Local Government Association, as well as the chair of the Health Visitor Taskforce.

5. Workforce expansion

Workforce trajectories

Workforce trajectories form the prime basis for assessing and monitoring progress on delivery of the government's commitment to increase workforce capacity. During the quarter NHS England worked very closely with its Regional Offices and Area Teams, HEE, Local Education and Training Boards (LETBs) and the Department to develop workforce trajectories for 2013/14 and 2014/15. A rigorous challenge process was developed which resulted in revised trajectories being submitted to the Department for sign-off which was subsequently completed in August. The trajectory for 2013/14 was rebased to reflect actual FTE numbers in post as at March 2013.

Workforce growth

Health visiting workforce data for June 2013 was published on 24 September 2013 and showed that the total number of health visitors nationally was 9,124 full time equivalents (FTEs). This is 11 FTEs below the June trajectory of 9,135.

Overall, there were 1,032 more health visitors compared to the May 2010 baseline of 8,092. This equates to 24.6% of the 4,200 extra health visitors required by April 2015. This is 1,477 more health visitors than the minimum number reached in August 2011.

NHS England developed a Key Lines of Enquiry process for working with any Area Team that is behind trajectory to ensure actions are taken to address under delivery. This started to be implemented at the end of the quarter. In parallel, HEE developed a dashboard reporting system to track progress of LETBs in meeting training targets.

The next significant increase in the workforce is expected to take place in Autumn 2013, when the number of health visitors is expected to grow by around 1200 as students complete training courses started in 2012/13 and take up posts. Workforce data that will be included in the next quarterly report will reflect the start of this step change in the growth of the workforce.

Training trajectories and numbers

As part of the development process for workforce trajectories described above, HEE worked with its LETBs and NHS England to refine training plans for 2013/14 to ensure they supported delivery of planned workforce growth.

To meet workforce growth trajectories 2,692 health visitor training places are planned to be commissioned for 2013/14. In addition, a further 40 health visitors are expected to commence Return to Practice programmes during the year.

As expected in the first quarter of the year very few students started training as this period is outside the normal large-scale intake periods in Autumn and Winter. Therefore the number of students starting training between April and June was just 31. This was comprised of 25 students beginning a year's specialist community public health nurse (SCPHN) training and 6 starting Return to Practice programmes. This matches the planned figure for this period.

HEE instigated a process to ask LETBs about their confidence in filling training places due to start in the Autumn. The result of this exercise was that LETBs had a good level of expectation that training places would be filled successfully.

As with the numbers of students starting training there were also low numbers of students completing courses during the period of this report. The report for the next quarter (July to September) is expected to report significant growth in students starting and completing training, as is the historic trend at this time of year.

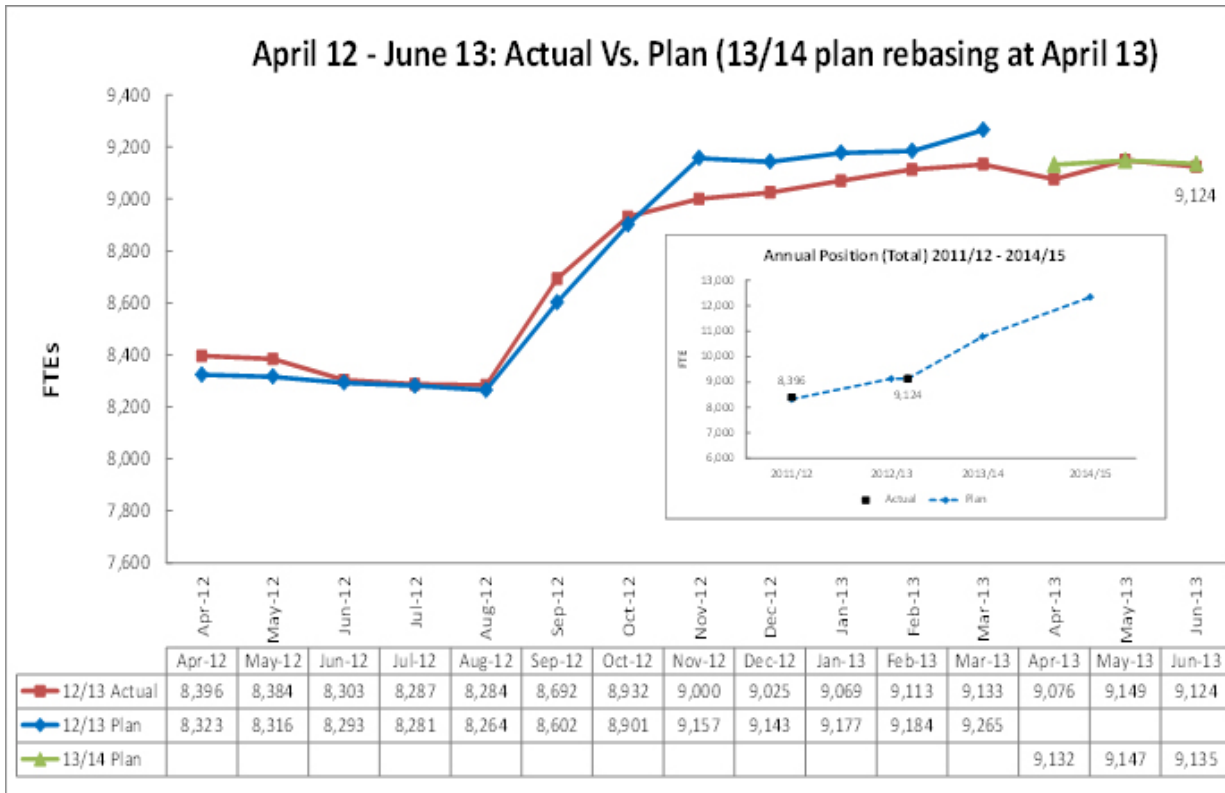
Data and data quality

Following changes to the NHS architecture NHS England took on responsibility for collection of the monthly Health Visitor Minimum Data Set (MDS) which is the main means for monitoring and assessing progress on workforce and training numbers. NHS England worked closely with its Regional Offices, Area Teams, HEE, LETBs and the Health and Social Care Information Centre to ensure a smooth transition from the previously SHA-led process.

The workforce and training data for the first quarter of 2013/14 was subject to some minor fluctuation and data accuracy issues. However, as Area Teams develop and embed more mature systems that fully capture local provider/commissioner flows, and accurately adjust reporting to accommodate structural changes, data accuracy is anticipated to improve.

NHS England and HEE have also developed supplementary reports to the MDS to provide additional information and insight into workforce and training issues. This will help organisations get more timely information to help better anticipate any emerging issues and develop responses accordingly.

A summary of national progress against the national workforce trajectories is set out below.



Note:

The graph above shows growth of the health visitor workforce (April 2012 to June 2013). The re-basing at April 2013 - when NHS England took up operational responsibility for delivering workforce growth, reflects joint adoption of a revised growth trajectory going forward to delivery in April 2015.

Supporting the delivery of workforce growth

A range of actions to support workforce growth were undertaken or being developed during the quarter. Some of these were national, whilst others were focussed on particular geographic areas or functions and included:

- London and the South East:** A specific recruitment and training challenge centres on London and parts of the South East who have demanding workforce trajectories to achieve. NHS England and HEE established measures via Area Teams' delivery plans that are specifically designed to ensure these areas are on track to meet trajectories. Measures that have been explored or developed include: reducing attrition rates; improving staff retention; and, the potential for some limited recruitment from within the European Union.

- **Communications activity to support workforce growth:** This is covered further in section 6.
- **Improving retention:** NHS England is committed to supporting Area Teams to improve retention. NHS England and DH developed proposals to support service providers to improve retention of the current health visiting workforce through:
 - development of a range of advice, expertise and practical resources for line managers: and,
 - direct one-to-one support to organisations where the data shows the greatest challenge between actual numbers in the workforce and their trajectories, and where the most progress can potentially be made.
- **Addressing course attrition:** Assumptions on course attrition were built into estimates for numbers of health visitors completing training. A number of methods for reducing course attrition have been implemented, including: effective induction; assessment of student needs and provision of support where needed; and, high levels of support for students and mentors or supervisors.
- **Managing Practice Teachers' workloads:** Organisational processes and managerial support need to be in place to ensure that mentors and practice teachers are able to provide high quality placements for health visitor students in line with the Nursing and Midwifery Council (NMC) and higher education institutions (HEI) requirements.

As the number of newly qualified health visitors rises, there will be additional case load support - enabling practice teachers to provide support to more students coming through the system. There will also be a need to support newly qualified staff. NHS England and HEE therefore reviewed the practice teacher capacity and their support requirements. They will continue to look at what other support can be offered and to identify areas in most need.

- **Engaging the LETB Health Visitor network:** This network was established to support programme delivery and maximise the local impact of workforce growth and professional mobilisation. The network comprises health visitor leads from the LETBs and from HEE. It is a forum for:
 - mutual exchange of information and an opportunity seek LETB contributions and support for national initiatives;
 - an opportunity for HEE's national workforce planning leads to share information on development of the MDS and discuss progress in meeting training targets;
 - opportunities for LETBs to discuss their recruitment marketing support requirements with representatives of the national communications team;
 - LETBs briefing each other on local developments, sharing good practice and considering specific local challenges; and,
 - ensuring there is a single view of all current health visiting issues and an identified lead group with responsibility for specific themes/planned activity.

In the period to June, the network's activities included:

- promoting the profile of health visiting as a career;
- ensuring training commissions are filled with the right candidates;
- supporting providers to grow workforce and reduce number of leavers;
- getting the training right for a transformed service;
- strengthening development opportunities for existing staff;
- supporting new ways of working;
- developing Practice Teachers and flexible models of support;
- working with providers to ensure preceptorship and clinical professional and personal development opportunities; and,
- working in partnership with providers to prepare for transition of the health visitor commissioning role to local authorities.

NHS England and HEE are planning, with PHE support, a collaborative event in November, involving Area Teams (ATs) and LETBs to support the two bodies' working relationships and help them both develop plans for the future. The event will also showcase good practice and identify challenges and potential barriers to the effective delivery of the programme. This follows an earlier event in May for LETB representatives which included representatives from DH and NHS England's national team.

Liaison with NHS Employers and its networks

The Department and partners have established informal feedback mechanisms from NHS Employers' 'Share and Learn' events. Through this network, NHS Employers engages with workforce leads in provider organisations to better understand potential obstacles, receive feedback and celebrate local success.

During the quarter, three share and learn events were held - their content driven by employers' needs and a range of issues were discussed including:

- improving the understanding of the key bodies in the new health and social care system and the new organisational roles in relation to the health visitor implementation plan; and
- the revised National Health Visitor Plan, to which NHS Employers contributed.

Evaluation/feedback indicates that employers found that the events meet their range of needs.

NHS Employers also continued to promote resources it has developed to help the service develop and grow the workforce. All resources are freely available on NHS Employers website. The web statistics show engagement from the service with average of 3,082 hits per month on the NHS Employers health visiting pages between April and August 2013.

6. Transforming the service and revitalising the profession

Service transformation is, alongside expansion of the health visitor workforce, the key aim of the programme. Transformation is intrinsically linked with revitalising the profession and is being driven on three fronts:

- development of system and commissioning levers;
- service improvement programmes that are evidence-based and measurable; and,
- professional leadership and mobilisation.

NHS England is adopting an integrated approach to embedding health visitor service transformation nationally and is setting out the steps to demonstrate success.

The performance management framework from NHS England's health visitor service specification is one of the means through which the service's baseline position is being established, it will then facilitate assessment of progress in delivering service transformation.

Local level support

NHS England wrote to Regional Nurses and Directors of Commissioning inviting expressions of interest from ATs for resource to support provider and commissioner development to deliver the new model of health visiting in the context of the current and future commissioning landscape.

Expressions of interest have been requested by 25 November 2013 and must include:

- outline proposals;
- details of how the proposal will support provider and commissioner development and how it will provide value for money;
- the project milestones;
- how it will support the new model of health visiting;
- how it will support an integrated approach to commissioning and providing services to 0-5s;
- programme outputs;
- how the outputs will support the delivery of improved public health outcomes for young children, and,
- details of how the programme will be reported.

To ensure that health visitor service transformation will form part of a system-wide approach and deliver sustainable support for the new model of health visiting, proposals are required to include statements of support from the Area Team's component Health and Wellbeing Board Chairs, provider Directors of Nursing, Directors of Children's Services or Directors of Public Health, Clinical Commissioning Group children's commissioners, or their representatives.

The call for expressions of interest was developed in close partnership with PHE and the LGA who have also involved the Association of Directors of Children's Services (ADCS), the Society of Local Authority Chief Executives (SOLACE) and the Association of Directors of Public Health

(ADPH). The invitation has been cascaded through those networks as well as through the NHS England Area Team, clinical commissioning groups (CCGs) and provider organisations' Director of Nursing networks.

Measuring the impact of a transformed service

Awareness of the difference health visitor services make to the lives of children and families is key not only to future development of services, but also in demonstrating their value to commissioners.

NHS England started work with PHE's Child and Maternity Intelligence Network, to develop a list of key indicators of public health outcomes that relate to health visiting. The dashboard will support both the measurement of services' impact, as well as helping set local priorities for action. The dashboard will be reported at local authority level and will be available from this autumn and updated quarterly. It will include a guide to effective interventions to improve outcomes.

More information about outcomes and how their relationship to the service offer will help bolster the case for sustainability of health visiting services as it transfers to local authority commissioning from 2015.

Professional development and mobilisation

Since the outset of the programme, this key area of activity has driven service transformation and improved outcomes. This has been achieved through: development of health visitor skills and leadership abilities; liaison with the profession; and, guidance-based initiatives. Activities in this quarter included the following:

- Community Practitioner and Health Visitors Association (CPHVA) and DH health visitor student liaison events;
- the first of a series of regional events with CPHVA/Unite took place on 5 June. These events engage student health visitors in dialogue centred on their educational and training-based experiences, as well as on their expectations, hopes and concerns about their careers. The first event was well attended and positively received;
- the Department and its partners have formed a network of contacts, including senior programme leaders, who are best placed to respond to queries, concerns and requests for information that stem from the events; and,
- NHS England and HEE asked CPHVA to share with them intelligence harnessed through these events about any instances of qualifying students who leave training and then encounter difficulties in obtaining a post. This has allowed the whole system to work together to minimise any risks to the programme.

Key publications

The Department and its partners worked with the profession and other key stakeholders, to publish the following guidance during the quarter.

SAFER communication guidelines: These guidelines help drive high quality communications between health visitors and local authority children's social care teams using the SAFER process when a child may be suffering or is likely to suffer significant harm.

More information: <https://www.gov.uk/government/publications/safer-communications-between-health-visitors-and-social-care-teams>

Preceptorship Charter : The charter, 'Excellence is never an Accident', produced by the Institute of Health Visitors, outlines the best practice quality markers for newly qualified health visitors entering employment as a health visitor in England. In particular, it assists newly qualified health visitors to:

- adjust into their new professional role; and,
- fulfil their role as an independent, autonomous and innovative health visitor, meeting the requirements for health visiting in England during their first year of employment.

More information: http://www.ihv.org.uk/uploads/Preceptors%20Charter_Final7.pdf

Peri-natal Depression Training: Following the Institute of Health Visiting's successful delivery of perinatal mental health training to around 300 health visitors across England, the expectation was that participants are then supported to become local perinatal mental health champions and help to disseminate this training to their colleagues. Evaluation was very positive and paved the way to spread this training through interactive e-learning modules (which have subsequently been launched on the e-Learning for Healthcare portal). The 3 modules are split into 45 minute modules and include videos, case studies, links to aid the learning, as well as questions to test the participants' knowledge of the subjects and reflect on their learning.

More information: <http://www.e-lfh.org.uk/projects/building-community-capacity/learning-zone>

Early Implementer Sites' case studies: The case studies from early implementer sites (EIS) were published in June. EIS were at the forefront of delivering the new health visiting service model and these studies provide an overview of learning, innovation and improvements in quality of services stemming from the second cohort of EIS. These are published at:

<https://www.gov.uk/government/publications/health-visitor-programme-early-implementer-case-studies>

Building Community Capacity:

Building Community Capacity (BCC) helps existing health visitors refresh and extend their public health skills by planning, implementing and evaluating a local project that demonstrates how working with the wider community develops both the individual and enhances the health and wellbeing of the community.

Case studies from sites participating in BCC have continued to be submitted throughout this period. The studies have included the following themes and objectives summarised below:

- to introduce health visitor sessions at nurseries that provide parents with information, this will;
 - help prepare children for the transition to school
 - better enable referrals to the health visitor service when there are behaviour or development concerns
- to reduce social isolation amongst mothers and improve their well-being
- to focus on young parents so as to;
 - identify their own health needs and empower them to make informed decisions
 - become less isolated by offering a supportive environment where they can meet.
 - increase the confidence of the young parents so that they feel able to access other activities at the Children and Family Centres.

DH is working with the Institute of Health Visitors to establish a repository for the BCC case studies.

7. Communications

Communication continues to be an important element of the programme's work to raise awareness of the programme's goals and how the respective contributions of all stakeholders support delivery of workforce growth and the new service vision.

In the quarter, the four partner organisations have focused on progressing communication links aligned to their specific organisational needs. An overarching communications plan is now being developed for discussion and agreement by the Health Visitor Programme Board.

Newsletter

NHS England, HEE, Public Health England and DH agreed to develop a newsletter resource for health visitors. This will provide updates on service transformation and professional development and aims to introduce the innovative work of health visiting services. The first newsletter was published 27 November.

Communications and marketing

Earlier in the summer HEE undertook a major campaign contacting over 40,000 established contacts from the NMC database, all registered nurses, including those who had expressed an interest in being a health visitor through previous campaigns, to highlight the availability of health visitor training places across the country. It made clear that training places still existed and that recruitment windows were still open.

HEE also completed research looking into why registered nurses who had shown an interest in health visiting training, were on occasion, not going on to make an application. As a result of the research, HEE was able to initiate a number of actions that refreshed arrangements related to the applications procedure. This led to further targeted email campaigns utilising the outcomes of this research - giving tips and support on completing applications as well as running workshops to support the candidates through the application process. The research results were shared with LETB health visiting leads to help support their own communications work.

HEE are evaluating all campaigns and await the results of the last recruitment round to assess the final outcome.

HEE worked with the NMC to add a page on their website that directed site visitors to HEE's health visiting training pages. This has been very successful with nearly 2000 unique visitors on that page per month.

HEE has worked collaboratively with NHS England and DH supporting national events as well as local workshops, focusing on recruitment as well as Community Practice Teaching and perceptorship.

The NHS Careers website was updated with the latest information about respective recruitment windows to ensure that expressions of interest received relevant and accurate responses.

Tools and models that support the development of the public health contribution of health visitors and midwives have been made available at the Department's website:

<https://www.gov.uk/government/collections/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models>

One of the commitments from June's inaugural public health nursing conference was to ensure the impact of the profession's work is visible and recognised - in order that it drives improved health outcomes. Viv Bennett's article "All Nurses need to know how to give health improvement advice" (published in *Nursing Times* [16/10/13]) set out how a range of approaches, such as developing 'champions/ambassadors' can bolster visibility. The work is being promoted through social media as well as the networks generated by the 300 conference participants.

HEE continues to work closely with all the LETBs offering communications and marketing support on an ad hoc basis.

8. Transfer of commissioning of 0-5 years children's public health services to local authorities

A Task and Finish group of the Children's Health and Wellbeing Partnership was established to develop a comprehensive transfer plan. Its focus was on ensuring safe transition of 0 to 5 children's public health commissioning responsibilities to local authorities from 2015.

There were ongoing discussions between Ministers, Departmental officials and key partner organisations, including the Local Government Association, PHE and NHS England, about the exact nature of transfer arrangements. These discussions explored the potential for a period of joint commissioning between NHS England and local authorities.

9. Health Visitor Taskforce

The Health Visitor Taskforce is an independent group that champions the vision for the Health Visitor Programme, acts as a critical friend and provides strategic challenge to delivery. Chaired by Dame Elizabeth Fradd, it includes a wide range of stakeholders including parent representative groups, the voluntary and community sector, and professional organisations.

The Taskforce carries out its role in the wider context in which health visiting sits, for example, the broader public health agenda, the foundation years, education, social care, local government and criminal justice.

Between April and June 2013, its members conducted a number of visits which focussed on local services' progress in the context of the programme's key objectives of workforce growth and service transformation. As part of the visits, members engaged professionals and service users in useful dialogue and where appropriate, offered constructive advice and support to local leaders.

10. Links to other areas of work

Family Nurse Partnerships (FNP) have the potential to transform the life chances of the most disadvantaged children and families in our society by offering more targeted support to first time mothers under the age of 20. The number of places on the Family Nurse Partnership will increase to 16,000 by 2015 from a baseline of 11,475 in March 2013. FNP therefore enhances the health visiting service model for these specific families.

Work is taking place to share the learning from FNP with universal services and to test new practice and service models including group FNP.

A service vision for **school nursing services** was published in March 2012. The Department and partner organisations have strategic and operational links between school nursing and health visiting programme activities, for example, Directors of Public Health sit on DH's Advisory Board for School Nursing.

Local authorities already commission 5 – 19 years Healthy Child Programme services and as such they involve health professionals such as school nurses, and work closely with health visitors in children's centres.

The Department and PHE explored their vaccination and immunisation activities and continued to work with key partners and stakeholders, assessing their views about the role of school nurses within the extended national vaccination and immunisation programmes, particularly their role within the national childhood flu campaign.

The Department maintained its overview of developments related to 0 – 19 year olds' integrated services and is aware of examples comprising integrated life course teams (health visitor and school nurses), for children and young people.

11. Conclusion

The first quarter of the year saw the health visitor programme operating for the first time in the new health and social care system established in April 2013. Ensuring the successful transition of the programme into this new landscape has presented both challenges and opportunities. Much of the work in the quarter focused on the challenge of ensuring safe transition between the new and old systems and minimising any loss of momentum.

The programme now relies even more heavily on cross-organisational partnership working and contributions, with different partner organisations leading on specific programme elements. The creation of a new Health Visiting Programme Board and the joint authorship of this report demonstrates the commitment of all partners to working in this way

The changes have not, however, detracted from progress continuing to be made. This report has highlighted a range of achievements that stem from effective collaborative working. The next quarterly report will demonstrate further progress, especially on workforce growth, as new partnerships consolidate and strengthen.